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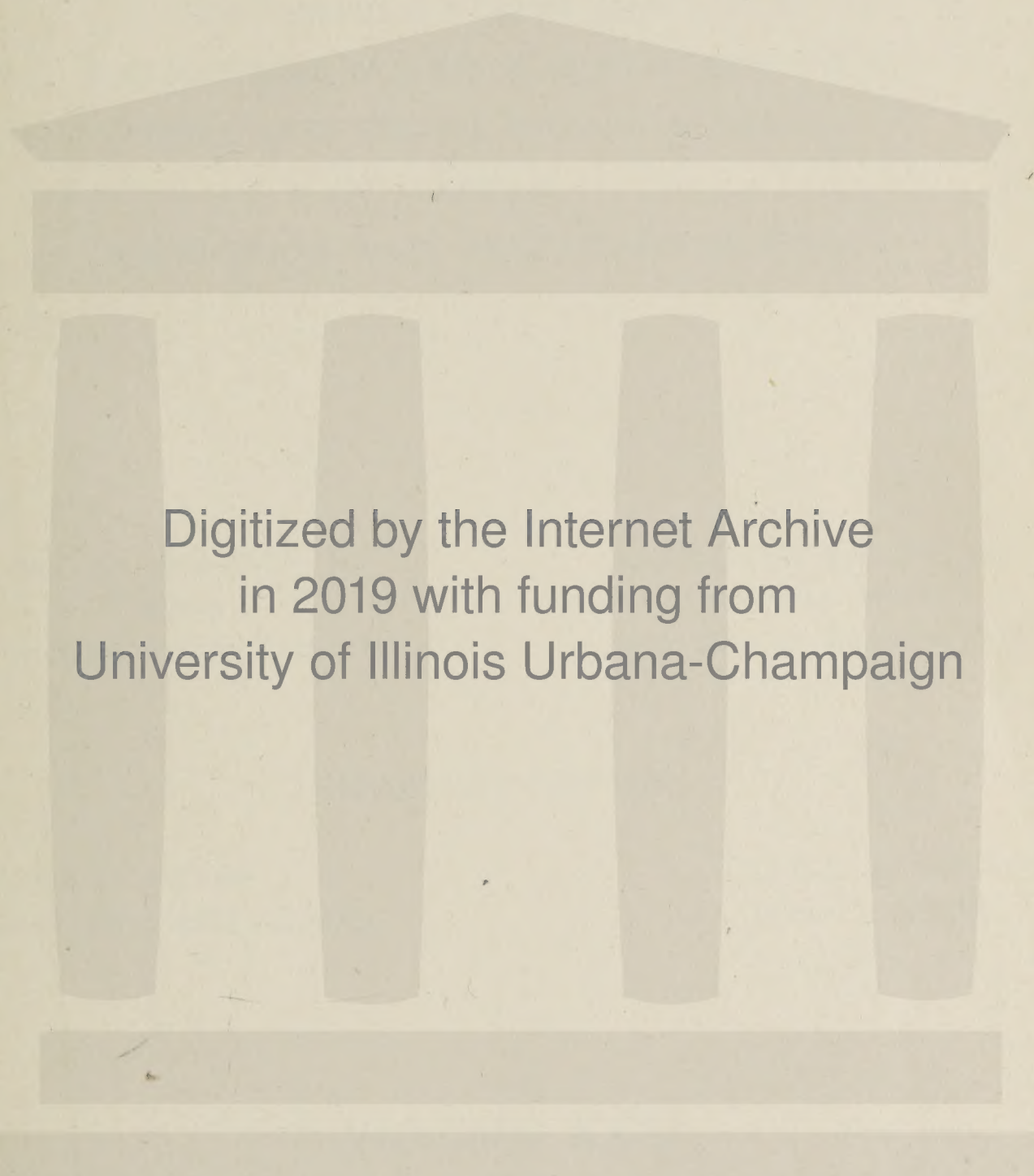
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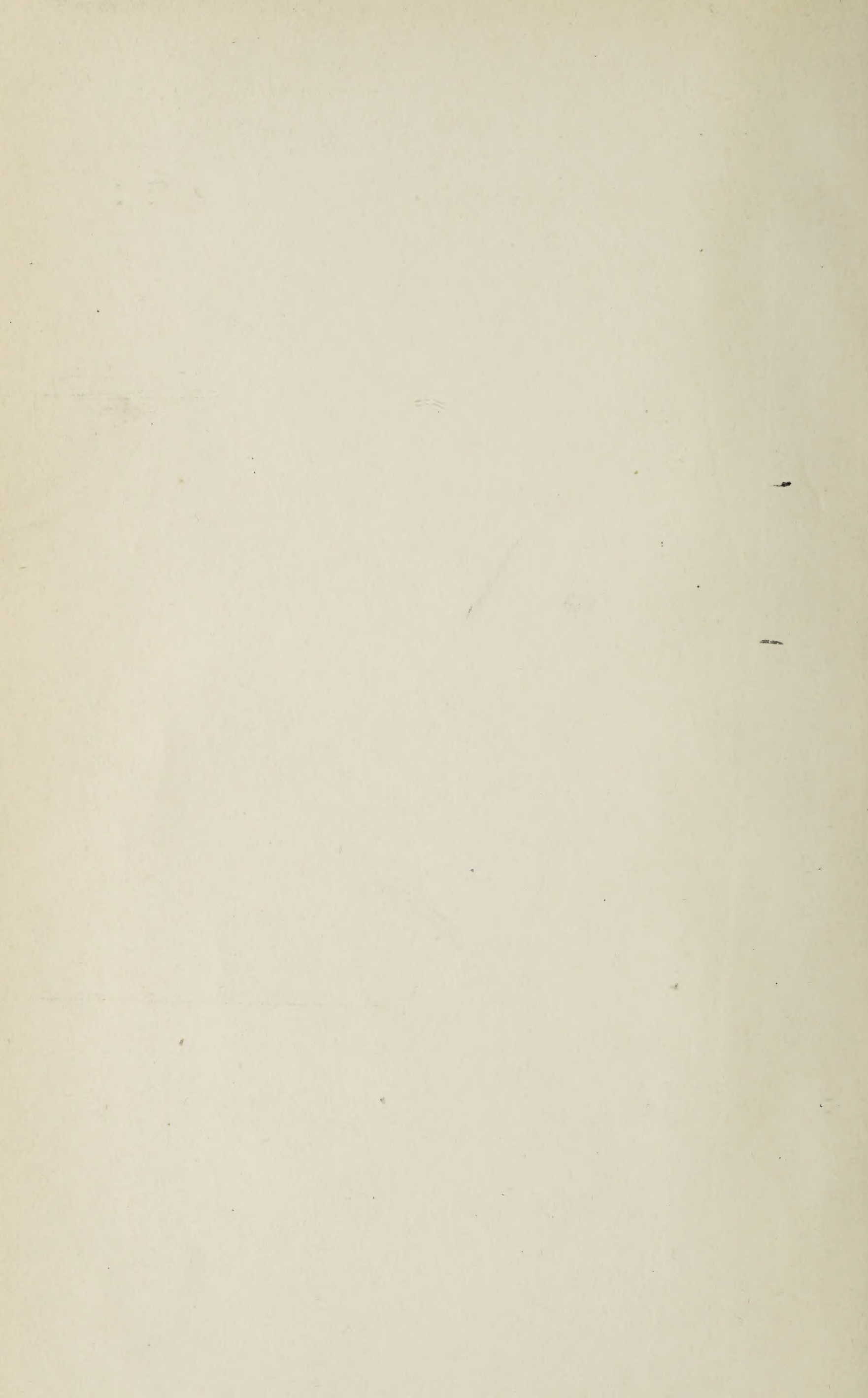
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THE
AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN NURSES' ASSOCIATION
THE NATIONAL LEAGUE OF NURSING EDUCATION
THE INTERNATIONAL COUNCIL OF NURSES
AND OF
FORTY-THREE STATE ASSOCIATIONS OF NURSES

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VOLUME XXIV

ROCHESTER, N. Y.

THE AMERICAN JOURNAL OF NURSING COMPANY

1924

Bdg. JUN 26 '25

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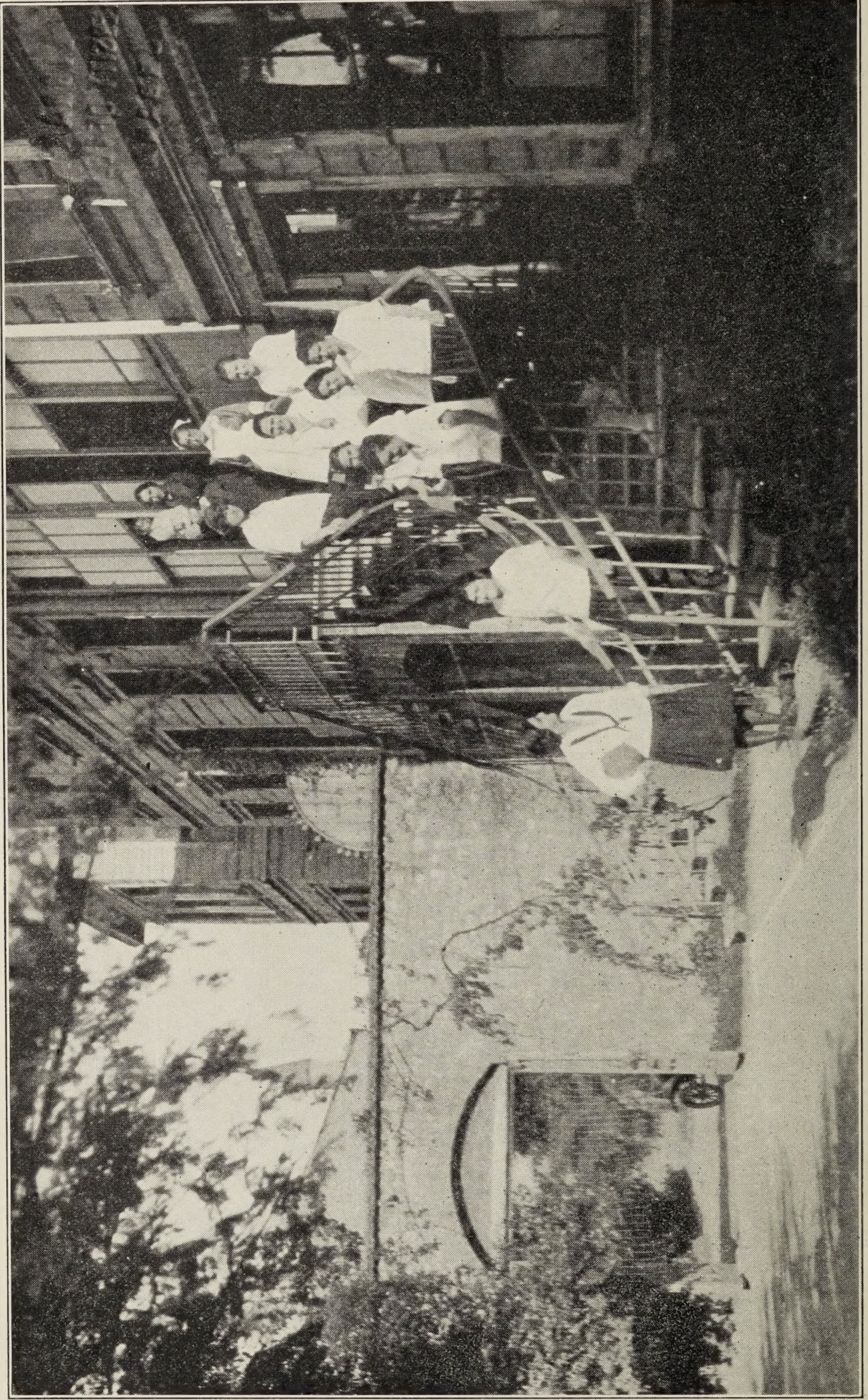
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VOLUME XXIV

THE AMERICAN JOURNAL OF NURSING
PUBLISHED MONTHLY
NEW YORK, N. Y.

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STUDENTS AT AMERICAN HOSPITAL, CONSTANTINOPLE

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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

OCTOBER, 1923

No. 1

RECENT DEVELOPMENTS IN HOSPITAL SERVICE ¹

BY M. HELENA McMILLAN, R.N.

IN the following all that is possible is to present briefly changes and innovations that have been going on in the progressive hospital, and to sketch, very superficially, departments that, within late years, have grown to be a part of the institution and without which the term hospital service would be incomplete.

THE CENTRAL DIET KITCHEN

While a few hospitals have adopted the central diet kitchen it is still not generally in use, the reason probably being that it necessitates considerable hospital reconstruction and reorganization and also a possible indecision in the minds of those in charge as to whether it is an advance over the present generally accepted method of serving trays in rooms set apart in each division for that purpose.

The disadvantages of the present method are:

1. Extra, and usually inadequate space taken on each floor for these rooms;

2. Lessened efficiency in nursing, as much time is used preparing drinks,

setting trays, and even cooking for patients;

3. Food responsibility carried mainly by the immature student-nurse group, ordinarily head nurses are too occupied at meal time to give close supervision and a few dietetians are unable to watch a number of scattered serving rooms;

4. Food cooked in a general kitchen and sent to serving rooms for tray distribution means another handling, by one or more people, with an amount of waste increasing in proportion to the number of people who have access to it. Delay sometimes necessitates reheating, with loss of appearance and taste, time is frequently lost waiting for articles forgotten or sent in insufficient quantity; responsibility is divided, as those serving the trays are compelled to use only such material as is provided and are unable to supplement when it is unsuitable or not well prepared. Waste also occurs at times, by too much being sent to each serving room; by unnecessary use of this extra food; by lack of proper care in small ice boxes; and by failure to return promptly to the general kitchen what is not needed.

The only apparent advantages of the present system are:

¹ Read at the Institute conducted by the Illinois State League of Nursing Education, Chicago, September 8.

1. The possible closer contact of the nurse with her patient, meaning subsequent greater knowledge of individual tastes;

2. The undeniably valuable, even if excessive, training in food service to the student nurse. Both of these points may be met satisfactorily in a scientifically organized central diet kitchen.

The advantages of a Central Diet Kitchen may be itemized as:

1. Not only food preparation, but food service would be under direct supervision of the dietitian expert;

2. An undivided responsibility would be secured by placing entire charge of food in her hands;

3. Improvement in tray service as those cooking food would have actual vision of its appearance on the trays;

4. Economy of food through less handling and fewer places of storage or access;

5. No food odors on floors; lack of refuse would lessen likelihood of mice, roaches and such annoyances;

6. Improved nursing service with the release of floor nurse from tray duty.

Introduction of a central diet kitchen into older hospitals necessitates a larger staff of dietitians than is now usual and a permanent corps of intelligent, well trained employees. Student nurses may supplement their work, in so far as the duties delegated to them are of an educative nature, but they cannot be depended upon to carry the routine work of the department. To expect this would be unfair to the work and also to the workers,—dietitians as well as student nurses. Insomuch as training is best secured through responsibility a definite part of the work should be reserved for the student nurse and she

be held entirely responsible for its accomplishment.

Ability to transfer trays from a central diet kitchen to the patient without delay is the all important point in this undertaking and unless that problem is solved, a satisfactory service cannot be hoped for. This means a kitchen well equipped and provided with modern and entirely adequate dummies or some other thoroughly tested method of rapid food transference. It means maids supplemented by nurses, ready in each department to receive these trays promptly and take them to the patients within a very short time after leaving the diet kitchen. The reorganization cannot be left to the dietitian, but will require the active interest and coöperation of the hospital superintendent, the nursing and housekeeping departments.

Enthusiasts of the central diet kitchen scheme advocate a twenty-four hour service to take care of beverages and other food requirements throughout the night as well as the day.

The saving of ice, gas, other equipment as well as food would, in their judgment, justify salaries needed for continuous service.

CHART FILING ROOM

One of the points considered in the grading of the hospitals is the method of making and caring for patients' histories. The modern hospital places apart a room, easy of general access, equipped with filing cases sufficient to hold the hospital charts for five or more years, one or two desks, card files, all in charge of one or more librarians trained in up-to-date filing methods. The morning after the patient is discharged from the hospital, or sooner, the

chart, in complete form, is sent from the department to the chart room, where it is card indexed both according to diagnosis and alphabetically.

If the chart is not signed by the attending man or the chief of internes or seems incomplete in any detail, the responsible interne is requested to fill in what is lacking and until that is done the history is not filed away. There may also be filed with the history a statement of account from the business office, the death or autopsy slip, treatment in occupational, X-ray or other department.

Should a patient return a second or third time, the previous records are secured from the chart room by the interne or are sent to the department by the librarian, all being kept and studied together and returned as one record. To prevent any one of these two or three records for the same patient being mislaid, the librarian, before giving it out, places a special card in the space left by its removal which remains there until it is returned.

Attending men removing charts for study, sign cards of removal and are held responsible until their return.

Upon written request of a patient and his attending physician, copies of histories or portions of the chart may be granted, but never the original.

In connection with the chart filing room and also under charge of librarians, a storage room should be provided for use when an overflow occurs. In this way the older charts may be so kept that, upon need, they are found without difficulty. Some hospitals, for preservation as well as convenience, have histories bound before being stored. The objection to binding is the cost and also

the possibility of the return of the patient after his first record has been bound, making a scattered or incomplete history for many stomach ulcer, diabetic, and other repeaters. The success of a good chart room service depends largely upon the conscientious follow-up work of the librarians in charge.

SOCIAL SERVICE

The Social Service Department varies in different institutions and localities, but in all, its service is to the poor or near poor. Probably its most important function is the contact it makes between the doctor and patient. By investigation in the home, its touch with other agencies, and general check-up of patient's story, it provides information to the doctor of value in the patient's treatment and to the hospital, as to his classification as free or partial-pay patient. A visit to the home and the report to a parent that the family is being cared for during the mother's or father's illness is of inestimable mental relief to the patient, while its explanation of the doctor's wishes helps to clarify and make coöperative an otherwise bewildered person.

The possibility of carrying remedial care to the home, or of finding suitable places for non-hospital cases, lessens the number of days' stay in the hospital while the patient's return to normal life is made easier by finding ways, through relatives, friends, or social agencies of securing a needed rest, the desired food, or other prescribed treatment.

Through its coöperation with other agencies and general contact with the public it interprets the use and possibilities of the hospital to lay groups. It becomes a means of health education

to families of ex-patients, discovering other members in need of care, often a mother beginning pre-natal instruction, or a baby to be directed to an infant welfare clinic. It offers also an opportunity for important and desirable education to the student nurse. The nursing department realizes that a good social service relieves it of many duties formerly carried inadequately by nurses, unprepared, and fully occupied with bedside nursing.

Its service to the patient, to the doctor, to the hospital, seems unlimited and a hospital without such a department is indeed unfortunate.

As the poor or near poor profit mainly by its services, there is no monetary return from this department, so that salaries of director, assistants, and clerical workers, as well as other expenses must be arranged. Volunteer aid, financial first, and later in the work itself, under an efficient director, can be utilized in social service.

In the June, 1923, number of *The American Journal of Nursing*, Miss Beard gives a definition of Hospital Social Service which those interested should read. The *Hospital Social Service Magazine*, printed monthly at 9 East 37th Street, New York City, is also of value to those who wish to keep informed of recent developments in this branch of hospital work.

OUT-OBSTETRICAL DEPARTMENT

An out-obstetrical department of a hospital is a contribution to the community by enlargement of its educative

value to the medical and nursing student as well as to that part of the public it may reach in their own homes through its medical and nursing staff. Its value to those families who are saved from the midwife and, in her place, given care supervised by a skilled specialist, is inestimable. Such a department is best carried on in coöperation with a medical school, so that the interest engendered by the teaching needs of medical students brings to it the science of obstetrical experts.

If possible, coöperation and close affiliation should also be made with the Infant Welfare organization, in order to make use of pre-natal as well as their post-natal clinics and with Visiting Nurse Associations, for assistance from general visiting nurse groups in giving after care to some of the patients will be much needed. The Social Service Departments of both hospital and dispensary work in close connection with the out-obstetrical department, the former with special interest in pathological cases requiring admittance for hospital care and the latter with careful follow-up work. At least two graduate nurses, one in charge and a second for night calls, should be on the staff, which may then be supplemented by student nurses, for day duty only. Close supervision of student nurses is necessary to secure successful management of an out-obstetrical service and with it such a department becomes a valuable addition to their training.

(To be continued)

BOARDS OF EXAMINERS

BY MARY E. GLADWIN, R.N.

EACH one of us cherishes, slowly and unconsciously engraved on a tablet of memory, an honor roll of nurses. Sometimes, when discouraged and weary of effort, we dream over this list,—honored names of both the quick and the dead, those who have spent themselves royally in nursing service, who, in addition to earning a living, have given long uncounted hours to the progress and development of nursing education.

Inevitably, we are led to wonder why other nurses eagerly seek offices in associations, appointments upon committees, positions upon boards, for which their previous education and experience have in no way fitted them and, of far more consequence, for which they have no intention, conscious or unconscious, of qualifying. The poorly educated, inexperienced nurse, willing, eager to learn, determined to make every step count in the development of the best there is in her, is of far more value to us than the highly educated, experienced woman who considers herself all sufficient and beyond any possibility of further teaching. In this day it is possible to make up any deficiency in education, and experience comes all too rapidly. We welcome joyfully the voice and participation in association affairs of the young graduate. We need her youthful vision, her fresh outlook, her enthusiasm and ideals,—no matter how timidly or haltingly expressed. We demand, however, that her participation in nursing affairs shall be honest and intelligent, that she shall give time and study to the work she undertakes, that she shall profit by her mistakes and grow

in strength of purpose and ability to accomplish.

To be appointed on a board of examiners is flattering to one's self esteem, it pleases the trustees of one's hospital, it gives prestige to one's school. If one is connected with a private hospital, whose owner is a good advertiser, it is of infinite use to him. We are apt to forget that for each step in advance, for every honor conferred, for each bit of publicity or reputation gained, payment of some sort is exacted. The exaction of payment is like the mills of the gods, it may be exceedingly slow, but it is exceedingly sure and no human being escapes. We pay in honest work, in some contribution to the cause of those we serve. Or we pay in the loss of esteem and confidence of our fellow-nurses; we pay in a certain dimming of our ideals, in impairment of our moral well-being, and in the injury we do to the younger nurses and to our profession.

It is the height of folly to think that we can shirk accountability for any length of time. Stevenson, who has a word for any situation in life, says:

I have seen wicked men and fools, and I believe they both get paid in the end, but the fools first.

It is undoubtedly an act of folly for a superintendent of nurses, whose school is not a creditable one, making no progress, to consent to serve on a board of examiners. It does not add prestige to her school, in the end, nor does it enhance her professional standing and her reputation in her own community. More and more publicity is being given

to nursing affairs. Every day the general public gains understanding and knowledge of what a school of nursing should be.

Consider the absurdity of a person's helping to frame requirements for accredited schools, the worse than absurdity of her sitting in judgment on the schools of a state, when her own institution not only does not meet the requirements, but is making no effort to do so. Unquestionably, when a nurse finds herself in the position mentioned above, there are only two honest courses open to her. She should resign her position in the school or her place on the board. *Some of the poorest schools of nursing in the United States have been run by women who were on boards of examiners.* The writer once had knowledge of a school which was ungraded, which had no plan of instruction, where all the pupils, Probationers and Seniors together, attended classes when they could be spared from the care of the patients, no record of any sort being made of such attendance. The head of the school contented herself by saying that the conditions were beyond her control, and she continued to sit in judgment upon, and to put on probation or drop from the accredited list, schools which were at least no worse than her own.

Undoubtedly, the majority of the members of such a board should consist of women who are doing educational work. They should be the most progressive up-to-date women the state can show, and their appointment should be brought about irrespective of district, school, or politics. We need to spend considerable thought over the claim of the private duty nurses that they should

be represented on every board of examiners. Let us consider, for a moment, the work of the board. Its chief responsibilities are three in number: To set standards for schools of nursing, to make and enforce the requirements necessary to maintain those standards, to examine and register nurses. We all know and deplore the fact that the majority of private duty nurses do not keep in touch with nursing education after graduation. To many of them, the diploma marks the end of all study, all progress except such as they naturally gain in going from case to case. Scores of them do not own a book on nursing and hundreds of them never look into the text books left over from their student days.

The greatest need of the private duty nurse today is that she should have a cultural or educational background. In order to come into her own, she must be willing to devote more time to postgraduate work. The growth of institutes, summer sessions, short courses for public health nurses and nurses engaged in educational work, is one of the most promising developments of recent years. It is high time that private duty nurses did something of the same sort for themselves. There are plenty of people ready to help them but the movement must come from within their own ranks. Ida Clyde Clarke, writing of women's organizations in the August *Pictorial*, says: "Standards have got to be pushed up from the bottom." And that's worth thinking over.

To return to the appointment of the private duty nurse on a board of examiners, the question resolves itself, after all, into a personal one. It

cannot matter what particular branch of nursing the candidate follows, if she has kept pace with the progress of the schools and if she is a student who will give time and thought to the advancement of nursing in her state. To be successful, she must be not only a student but also an authority in those studies in which she is the examiner. It is quite time to get rid of board members who are content to appropriate and use questions from published lists of examinations just as it is time to do away with the popular conception that cramming these same questions and answers into the minds of pupils is nursing education.

We need to emphasize the fact that the nurses of a state should absolutely control the governor's appointments to the board. This they can do because they have the power of the vote. Not long ago, the owner of a private hospital said: "The politicians of this district will not allow Miss W. to be appointed on the board of examiners of this state." If the nurses of any district believe Miss W. to be the right woman for the place, the matter is wholly in their hands. To allow politicians or people outside the nursing profession to manage our affairs, is sheer waste and neglect of great opportunities. If we are willing to work, if we come together unselfishly, intelligently, there is hardly any limit to what we may accomplish for the cause of nursing and therefore for the good of humanity.

We all recognize the great need of bettering our nursing organizations, beginning with our alumnae associations, teaching them their power and opportunity. To quote Mrs. Clarke again, in the same article: "*We expect too*

much of our organizations and we put far too little into them." A rather pitiful tale of wasted time and limited vision is this one: For a year and a half, a certain district organization has spent all the time of every meeting in a wrangle over what private duty nurses should charge, to the exclusion of every other matter and without arriving at any conclusion.

Curiously enough, a study of one of the attractive little state booklets of "Requirements and Curriculum for Schools of Nursing" sometimes gives no clue to actual conditions in the schools of that state. The requirements are sometimes taken *en bloc* from the requirements of other states and have not the faintest relation to the possibilities in the schools for which they are intended. To be without ideals in one's work is to starve spiritually, but if our eyes are fixed too persistently on the stars our feet may stumble painfully. Requirements which are impossible for all but one or two schools of a state are a very great detriment and a certain hindrance to growth. Requirements which the board has neither the intention nor the means of enforcing are bound to be morally bad. We have discovered that good laws which have a place only on the statute books and not in the lives or conduct of the people are evil because they are not honest. It follows that the requirements should be possible for a majority of the schools. It is wise to make them very simple in the beginning especially if the board has neither the money nor the machinery with which to enforce them. They may be easily amended each year.

To make progress in education, there should first of all be an awakening to a

knowledge to present conditions followed by a desire for improvement. On the part of the board there should be sympathetic understanding and a great helpfulness. We need to learn to fight conditions, not people, to fight without animosity and, what is harder, to fight without personalities. The big schools, in large civic centers, will continue to go forward, almost of their own momentum, but the little places scattered all about the country, many of them quite isolated and ministering to the needs of a whole community, need intelligent and careful treatment.

Apparently, we are at the beginning of a new era and the young ambitious nurse may well take courage at the thought of all the possibilities for good work which lie before her. For the rest of us, there is always the temptation to quote our beloved Robert Louis:

A spirit goes out of the man who means execution, which outlives the most untimely ending. All who have meant good work with their whole hearts, have done good work, although they may die before they have time to sign it. Every heart that has beat strongly and cheerfully has left a hopeful impulse behind it in the world and bettered the traditions of mankind.

THE USE OF INSULIN IN THE TREATMENT OF DIABETES MELLITUS

BY NELLIE GATES BROWN, R.N.

First Paper

ANY discussion of the condition known as diabetes mellitus (passing of honey sweet urine) must necessarily be preceded by a brief review of carbohydrate metabolism and its relation to the other metabolic processes of the body.

Review of Carbohydrate Metabolism—As we know, carbohydrates are taken in the form of starches and sugars, the former complex substances, the latter more simple sugars. By the process of digestion, these complex carbohydrates are split into the simple sugars, glucose, fructose, and galactose.

These simple sugars, formed as the result of the digestion of the starches and sugars, enter the blood stream through the portal vein and are carried

to the liver where they are converted into glycogen, the form in which carbohydrates are stored in the body. While the liver is the greatest repository for glycogen, some is also formed in the muscular tissue of the body.

Hypo and Hyper Glycaemia—As the tissue sugar is utilized, a new supply is brought by the blood, the sugar concentration of which varies from 0.1 to 0.15 per cent. A concentration higher than this is termed a hyper glycaemia; a lower, hypo glycaemia.

Carbohydrates as a Source of Heat and Energy—We also remember from our study of dietetics that the oxidation of carbohydrates provides the most convenient and rapid source of heat and energy with the production also of

carbon-dioxide and water. Protein, the building tissue of the body, is a non-economical and difficult source of energy and while fats may be used, the products of fat oxidation, if carried on without an admixture of carbohydrates, are in themselves harmful.

Sugar Tolerance — Although carbohydrates form a convenient source of energy and are easily oxidized, there is a limit to the amount which a normal individual can utilize or store at any one time.

If, for instance, a large amount of sugar is eaten at one time, the excess will appear in the urine within a short time as glucose. Consumption of the simple sugars will produce this glycosuria in a shorter time and from smaller amounts than will the intake of the more complex starches, since the digestion of starch is a slow process and this absorption is continued over a longer period of time. This condition is termed an alimentary glycosuria and disappears within a few hours. The largest amount of carbohydrate which can be taken by an individual without producing an alimentary glycosuria is termed his "tolerance" for that form of carbohydrate.

Glucose is usually used in testing an individual's tolerance and normal individuals are expected to have a tolerance for an amount of glucose equal to 1 1/3 grams for each kilogram of body weight.

Diabetes Mellitus Described—This distressing disease has been recognized as a medical and dietary problem for many years and various treatments have one by one been devised, practiced, and discarded.

The symptoms and usual course are well known to laymen and physicians alike. The patient notices the increase

in the amount of urine voided, a corresponding increase in frequency of urination, abnormal thirst, and loss of strength and weight.

On examination, the urine is found to contain sugar from 0.03 to 10 per cent; and the blood, an increase in sugar concentration even as high as 10 per cent. Later, the complications of gangrenous extremities, carbuncles, and abscesses appear, the course usually being terminated by coma or sepsis.

It is apparent that the key which enables the body to utilize carbohydrates has been lost and the tolerance lowered. Sugars can be eaten, digested, and absorbed, but not burned, and therefore accumulate in the tissues and in the blood stream. The kidneys keep up a constant effort to remove the excess from the blood, and this produces the glycosuria. Varying amounts of the sugars taken are excreted,—in severe cases the loss even exceeds the intake. This diminution of carbohydrate oxidation impairs the nutrition, and as a result the pruritus, carbuncles, and gangrene appear.

The increase in fat oxidation which is necessary to keep up the functioning of the body produces acids which, if too greatly increased, lessen the alkalinity of the tissues to the point where consciousness is lost and the patients present the symptoms of diabetic coma.

Former Methods of Control — The regulation of the diet has been the chief factor in controlling diabetes. By omitting carbohydrates as much as possible and increasing the fats in the diet, the glycosuria can be fairly well controlled, but it was soon realized that a diet exceedingly high in fats seemed to encourage the rapid onset of diabetic

coma. Following this, better balanced diets were provided with carbohydrates included, but restricted to special types which were easily utilized; most of us have seen the oatmeal treatment and the potato treatment pass into oblivion.

More recently various modifications of Dr. Allen's starvation treatment have been used with a fair degree of success.

Early in 1922, the announcement was made that a pancreatic extract had been prepared and was being used with great success in the treatment of diabetic patients at the Toronto General Hospital.

The Pancreas as a Factor in Diabetes—The function of the Pancreas in the digestive process by means of its external secretion has long been well understood. It has also been known that certain portions of the pancreas which are called the Islands of Langerhans, differ in structure from the rest of the organ and that these portions, possibly by means of an internal secretion, influence the metabolism of carbohydrates. These facts were proven by the following observations: removal of the pancreas in an experimental animal causes diabetes, the severity of the symptoms depending upon the amount of the organ removed; the suppression of the external secretion by ligation of the pancreatic duct does not produce diabetes. If the organ is entirely extirpated, diabetes may be lessened if not prevented by implanting portions containing the islet tissue in some part of the body. The portions of the gland containing the Islands are found to be degenerated, atrophied, or absent in diabetics at autopsy.

Since it has been possible to treat cases of disturbed glandular function

by means of glandular extracts, thyroid extract given for cretinism being probably the most successful, several attempts have been made to prepare a pancreatic substance which could be used for the treatment of diabetes. Until 1922, little success attended these experiments. The whole pancreatic tissue proved non-effective and extracts, while controlling glycosuria, produced other highly undesirable effects.

The Discovery of Insulin—While reviewing this work, Dr. F. C. Banting, then an assistant in the department of physiology at Western Reserve University, London, Ontario, conceived the idea of checking the external secretion of the pancreas, thus causing degeneration of the secreting cells by ligation of the pancreatic duct. In this way, he hoped to be able to procure from the degenerated gland a substance which would contain the secretion of the Islands of Langerhans free from digestive enzymes. Dogs were selected as the experimental animals and under the direction of the Physiological Laboratories of the University of Toronto, Dr. Banting, assisted by Dr. C. H. Best, obtained such a substance and by its use successfully treated animals which had been made diabetic. This substance he named "Insulin" (active principle of Insular Tissue).

To Dr. Banting belongs the credit for completing the chain which had been forged by a long line of experimental workers.

Preparation of the Extract for Therapeutic Use—Realizing that the discovery would be of great value to the medical profession, Drs. Banting and Best assigned their rights in the preparation to the University of Toronto. Under the

direction of an Insulin Committee, methods were devised by which Insulin could be produced in sufficient quantity to treat human diabetics. In December, 1921, the first patients were treated at the Toronto General Hospital and the brilliant results obtained in the experimental animal were repeated. To increase the production, the Insulin Committee issued a permit for the manufacture of the extract in the United States to a pharmaceutical company already engaged in producing organic extracts. With the coöperation of this firm and the University of Toronto, Insulin is now being furnished to physicians throughout the country, who specialize in the treatment of diabetes, for use at various hospitals.

Methods of extraction and purification have now so advanced that pancreatic glands obtained from animals which are killed for food form the source of supply.

Action of Insulin—Insulin is not a cure for diabetes, but is a key which enables the body to utilize sugars. It is given by hypodermic injection (other methods of administration render it non-effective) before food is taken, and one unit enables the body to utilize 1.5 to 2.0 Gms. of glucose above the usual tolerance. The patient can be kept free from glycosuria and with the improvement in nutrition, the appetite becomes more normal, the thirst is lessened, and strength returns.

Standardization of Dose—To understand the standardization of dosage, it is necessary to consider the dangers attendant upon the use of Insulin. By the use of rabbits as control animals, it was soon determined that the injection of Insulin, unaccompanied by the inges-

tion of carbohydrates, produced a marked reduction in the percentage of blood sugar and that if this reduction reaches 0.045 per cent, convulsions are almost certain to occur. The convulsions can be checked and the animal restored to normal condition in an incredibly short time by the administration of glucose solution. Each lot of Insulin manufactured is tested upon several series of rabbits and one unit is the amount which produces convulsions in 60-70 per cent of the two kilogram rabbits used. Not only must convulsions be produced, but they must yield to treatment with glucose solution.

In addition to the tests for strength and sterility, other physiological examinations are conducted both at the manufacturer's and the Toronto Laboratories.

The extract is now so concentrated and well standardized that it can be procured in 5.0 cc vials in two strengths, one 10 units per cc and the other containing 20 units per cc.

Present Status of Insulin—Insulin must not at present be considered a cure for diabetes mellitus. It is a most valuable crutch for a crippled pancreas, but the problem of the cause remains to be solved.

There is great danger that the excellent results which are being obtained by the use of Insulin will tend to lessen the interest of research workers in the search for the underlying cause of the disease. The dietary treatment of the diabetic is fully as important now as before the advent of Insulin. Dietary control and the administration of Insulin are inseparable factors in the present diabetic treatment.

As we have seen, Insulin is not

harmless. Patients receiving it should be instructed concerning the diets and symptoms of danger and should be under good medical supervision, but properly used it enables the diabetic to regain his place as an active member of society and gives him a hopeful, happy outlook.

This change in attitude was well expressed by a patient whose condition had almost miraculously improved in this way: "I used to worry about dying from diabetes, but now my only worry is that I will be struck by an automobile."

IMPROVED METHOD OF APPLYING HOT SURGICAL DRESSINGS

BY SISTER M. DOMITILLA, R.N.

THE apparatus consists of a covered boiler, an ordinary potato ricer, and a pair of forceps. The dressings, ricer, and forceps are placed in the boiler, the forceps being supported on a rack so that the handles will be above water, and the whole is allowed to boil thirty minutes.

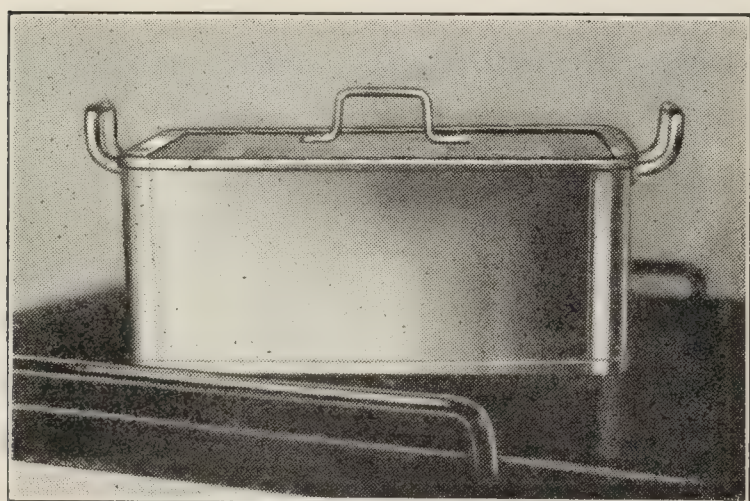


FIG. I

The boiler is then carried to the patient's room and set on an asbestos mat placed on the bedside table. (Fig. I.).

The nurse, after cleansing her hands,

removes the cover from the boiler and by means of the forceps lifts the handles of the ricer out of the boiler. When it is cool enough to manipulate she opens it and with the forceps takes the dressing out of the water and puts it into the ricer. (Fig. II.).

The water is squeezed out by applying pressure (Fig. III.), and by means of the forceps the dressing is then applied to the wound. (Fig. IV.). If more than one dressing is needed, the process is repeated. Six or eight dressings can be sterilized at one time. If they are to be applied to more than one patient, the nurse removes the boiler to the bedside of each patient to receive treatment.

This method is especially valuable for hot surgical dressings where strict asepsis is required. Its advantages over the old stupe wringer are that it affords better technic, the apparatus is less cumbersome, the work is speedier, and the dressings can more easily be made light and fluffy.

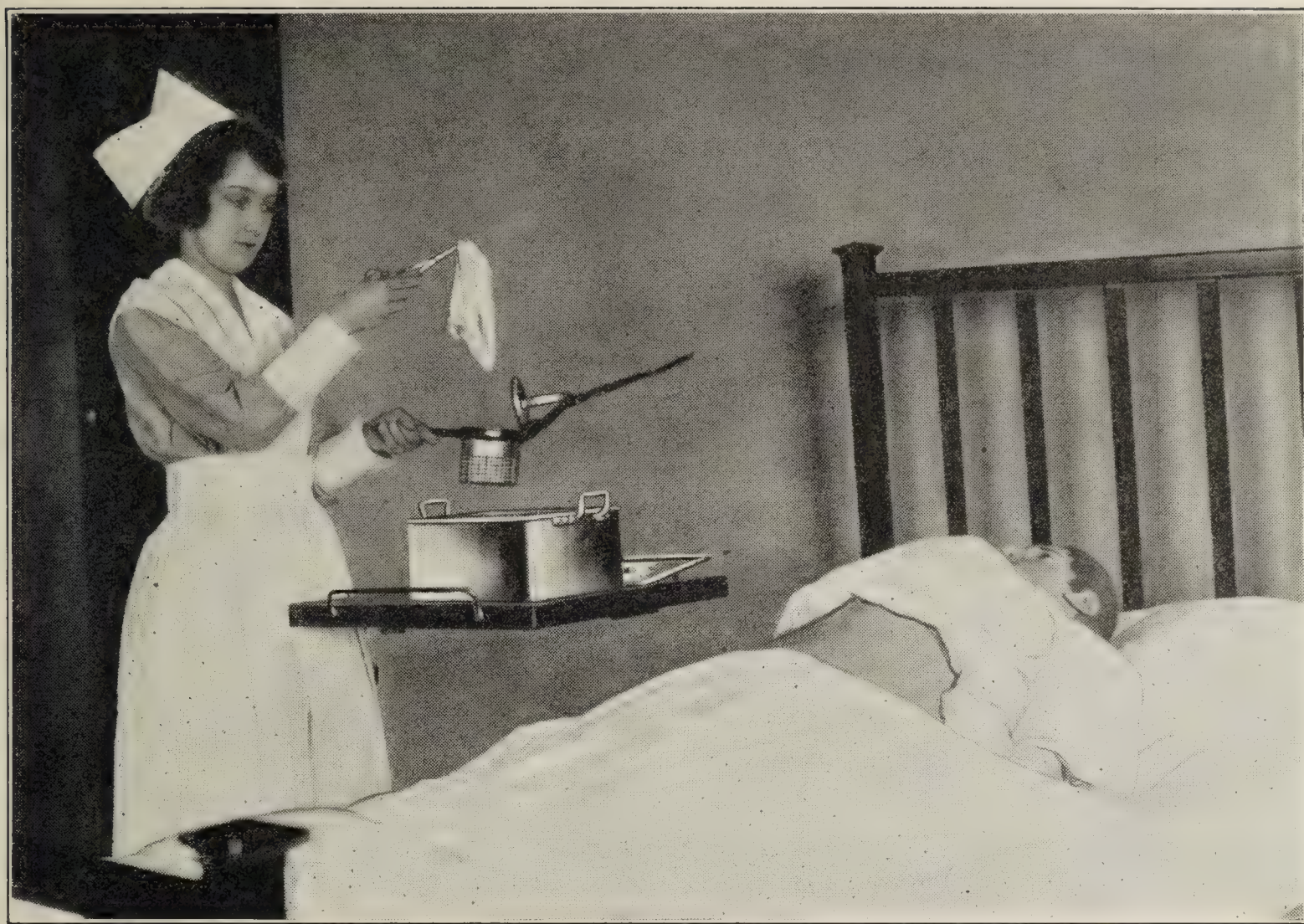


FIG. II

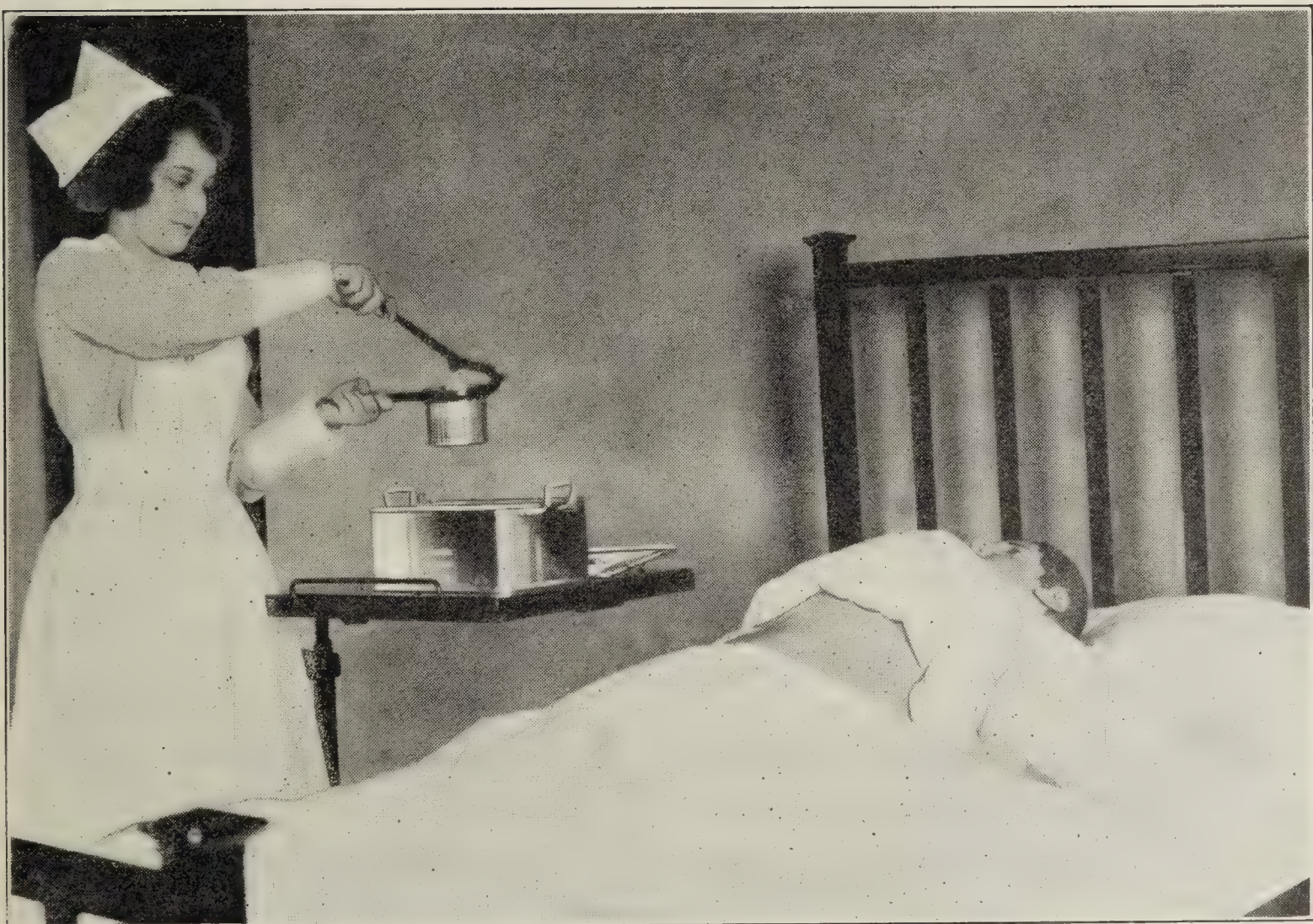


FIG. III

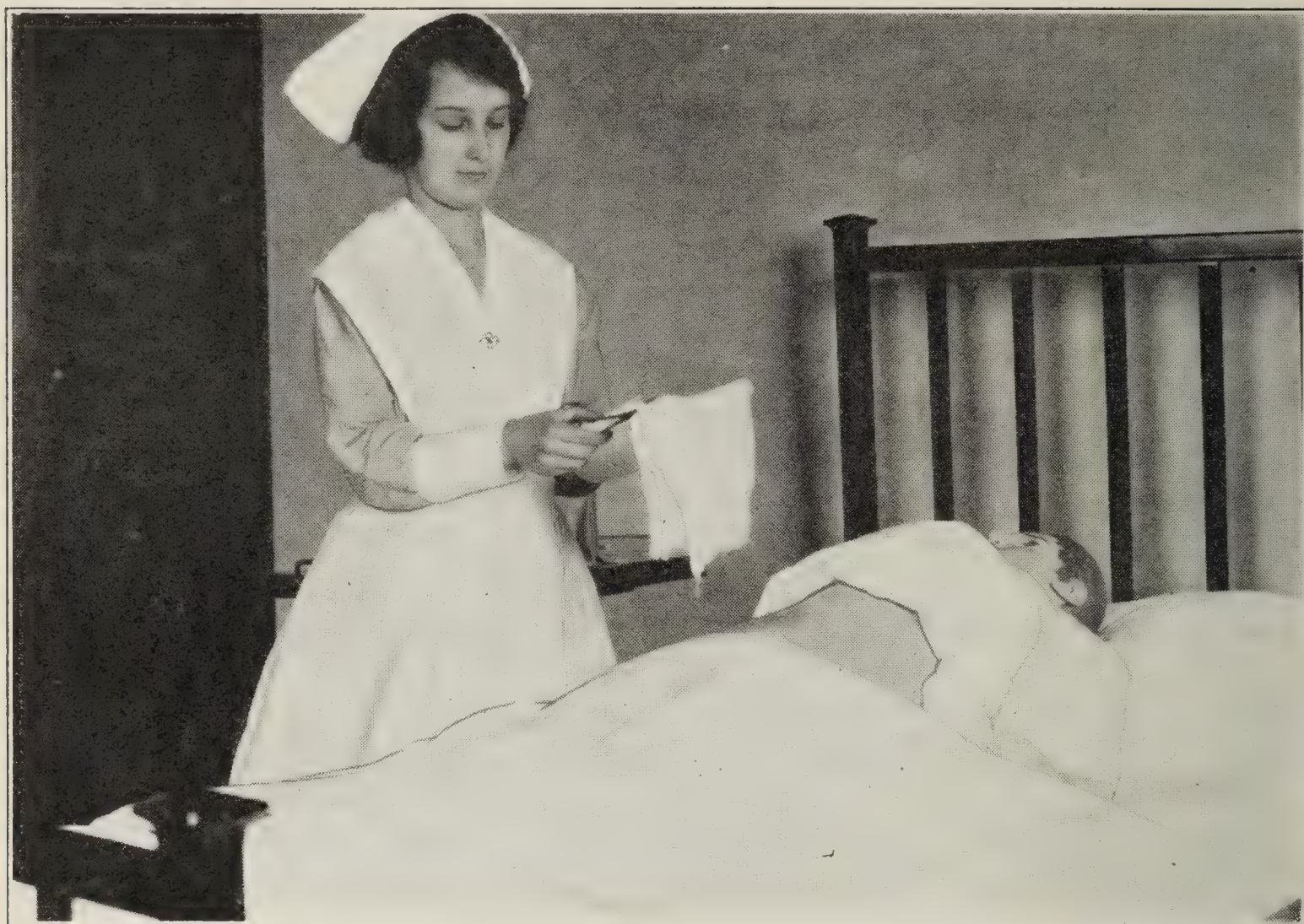


FIG. IV

TELLING EVERYBODY ABOUT NURSING

BY FRANCES MALTBY, R.N.

AT least one state in the Union requires its high schools to have a vocational talk on Nursing each year and it may be there are other states as progressive, but the absorbed and busy nurses who are called upon to give these talks, as an aside from their routine work, do not rejoice.

"We are quietly doing our work, why should we talk of it?" is their inward protest.

The answers are these: Because a score or more (sometimes as many as thirty-five) other vocations are each year presented to high school girls, an increasing number of whom are needed

in the nursing profession; because, when comprehensively presented, the nursing profession does make a tremendous appeal (not only because of its humanity, but also because of its undreamed-of variety); because the average mother feels that the hospital would exploit her daughter; because hospitals are bound to exploit student nurses until the public is sufficiently interested in nursing education to endow schools of nursing. Who will inform that public unless it is the nurse?

If, in addition to her personal knowledge of the profession, the nurse who is pressed into speaking service, will

also arm herself with the information contained in Miss Nutting's "Sounder Economic Basis for Training Schools" and Miss Stewart's "Opportunities in the Field of Nursing,"¹ an outline, and enthusiasm, she should find herself well able to cope with the situation. She should have also an inspiring poster for offices and bulletin boards, and, for distribution to all audiences, a four-paged leaflet called "The Challenge" which tells young girls what inquiries to make regarding schools of nursing²

The outline following this article has proved practical in addressing groups of every type, size and age. It can be logically divided into two or three parts or, with a few omissions, the talk can be cut to thirty minutes. The chief points can be used for a 10-minute talk or, on the other hand, when the audience consists of adults, there is the chance to add an explanation of the training school situation, that public sentiment may be formed and coöperation secured.

An immense amount of education can be done in the high schools by asking the principal to include in the audience the high school boys, and students of the 7th and 8th grades. Questionnaires returned by student nurses reveal that it was often while in the grades they had dreamed of nursing, and the psychologist says this is the vital time to get a message across. As for the boys, one makes friends with them at once by telling them they are there because some

day they will be voting whether or not their community shall employ public health nurses; that some of them will be on hospital boards of managers, and it is hoped they will see that the student nurse has a square deal; and that *one* of them may actually endow a school for nurses!

As so many other vocations are presented, we are sometimes given only 20 minutes. Then, when at the end of the allotted time, one turns and asks, "May I take the girls through training in five minutes?" and "May I come again?" there is assent and a suggestion from the principal that the high school annex also be given a vocational talk, for he has heard education stressed, and he begins to realize how much nursing information there is to give and that it is what the girls want.

But though, after your talk, half the girls raise their hands to indicate that they want further nursing information, though you post the poster, distribute the challenge, hand the principal multi-graphed articles for his high school or local papers (and they get printed, too); though you leave, for the vocational files, "Opportunities in the Field of Nursing" and a copy each of the *American Journal of Nursing*, and *The Public Health Nurse*, marked in especially interesting places, even then you still have the parents to deal with.

"You have convinced me; I wish you would convince my mother," the girls have exclaimed. Therefore, in its work, the Council for Nursing Education of Southeastern Pennsylvania sought out the Parent-Teacher Associations, and in addition to this, three 20-minute talks were given over Wanamaker's radio and every Philadelphia high school was

¹ These can be obtained at a cost of 15 cents each from the National League of Nursing Education, 370 7th Avenue, New York City.

² These may be obtained without charge from the Department of Nursing, National Headquarters, American Red Cross, Washington, D. C.

asked to announce them in assembly, that girls wishing to become nurses might tell their parents to listen in. As the radio carried the message as far as Cuba, Canada, and California, it was an effective means of advertising, and letters were received in reply. Church groups were obtained by giving 10-minute talks to the ministers' Monday morning conferences, of the different denominations. These were followed by letters to the ministers, asking for opportunity to address some church group, accompanied by the poster and "Challenge," for the bulletin board. In this way girls' societies and women's missionary meetings were addressed, and talks were given at evening services.

It is just a case of "here a little, there a little" (no matter how little) and before we know it, public sentiment *will* be formed and the profession of nursing will be understood as it has never been understood before.

We need to tell everybody about nursing.

OUTLINE FOR A FORTY-FIVE MINUTE VOCATIONAL TALK ON NURSING

Title: Opportunities for Success and Service in the Field of Nursing.

A. Need of 100,000 more nurses in this country. What it means:

- a. Increased demand for nurses.
- b. More varied work in the field of nursing.
- c. Types of girls who may find a place in nursing:

(It is well here merely to tell the types who may find a place in nursing, holding audience in suspense as to what each place is. That part comes later.)

1. Girls with an aptitude for nursing.
2. Girls with business ability.
3. Girls with a gift for leadership.
4. Girls with dexterity and steady nerves.
5. Girls with a gift for teaching.
6. The average girl of general

ability who wishes to prepare for home-making and, meantime, serve and earn a living.

B. Old fashioned ideas regarding nursing:

(What parents are apt to picture.)

- a. Floor scrubbing.
- b. "Menial" tasks for patients.
- c. Twelve hours a day on the wards.

C. What the facts really are:

(Answers daughters may give them.)

- a. Cleaning necessary as part of education, but no nurse's time or energy squandered on floors.
- b. Service not menial. Understanding and character developed through service. Whatever is necessary is dignified.
- c. Ward work:
 1. Day duty, 8 to 10 hours, 6- or 8-hour day desirable, but often impossible, until the public is educated regarding schools of nursing.
 2. Usually 10- to 12-hour night duty, though gradually coming to 8 hours. Only 6 months' night duty. Only 1 to 3 months at a time. Self confidence and sense of responsibility learned quickest on night duty. A life upside down from that of day time.

Despite all drawbacks, nursing offers more opportunities for success and service to more kinds of girls, and with less outlay of money, than any other profession.

D. Schools of Nursing:

a. What is the difference between a training school, a school of nursing, and a hospital?

1. Hospital contains the sick.
2. Near by is nurses' home where student nurses live. The training school, or school of nursing, consists of these student nurses and their course of study. Student nurses practice the profession they are learning in the hospital.

b. What should a good school of nursing expect of an applicant?

1. Age,—18 to 35 years.
2. Character.
3. Health.
4. Education.

Applicants are often accepted with only one year of high school; one year is not enough; four years are not too much; commercial course in high school does not debar applicant from training, has

taught her to systematize work.

Studies desirable in high school: Chemistry, Physics, Bacteriology, Sanitation, Social Science, Anatomy, Hygiene, Physiology, Psychology, English, History.

(Having just said so much about education, it is best to change the train of thought and stress the good times before returning to the mention of education.)

c. What should a girl expect of a good school of nursing?

1. Good times. Swimming pool or tennis court; parties; a chance to see friends in time off duty, and porch and sitting room for their reception; one-half day off duty on Sunday and also during the week. Vacation.
2. Care when sick.
3. Education—well qualified, full time nurse instructor.
4. Living (free during three years of training); room (single or with only one other student nurse); food (should be excellent); laundry.
5. Usual offer: Uniforms, text books, or \$6 to \$25 or more a month for their purchase. Do not select school of nursing according to the amount of money offered, for good and poor schools offer both much and nothing.

d. How to choose a school of nursing.

1. Be sure school is "accredited."

(It may be explained here just what "accredited" means, also something about state board examinations, and significance of "R.N.")

2. Visit at least four schools of nursing and their hospitals, interview superintendents of nurses
Look for: (a) refined surroundings, (b) sound and varied education, (c) refined companionship. (The highest type of student nurses usually found in schools of highest educational requirements), (d) a superintendent of nurses with whom you can be happy.

e. What every nurse should have during training or in a post graduate course.

(These may be made vivid by illustration with human interest stories.)

1. Experience in contagious diseases, and why: (a) that

combined theory and practice may give viewpoint, competence, efficiency.

2. Experience in care of nervous and mental cases, and why: (a) because practically every physically sick person is mentally sick, and a good nursing viewpoint may be obtained through this course. (b) Nurses should educate the public as to cause and prevention of mental sickness, as to frequent cure through prompt seeking of a specialist's advice. (c) Care of mental and nervous cases both a constructive and interesting branch of the profession, presenting opportunity for leadership and pioneer work. (d) In time all public health nurses will be required to have had a course in mental nursing.
3. Public Health nursing. (a) Two months' experience often offered during training. (b) Invaluable broadening experience for all nurses. (c) Credit,—for it may reduce the length of 9 months' post-graduate course in public health nursing taken by those who wish to specialize in this branch.

One of the best things about nursing is that from time to time the nurse may change her kind of nursing work to suit her health, family, circumstances, etc.

(Illustrate by story.)

It heartens the audience, here, to say "And now we'll go through training in five minutes."

- f. Life in training. Make this five-minute description of one's life as a probationer as true and entertaining as possible with "YOU" stressed, that each one in the audience may for those five minutes, actually be a probationer in imagination. This should be a contrast to "heavy information" and make the audience want more.

The audience always appreciates appreciation and consideration. It likes to be thanked for its attention. I do it here, urging everybody to stand up a minute or two, open the windows and chat. The speaker also enjoys doing just the opposite!

(After reseating the audience, anticipation is aroused by saying that we have all graduated, and will now hear what there is in training for each type of girl.)

E. Opportunities after graduation.

a. Institutional.

1. Superintendent of hospital (business manager) for girl with business ability.
2. Superintendent of nurses, for girl gifted as leader.
3. Position as head nurse of operating room,—would appeal to girl with manual ability and steady nerves.

(It holds attention best here to mention FIRST the type of girl, and next the type of work for which she is fitted,—just the opposite from the outline as given here.)

4. Anaesthetist: (a) In institution, (b) On salary for surgeons, (c) Independent.
5. X-ray operator.
6. Social service nurse.

(To say that each one lives in the hospital, without cost, to state approximate salaries, and to give a word or two descriptive of the work, gives the audience both a picture and a grasp of actual facts. Human interest stories, concrete instances, always grip the attention and nail the facts.)

7. Nurse instructor,—should be girl gifted as teacher. (a) Practical nursing may be taught at once. (b) Nursing theory demands special college preparation.

(Here bring in a description of the five-year course given in about a score of colleges and universities, and culminating in both a college degree and graduation as a nurse.)

(c) Nurse instructor may live in institution, or teach on hourly basis.

(Home Hygiene and Care of the Sick. Information regarding the Course in "Home Hygiene and Care of the Sick" stimulates the formation of classes which in turn fill young women with interest in nursing.)

b. Non-institutional.

1. Teaching Home Hygiene and Care of Sick, also work for nurse who loves to teach. Taught to high school girls, and to mothers. (Description, of course, and human interest story.)
2. Private Duty Nursing: (a) General, (b) Specialized.
3. Public Health Nursing: (a) In city work, apt to be divided among: Child hygiene nurses, School nurses, Tuberculosis nurses, Visiting nurses. (b) In country. 1. Nurse with whole community on her hands; teaches it to keep well. Description of baby work, school work, and clinics, given mostly by means of stories.

(Army, Navy and industrial nursing may be mentioned, but cannot be described in 45-minute period, even the mention of them, in addition to all the rest would bewilder, if this entire talk is given at one time.)

A forty-five minute talk is not too long if one mingles what the audience wants with what it ought to know. The usual class period is 45 minutes, and often a high school principal will cut out music, at the assembly period, so as to allow time for a vocational talk.

THE PRIVATE DUTY NURSE AS THE EXPONENT OF HER PROFESSION TO THE PUBLIC¹

BY LILIAN TRACY

WEBSTER says that exponent means expression or representative, and as the representative of her profession will I speak of the nurse.

First, last, and always she represents knowledge—special knowledge in her dealing with the sick. She is expected

to have *expert* nursing ability. That in itself covers a broad field for discussion but, concisely put, it means to the nurse herself that after her training she knows she has and is expected to have expert knowledge in the care of a patient; in securing for him all possible comfort; in winning his confidence and thereby maintaining control. She knows she must attain order and cleanliness in the

¹ Read at the Private Duty Nurses' Section of the Middlesex County meeting, Woburn, Mass., June, 1923.

patient's room, whether by her own efforts or by the help of others, and her patient himself must by her own efforts be scrupulously clean. Let her cheerfulness be not of the kind that one longs to take by the neck and throw out the window, but let her be cheerful—a laugh a day, you know—and always an unfailing courtesy, in the sick room and out. Last and not least, what a nurse demands of herself is a knowledge of how and what to observe and how and what symptoms to report.

The public expects a highly trained woman, strong of body, calm of mind, with an inexhaustible supply of cheerful, uncommon sense. This is a large order to fill and to her credit be it said, that so many fine nurses have filled this order well that the profession is steadily advancing to higher ranks. Highly trained she *must* be, nor may she consider the goal reached with the receiving of her diploma. After that comes the acid test of independent endeavor. Then she understands the advice given by her former instructors. They who have traveled the road, sweat in a very agony of desire to point the road by which pitfalls may be avoided. Then may common sense, acquired from these pathfinders, be ours in large measure, for great common sense will be our best ally,—some call it tact and some think sympathy covers the ground.

As a result of this professional training by exacting instructors, plus intelligent, courageous effort on the part of the pupil, there will result a broad minded woman with courage to uphold her special knowledge. There are at times gradings and shadings of the prescribed hospital methods that can be resorted to with profit. A hard and fast rule of

conduct cannot be applied because of the differences of temper and temperament in the patient. But having knowledge of the essentials she may not slight, essentials to which she must hold at all costs, let her yet be elastic enough to secure them by yielding some unessential detail. It may be the patient prefers to take his medicine in some different or even absurd way. What matter the effort, the time, wasted in preparing it that way, if no essential good be sacrificed?

In treatment, likewise, just how the nurse is going to accomplish her work is an individual problem requiring every side of her nature to solve properly. So these three,—professional technic, tact, and sympathy, must work hand in hand. It must work for the comfort and, if possible, for the recovery of the patient. It must obtain for the nurse the care for herself that she may best meet that foremost duty.

It is a vexatious thought that one may not give oneself without let or hindrance and yet there is the fact, that to serve best, one must give oneself the best of care. The patient does not desire that the nurse kill herself in his behalf nor does he fail to react nervously when he sees her breaking under the strain. The law of care for oneself must hold for us all. Over the doorway of the Worcester court house there stands in huge letters these words—"Obedience to the law means the greatest freedom to all." Deep is the truth underlying these words.

I pray that she may have tact, tact, tact to the end of time, for her feelings will be trampled upon, her strength taxed to the utmost, her sense of humor all but submerged. Yet the poise that

must be hers demands that her mentality be busy with the patient's demands and needs, in relation to health, to the loss of consciousness of her own personality. A few principles of personal health and personal honor are all she may remember in regard to herself, and her whole mind must be occupied with the means for the patient's recovery. Every honorable effort may be hers to employ, according to her resourcefulness. This will depend on her own grasp of her profession. So are we back to the thing demanded of us as a representative of our profession—expert knowledge.

How shall she maintain her position? She has her diploma and much experience behind it, but times change and memories dim. Let her keep up to the minute by reading medical papers and books, which are invaluable. I well remember a former nurse telling me of a child who would not eat eggs. Insistence seemed to involve his physical well being. The doctor, more surgeon than baby specialist, insisted that repeated trials be made—always the same symptoms of extreme pallor and prostration resulted with the first touch of the egg to the lips. During the day a temperature of 100 degrees would be noted. It happened soon that the nurse had to go on another case, and taking a day between, read up a little in books accumulated during her case. To her delight—and consternation—she found a case of a child, an infant, disliking eggs, with a doctor's comments on the case. To that child, egg was a poison. She sat down and wrote as tactfully as possible to the mother of her reading and suggested that she and the new nurse

check up symptoms again for the doctor and ask him if there was a case of poisoning.

So by all means let the nurse keep up to date with a case, that she may have expert knowledge of it in all its details.

Patients sometimes show an undisciplined side, if not during severe illness then in convalescence, and must be tactfully handled. It is hard to know when direct opposition is beneficial, if it ever is, with the adult. Usually a plain statement of the case and throwing responsibility on the patient is all that a mature mind needs. With children the nurse may well ask the help of God but omit no known remedy of her own to secure results. This is best illustrated by Angelo Patri's story of the boy who had a spelling test before him which he considered too severe for human preparation. He accordingly in his evening prayers asked God to see him safely through. "What is that?" said his mother. He explained the coming one hundred word test. "All right," said she, "put on your bathrobe and slippers and come with me." For an hour they wrestled with the one hundred words, then once more repaired to the boy's bedroom. "Now," said the mother, "if you want to ask divine aid, do so." "What's the use?" he wearily replied, "I know 'em now."

Solon says, "Know thyself" and the Bible adds a helping word—"He that overcometh himself is greater than he that conquereth a city." So among all these wise sayings let us evolve this—know our subject, know ourselves and cultivate poise. So will a nurse best express and represent her profession to the public.

MOUTH MANIFESTATIONS OF A DEVIATION FROM THE NORMAL¹

BY CAROLINE C. BOURQUIN, R.N.

SOME ONE has said: "Poverty is a disease," likewise neglect of the human body is indicated by a deviation from the normal. To counteract this great menace to civilization and to develop a race of sturdy, God-fearing people is the aim of the great profession of which we, as nurses, are a part. Associated with us in our efforts, but working in a highly specialized field, is an ever increasing group of young women known as Dental Hygienists. The work of these young women is both educational and practical: educational, in that they teach the proper care of the mouth and its upbuilding; practical, in that they examine the oral tissues, clean the teeth, massage the gums and chart all defects. For the hygienist to intelligently carry on her work requires a comprehensive knowledge of the mouth in its normal state; a knowledge of pathological conditions which may be encountered; and a mental picture of the dental defects which today are so prevalent.²

To examine a normal, well-kept mouth is a pleasure, for it glows with a beauty all its own. The lips are red with aerated blood. The mucous membrane of the cheeks and gums is a coral pink in color, which denotes the perfect oxidation of the cells and the thorough removal of waste products. The teeth are regular and are shining from careful brushing, while the tonsils show no enlargement or infection.

¹ Read at a District Association meeting.

² The anatomy of the mouth is so familiar to all nurses that a description is omitted.

Unfortunately this is a picture which is not often seen. Due to neglect, poor dentistry and disease, the mouths of 95 per cent of our people present a crying need for the teaching of hygiene,—hygiene, the great forward movement in preventive dentistry and preventive medicine!

To you, as nurses, falls the duty of instructing the mother of the new born babe as to its care. Do not neglect the mouth. Show her the proper method of swabbing it with a solution of boric acid,³ and impress her with the necessity of constant attention, especially if the infant be bottle fed. Teach her that milk is the ideal bone-building food, while vegetables, fruits and hard crusty foods are important adjuncts to the diet.

Causative factors in mal-occlusion or irregularity of the teeth are deficient diet, faulty habits, and neglect of the temporary teeth. This is deplorable, as neglect in any respect brings decay and the end result is mal-occlusion and a lowered efficiency of the permanent teeth.

Three positive signs of future mal-occlusion to be noted when a child is five years of age are:

1. Mal-position of any of the individual teeth of the true arch curve.
2. A lack of spacing of any of the temporary incisors.
3. A deviation of the upper and lower median lines which, nature decreed, should coincide.

Failure to heed these warnings means

³ A moot question!—Ed.

a progressively advancing defect which will alter the appearance, the speech, the efficiency of mastication and the general health.

The normal development of the mouth aids in the development of the nose and tends to prevent its obstruction by adenoids.

Care of the temporary teeth necessitates constant vigilance, for often chalky spots appear upon the enamel as a forerunner of decay. Green stains and black lines, so often seen on the teeth of children, are caused by a fungoid deposit or a systemic disturbance and indicate the need of a more careful daily toilet.

Due to a lack of balance in the metabolism of the body, the lime salts from the blood stream and the saliva, are deposited more or less rapidly, as tartar, around the necks of the teeth. This is a great source of irritation and must be removed regularly, for tartar or salivary calculus is one of the principal causes of gingivitis.

Gingivitis brings about the recession of the gums, the infection of the periodontal membrane and the ultimate destruction of the alveolar process with the loss of the teeth. Often the first intimation of this trouble, which is familiarly called pyorrhea alveolaris, is the red spongy appearance of the gums and the bleeding after brushing.

Another important factor which induces pyorrhea is poor dentistry. Poorly fitting crowns and bridges, rough and overhanging fillings, combined with a failure to restore the tooth to its original shape with cusps and contact points constitute a source of irritation to the gum tissue by the impaction of food and the breeding of bacteria.

Stomatitis or inflammation of the

mucous membrane of the mouth is another result of the propagation of bacteria which is most frequently observed in the mouths of neglected children. This is classified as catarrhal, ulcerative, aphthous, thrush, gangrenous and symptomatic stomatitis. The catarrhal type is characterized by a congestion and swelling of the mucous membrane with an enlargement of the mucous glands.

Ulcerative stomatitis, which occurs in mal-nutrition, tuberculosis and following some mineral poisoning, such as bismuth, mercury, phosphorus and lead, begins at the margin of the gums of the lower jaw and extends to the cheeks and tongue. Suppuration may develop and necrosis of the bone follow.

Aphthous stomatitis is marked by small white spots, surrounded by an inflammatory zone. These spots are very painful and are spoken of as cankers. They are observed in the mouths of debilitated adults as well as neglected children.

Thrush, which is caused by a fungus, usually attacks a marasmatic child. There is first a reddening of the mucous membrane, then the formation of patches of a shining whitish false membrane, which may extend from the tongue to the pharynx and the esophagus.

Gangrenous stomatitis or noma is, as its name implies, a necrotic disease. It develops in children between the ages of two and twelve years whose bodily condition is extremely poor. The prognosis is not favorable for recovery.

Symptomatic stomatitis is the term used to designate the mouth manifestations of measles, diphtheria, scarlet fever, typhoid, tuberculosis and syphilis.

During an attack of measles the mucous membrane of the cheeks presents a diagnostic lesion known as Koplik's spots. These are small red spots each having a bluish white speck in the center.

Diphtheria presents gray patches of false membrane on the tonsils, uvula and pharynx.

Scarlet fever shows the well-known strawberry tongue, and typhoid fever the tenacious coating of sordes.

Tuberculosis manifests itself on the back of the tongue or floor of the mouth by yellowish-red nodules which gradually break down.

Syphilis, the scourge of the ages, is much to be feared and watched for. It is characterized by the primary chancre, the secondary mucous patch, and the tertiary gumma. The chancre may be recognized as a small crack on the lip or tonsil which has an indurated base. This induration increases but is partly destroyed by ulceration. Within a month the chancre is fully developed and presents either a round grayish granular surface or a concave ulceration. It has a sharp outline and a hard base. It is painless and is accompanied by an early enlargement of the lymph nodes under the jaw. The mucous patches occur most commonly in the inner surfaces of the lips, although the edges of the tongue, the uvula and palate may be involved. They appear as large or small, round or irregular plaques of grayish-white color

covered by a sticky secretion. The mucous membrane surrounding the patches is not unduly red. Both these syphilitic lesions are highly infectious. The gumma, which is not infectious, may appear in any part of the mouth. It develops as fatty or caseous infiltration of the tissue which breaks down into a sluggish ulcer.

Let me bring to your attention, also, the appearance of the mouth in the case of systemic diseases such as diabetes, nephritis, heart disease and anemia.

In diabetes the gums vary in color from a pink to a deep red, while a thick creamy pus is found along the margin. Decay is extensive, but the reparative work of the dentist is a difficult operation due to a possibility of gangrene should the soft tissue be injured.

Nephritis presents a picture of hard, firm gums, of a pale bluish-white color, from which a thin purulent discharge may be pressed.

In the case of a heart lesion, the lips are usually of a bluish tinge, the gums congested and hypertrophied.

Anemia is indicated by a lack of color, the gums being firm, hard and white.

There are many other mouth manifestations of disease which we encounter in our work as nurses, but the lesson to be gained by our study bears out the statement that any neglect of the human body, be it of the mouth or elsewhere, results in a deviation from the normal.

"As a result of my experience during the last four years in giving physicians post-graduate instruction in pediatrics, I have come to believe that what they lack is not a sound knowledge of medicine, but a knowledge of the child and of childhood."

BORDEN S. VEEDER, M.D.,
Journal of the American Medical Association.

WHO'S WHO IN THE NURSING WORLD



XXVI. MRS. C. VICTOR TWISS, R.N.

BIRTHPLACE: Cato, Cayuga County, N. Y. PARENTAGE: Father, English; Mother, American. PRELIMINARY EDUCATION: High school. Taught school for six years. PROFESSIONAL EDUCATION: Graduate of the New York Hospital, New York City. POSITIONS HELD: Superintendent, Sloane Maternity Hospital, New York, for nine years. OFFICES HELD: Director for seven years, and President for four years of New York State Nurses' Association; President, one year, New York County Associa-

tion; Treasurer, American Nurses' Association, twelve years; now serving as Second Vice-President. Served on American National Red Cross Committee, New York State Red Cross Committee, New York County Red Cross Committee, Special Red Cross Committee Central Club for Nurses, New York. Served on Board of Central Club for Nurses, New York City, six years. Helped raise funds for the Central Club for Nurses in New York. PRESENT ADDRESS: 14 East 50th Street, New York City.

EDITORIALS

"WHAT CAN BE DONE ABOUT IT?"

"NURSES won't take hard cases," said the director of an important nursing service in discussing special nurses. "What can be done about it, when they refuse to care for patients so sick that one would think they would appeal to the sympathy of any person with a spark of humanity? We wanted specials in order to insure the best of care, but nurse after nurse refused because they were hard cases." And then she went on to ask, as many another executive has done, "What are we training nurses for, if they are unwilling to care for sick people?"

Nurses are justified in choosing special lines of endeavor, whether it be in health nursing or in sick nursing. We have no criticism to make of those who choose a specialty and consistently follow it. We do believe the criticism of the executive quoted justifiable, inasmuch as the nurses who refused the cases had chosen private duty in general, and special duty in hospitals in particular, as their field and in making the choice they certainly knew that not every patient would be easy to care for.

Registrars say that a nurse is sometimes justified in refusing a difficult case because she has not regained her buoyancy since the last nerve-wracking one. We agree with the registrars on this point, but when a whole series of calls is rejected by nurse after nurse one must look farther for the answer.

We all know individuals with a positive gift for following the path of least resistance. The nurse who discriminates against cases of typhoid, encephalitis,

acute poisoning, and the degenerative conditions, is assuredly following that pleasant path, but we wonder how she got through the school for nurses! Did she always have the easy side of the ward? Did she always have the uncomplicated cases? Did she never say to herself, "Suppose that had been my mother," or wonder what kind of care she might expect if one of these disastrous conditions befell her? Was she graduated only because the hospital thought it must have student nurses and took what it could get and then felt under obligation to graduate them? The question of why a nurse won't nurse baffles us because we cannot understand why she remains a nurse when there are other occupations that offer paths of less resistance to those who habitually choose the easy way.

To the question of the harassed director we would answer that we know of no cure for the faults of the individuals described. There will doubtless be fewer of them in the next generation of nurses if our schools can be so supported and staffed that nurses-in-the-making will have time to care for human beings who are sick, instead of for cases, human beings who are the mothers or fathers or brothers or sisters of some one who cares; human beings worthy of the same care we desire for our own families in time of need. In the meantime, those who ardently desire the easy way tend to eliminate themselves from a profession that demands the moral stamina to fight for a life on occasion or to stand the long continued siege that is sometimes necessary in order to restore health.

THE INTERNATIONAL COUNCIL OF
NURSES

WE make no apology for our frequent references to the marvelous opportunities that come to nurses for promoting understanding between peoples. We are sorely in need, in this unpeaceful time, of a better understanding by one group or one country of the problems of others, for "there can be no coöperation where there is not like-mindedness," or understanding. Our sympathy goes out in unstinted measure to Japan, because we understand elemental suffering as we have not yet come to understand lesser problems.

The International Council of Nurses, founded in 1899, exists for the purpose of promoting understanding among nurses of all nations. Its expressed objects are to provide a means of communication and opportunities for conference upon "questions relating to the welfare of their patients and their profession."

The recent meeting of the Executive Committee in hospitable Copenhagen, summarized on another page by Miss Noyes, was animated by a true spirit of internationalism, by a sincere desire to arrive at sound conclusions through frank discussion. The confidence of the gathering in American nurses was indicated by the decision to refer the question of a revision of the Constitution and By-laws to the American Nurses' Association. The report indicates real advances in understanding and good will and augurs well for the further promotion of a genuinely international accord which we believe will exert an influence far beyond strictly professional bounds.

CANADIAN ASSOCIATION HEADQUARTERS

THE *Journal* extends most sincere congratulations to the Canadian National Association of Trained Nurses upon the establishment of a National office at Winnipeg with Jean S. Wilson in charge. This progressive movement is but another evidence of the sturdy purpose that is so characteristic of our friends across the border. It is one that will substantially assist them in carrying out the objects of the association. These objects we take pleasure in quoting because the spirit of human kindness is so implicit in them that many of us would do well to refresh our memories as to the purpose of such organizations. The objects as set forth in the Constitution of the Association are as follows:

1. To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada.
2. To acquire a knowledge of the methods of nursing in every country.
3. To elevate the standard of professional nursing education.
4. To promote a high standard of professional honor among nurses in all their relations.
5. To encourage a spirit of sympathy with the nurses of other countries.
6. To afford facilities for international hospitality.

PROGRAMS

IN her article on Boards of Examiners, Miss Gladwin tells of an association that spent a year and a half in utterly profitless wrangling over the charges of private duty nurses, probably only one

example of opportunity wasted by organizations. The mere coming together of nurses will mean little unless the association, whether it be an alumnae or one of larger size, is animated by definite purpose and makes a sincere effort to avoid trivialities. Program committees have a most serious responsibility. Theirs is the duty of providing interesting and inspiring meetings and presumably no two organizations will respond to exactly the same stimuli.

The program for the year will not be vital and fruitful if it is planned to look well in print or to accord with ideas expressed by some distant state or national officer, but without the actual needs of the membership and the community in mind. Nor will it be of sound worth unless the principle of satisfying service, which is basic to all nursing projects, be kept in mind.

The problems of the small hospitals are demanding careful thought. The methods and routine developed in some of them are undoubtedly worthy of much wider circulation than they have received in the past. Organizations in localities where good small hospitals exist would do well to make some comparative studies along these lines. The general subject of nursing hospitals that are without schools for nurses should bring out much valuable discussion, particularly of the training and utilization of attendants. In large centers where the demand for private duty nurses is usually greater than the supply, consideration should be given to the development of "Group Nursing" and the conservation of professional skill that might be effected by such means.

Some basic problems there are which should interest every nurse and every

organization. Among these may be noted the report of a committee of the American Medical Association on the training of nurses. This report may be found in the *Journal of the American Medical Association* for June 30.

Coöperation is another fruitful topic. One of our most generous minded women writes: "Few of us really know what the term means. Usually it means 'if you agree with me, I coöperate, but if you do not, it is you who are unwilling to coöperate.' People know so little about the give and take of living together."

Says Agnes G. Deans, "Nurses should be taught thrift so we may have fewer women pushing on to the very end because they have saved nothing, who if they became helpless, have only the Relief Fund to fall back upon." Insurance, investments, and budgets are topics that could be presented briefly and cogently by experts.

We know that many associations are devoting time to needed practice in parliamentary procedure, but many others are moving haltingly because they are unfamiliar with the courteous and expeditious methods of conducting meetings and consummating business.

With the world constantly hammering at our doors for nurses with social vision as well as technical skill, we would do well to use more lavishly the resources of the national health organizations. The American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing are constantly ready through their secretaries at Headquarters to act in an advisory capacity to individual nurses, as well as to the component organizations, but

beyond these are the agencies dealing with particular phases of the health movement.

Child health, tuberculosis, mental hygiene, cancer, social hygiene, cardiac disease are all subjects that cannot be too insistently kept before the nurses of the country. The national organizations dealing with these problems are all eagerly seeking the coöperation of nurses and they take infinite pains in selecting material or securing speakers in their own specialties. All are located, as are our own national organizations, at 370 Seventh Avenue, New York City. Their resources should be freely drawn upon by program makers, and that veritable gold mine, The National Health Library, should be more generally used.

The work of a program committee is arduous, but it may and should bring large returns.

JAPAN'S TRAGEDY

FROM all quarters of the globe swift messengers of sympathy are hastening toward Japan. In this country, "the Greatest Mother in the World" is actively at work lending aid and succor to that stricken country. Responses to the appeal for funds have been as spontaneously generous as during the great drives of the war days, and we believe that nurses have contributed their share. In the true Red Cross spirit nurses all over the country have written and telegraphed to the Director of the Red Cross Nursing Service offering their services, but up to the date of writing the Japanese ambassador has felt that, in all probability, additional nurses

would not be required. Clara D. Noyes, Director of the American Red Cross Nursing Service states that if nurses are needed they will be called through the Local Committees nearest Japan. These are the American Red Cross Committee in China of which Josephine Valentine of the Soochow Hospital, Soochow, is Chairman; the Committee in the Philippines, and the one in Honolulu.

The Japanese Red Cross has a nursing service of about 3,800 nurses. All honor to them if they succeed, unaided, in meeting the demands made upon them by this most appalling disaster with its attendant dangers from the pestilential cholera. Reports indicate that the Land of the Rising Sun is not supinely accepting the blows of fate and awaiting assistance, but that, in a spirit in keeping with its symbol, it is courageously setting about its own rehabilitation. American Red Cross nurses will, we know, remain in readiness to respond should a call come, for again a mighty tragedy has made the whole world kin.

PRIVATE DUTY NURSING IN THE JOURNAL

EVERY once in a while we are told that the *Journal* seems to be more interested in hospital or in public health nursing than in private duty nursing. Having been private duty nurses, the editors have the same passionate sensitiveness to matters pertaining to private duty that is so characteristic of the group as a whole. We suffer when the private duty nurse is criticised. We rejoice when she is commended. She is at all times the object of sympathetic interest and we are much disturbed when we are told that we are neglecting our

friends. One of our editorial obligations and privileges is that of serving, as adequately as lies within our power, the private duty nurses.

No number of the magazine is ever planned without thoughtful consideration of the needs of this great body of nurses. Most issues carry at least one article dealing specifically with this specialty. Always there are articles prepared or selected for their potential value to private duty nurses although the titles may not so indicate. Of course the value is nil if the article is not read! We well know, since we have often done it ourselves, how easy it is to glance over a table of contents and miss the very article that would have proven most helpful and later to be chagrined to find our friends assuming that of course we had read it and were well informed.

This number of the *Journal* illustrates our point. It contains only one article on private duty as such. Other articles which we believe should particularly in-

terest private duty nurses are Miss Brown's initial paper on Insulin, Miss McMillan's concise discussion of some of the newer developments in hospitals, and Miss Gladwin's pungent article on Boards of Examiners. Sister Domitilla's practical procedure is planned for hospital use, but can be readily adapted for use in homes.

Private duty is so all inclusive that it is difficult to draw the line between subjects of general and those of special interest. We believe the good private duty nurse, she who is a worthy "exponent of her profession," reads far beyond any limit that could be set as the boundary of private duty nursing. We would, however, remind private duty nurses that they are themselves the logical source of private duty material. The editors welcome both suggestions and contributions. If you have constructive ideas, tell them to the *Journal*. It will do its utmost to "put them across" for the use of other nurses whose problems are similar to yours.

NEED STAYING POWER

"There is no genius like that of holding on and making continuous effort under difficulties.

"There are a thousand people who have talent to one who has grit. Brilliancy gives up and talent gets disheartened before difficulty and lets go.

"There are some very brilliant men in public life who almost do things; men who raise great expectations in some particular line, but who never win out. They remain perpetual prospectuses of works which are never published.

"I believe that more people fail from lack of staying power than from almost anything else."

ORISON SWETT MARDEN.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE TEACHER IN SCHOOLS OF NURSING ¹

BY CLARA F. BROUSE, R.N.

HAD this subject been presented even fifteen years ago, there might have been much scepticism expressed by all but the leaders in our most progressive schools, for then the teaching of nurses was considered simply an added obligation of a much burdened superintendent. Today, however, the instructor is taken quite as much for granted as is the assistant principal.

There is of course much specializing among instructors in large schools, but I shall discuss the instructor from the standpoint of my own experience, which I believe is quite typical of the school connected with a hospital of 150 beds. In such schools one teacher carries the bulk of the class work with, perhaps, the exception of that in nursing procedures which is taught by the Assistant Principal who follows up her work with supervision; dietetics is taught by the dietitian; pediatrics during an affiliation; and chemistry and massage by outside teachers. The specialized teacher says such a variety of teaching is impossible. It is, theoretically, but practically it is being done every day. Again glancing backward at the busy teacher-superintendent of the last generation, and noting the leaders of our profession whom she has taught, I hesitate to criticize.

In her relationship to the hospital

administration, the teacher today has a recognized place upon the staff of the school of nursing, and is given due consideration by the heads of the various departments. It is only with coöperation of head nurses that there may be any real correlation between the subjects taught in the class room and the practical nursing of such patients. Here the non-resident teacher may be at some disadvantage, which is only compensated by the keenness of the pupils in reporting cases in class, for they do love to give information to the teacher, do they not?

Any hospital organization, financially able to support a school, will expect a certain expenditure for new teaching equipment each year. I feel that the instructor should appreciate this, and never neglect to ask for a reasonable amount of new material such as additions to the library, laboratory, or class room. The administration should recognize, also, that adequate preparation for teaching requires a large investment of time and money and the financial return to the instructor should show a corresponding increase. Needless to say, each teacher should be granted sufficient time for her own thorough preparation for the day's work and should have pupils in class on time at each scheduled period.

The teacher who is not a supervisor has a peculiar relationship to the students. They approach her with perhaps

¹ Read at the annual meeting of the Ohio State League of Nursing Education, Akron, Ohio, May 4, 1923.

less awe and more sincerity and confidence. She is a friend, truly interested in their progress and problems, and to her come all the questions the head nurse has had neither the time nor the inclination to explain. This teacher must therefore be sympathetic with the changes taking place in the thought and character of the student, as she adjusts herself to this very new environment.

The pupil comes to us so inadequately prepared by her preliminary education. We wonder whether her school work was just studied to be forgotten, for she says the World War was one of the Crusades; that the boiling point is about 120 degrees; she cannot multiply fractions nor solve a proportion. Teaching solutions is a problem for us all, is it not? However, as a redeeming feature, the preliminary student is interested in everything. Her questions cover the entire range of medical knowledge. She is a Freshman in age and manner, a bounder, irrepressible, but an enthusiast, and as such a joy as a student. Her second year, a very critical period, finds her quite blasé. She now knows it all, is bored, deigns to ask questions at rare intervals, and makes a futile attempt at acquiring a professional manner. In her last year she shows her true self. She has acquired poise, she sees clearly and kindly, and if she is a really good student nurse, she shows the humility and consideration for others which can come only after trials have been conquered and the privilege of nursing, as a fine type of service, truly appreciated.

The nurse teacher, as other educators, must keep before her the fundamental five bold ideals of education of Dr. George Strayer, which include, you remember, a healthy body, an alert intel-

ligence, a development of social and moral ideals, a vocation, and training for leisure. This must be the background in presenting any subject which will tend to influence the lives of her students.

In considering the teacher herself, let us look back at the qualities in our teachers which have helped to mold our lives. It is not so much the subject matter taught as the personality of the teacher which has remained. She has helped us to see, and to think, and to appreciate our fellows. So our ideal teacher must be a woman alert and responsive, optimistic and courageous, and above all she must be deeply and truly spiritual if she is to interpret life in its lights and shadows to young students. She must also be an excellent nurse not only during her period as a student nurse, but with an additional experience of Private Duty well done, head nurse or operating room supervision adequately accomplished or a period of district nursing. Do we not all recognize the alchemy of the phrase "I once had a patient" when we are trying to keep up interest in a group of healthy, fatigue laden pupils.

The nurse-teacher then must have personality and fundamental education, for a teacher without high school education is inadequate, and to nursing experience must be added special training—the more, the better. This may take the form of one of the various splendid courses offered, particularly adapted to nurses, as the one at Teachers College or it may consist of college or normal work nearer home. There are opportunities for advanced study offered in almost any community today, at universities, summer school, night school,

Y. W. C. A., literary or Civic Clubs which help materially to keep a teacher alert and interesting. No matter how resourceful we are, none of us can progress very long without coming in contact with other minds which stimulate thought.

A teacher must see to her own recreation and must have will enough to keep out of a rut, by attending social functions, concerts, lectures, theaters, and church. She cannot be a good teacher, if she knows nothing but the content of her nursing subjects. Outdoor exercise which gives her real pleasure is excellent for her leisure time. The stress and mental strain of conducting the variety of classes required of the average teacher necessitates a long vacation period with a change of scene and vegetation is very good mentally and grubbing in vegetation is very good physically. So outdoors and sunshine and quiet will rebuild both our minds and bodies.

May I speak a word of warning to over zealous young nurse-teachers? Do not struggle for a degree; if it comes incidentally as you are acquiring things you really need and will use, of course accept it. Do not sacrifice health, or nerves, or personality, for they are the foundation stones of all truly good work.

In conclusion may I say, a nurse teacher has but one thing to teach, and that is nursing for health, and if she does not apply each subject directly to this one theme, she will not hold the interest of her students or give them knowledge they will retain. For, it is only by the practical application of theory, that we can expect our pupils to grasp its content. Their energy is much too precious to waste upon mental gymnastics, when the finest type of mind growth can come with the science, skill and idealism, which are the basis of all our nursing.

THE VALUE OF EDUCATIONAL METHODS²

BY W. J. BANKES, M.A.

I AM not a specialist in nursing education, but I do know something about the method of teaching, so I want to present some things to you, as we see them today, in regard to education and some of its applications, which should be kept in mind in all schools where education is developing.

There have been changes and changes in education all down through the ages. Spencer says education is to prepare ourselves for complete living; Herbert

says the chief aim of education is character building; Dewey says the complete aim of education is social efficiency; and we have had some educators who claim education is a disciplinary process. So we have a disagreement. Down to the present day we have certain objectives in education and I want to touch upon those and make a few statements with reference to them. I presume most of you have studied the seven cardinal principles of education. It is not my purpose to bring them before you, as I have not the time to discuss so many in such a short time, but I will bring before you

² Read at the annual meeting of the Ohio State League of Nursing Education, Akron, Ohio, May 4.

five which I think are modern objectives in education.

First, we have Health and Physical Efficiency. I believe one of the most important things is health. We must have health and physical efficiency if we are to be successful in any line of work. In this modern day all pupils should be required to take a course in Biological Science in order that they may be able to go out into the world and cope with the situation.

Let me turn to our public schools. In all our modern schools you will find they have recognized that sunshine and open air are essential elements for the welfare of the child and have so arranged their school rooms that the weaker children can be placed at the open windows whereby they can receive the benefit from the open air and sunshine, thus gaining a stronger physical efficiency by permitting the windows to be open, and the weaker bodies eventually brought up to the standard. I do not need to call your attention to the thing you already know, that which applies to your particular organization is the nurse in the public school and public health work. That is a vital feature in education today, and is growing rapidly, so much so that in all the larger cities you will find a section in each of the schools where that work is carried on and the coöperation of your department with their department of physical efficiency means a great deal to the community, more than any one will ever be able to measure. We cannot do things unless we have physical efficiency.

Second, Mastery of the Tools of Formal Learning. There was a time when teaching in any school was stressed by

paying attention to the subject matter to be taught. We no longer stress the subject matter, but it is the pupil in school we hold in line. We should make an individual study of the pupil, the home conditions, his environment, his heredity, in order that we may lay the foundation for a real education. For illustration, a child is asked by its teacher if it took a bath before coming to school and the child out of fear of humiliation will say yes, when in fact he did not. Subject matter is not the only thing to be considered in the school today, it is the pupil that must be stressed instead. There must be a sociological study of the child, we must understand its environment and home conditions outside of the school in order that we may be able to reach clear down into the child's heart and plant the proper foundation for its education. Every teacher must know something of the individual child who sits in her class room, if anything is to be built up that is worth while in its development.

We have a psychological aim as well as a logical aim in education to be developed. Some think that high school students should know certain subject matter. It is true, they should, but it is also true that in connection with that, they must also have a psychological aim, which means that you must know the pupil to be taught, you must know how to bring the subject matter to him so he gets it to the best advantage. We must know the type of the individual in order to develop the education. You may be ever so logical and still be wrong. I am making the statement because we have a great many things in the world presented as though they were actual facts without an

analysis of conditions. The socialized school has been very much in the lime light—so much so, that I smile sometimes when they call me in to a tea, and when I drop in, I drop out again before they ask me any question about the so-called socialized school. In a socialized school we should sit down like a family circle, have a really social conversation, talk over matters and have a chance to express ourselves, thus participating in a natural way and doing away with the frills and fashions of formal learning. In other words, we must make our school as if it were life and not life here, but life out yonder and as soon as we do so, we will not fall far short of reaching the aim.

Third, Vocational Efficiency. We must see life in terms of "work." It is our duty to point out the skills for the different types of work—pre-vocational work, schools for abnormal children, schools for crippled children, and professional schools, all of the sort of thing which will bring to our pupils something they should know. We must keep in mind that there must be a vocational efficiency, and that means we must study our children through tests and analyses that should be made so that we can be better able to choose our students for various professions. I have a sort of a hobby myself in making an analysis of all these various types and assorting them where they belong. To develop this vocational efficiency, a great deal of time must be spent in determining the characteristics of the individual.

Fourth, Play and Recreation. Leave off the first word and call it Recreation. We must teach the value of recreation by teaching the various elements of life and we make a place in our public

schools in the regular schedule for all of these activities. Play time is scheduled; recreation scheduled. We can tell the character of people by the way they spend their recreation hours, and when our children go out into the world they should go out with a knowledge of the value of what proper recreation means.

Fifth, Appreciation of Values in Race Experiences. We go back into the experiences of our ancestry, and everything in life which comes about and which is appreciated, is built out of the experiences of our ancestry. There are a great number of them. I have jotted down a few: obedience, kindness, honor, truthfulness, cleanliness, cheerfulness, honesty, self-respect, helpfulness, industry, economy, initiative, justice, usefulness, patriotism, courage, self control, prudence, benevolence, politeness, fortitude, perseverance, sympathy, comradeship, patience, hopefulness, determination, and hundreds of others which you should have in your general make-up. Where do you get them? A true perspective of the whole situation comes from an appreciation of values in race experiences, and the proper interpretation of race experiences as they come cannot be obtained without this knowledge for a background. We should have our pupils, under our direction, come to the true appreciation of these values and we get them by more academic work and a broader education. The more we study, the more we get of these real values, and the more we are able to appreciate them.

In closing, I want to touch on the difference between training and education. There is a great difference between training and education. You can train any of the lower animals. A man

can be trained the same as an animal, but he should be given the opportunity to do a little thinking, to develop the different things that come up in the different studies. There is such a thing as training without education. We have done too much along the line of training and not enough along the line of education. We should get down to the point of asking questions about this, that, and the other thing and when we do, we will have a chance to develop and we will become really and truly educated. Education will give a broader outlook on life. Those who are educated should not hesitate to break loose once in a while and reach out into the field, in order that they may better the race and bring something worth while to the people among whom they live.

LEAGUE NOTICES

The Report of the 1923 Convention at Swampscott is in press and should soon be ready for distribution.

The attention of every League member is directed to the pages containing the Report of the Committee on Revision. Please read this Report first, study carefully the suggested changes and show your interest and coöperation by complying with the request of the League Board to send new suggestions, your criticism or approval to Mary C. Wheeler, Chairman, Illinois Training School for Nurses, Chicago, Illinois, before December 1, 1923.

THE 1924 CALENDAR

The Executive Secretary announces that the fourth calendar published by the League is now in print and should be one of the most popular in the series.

The frontispiece, the entrance to Yale University, is very beautiful. The keynote of the calendar is "Progress," with a foreword by Miss Nutting.

Each month is represented by a splendid photograph of one of our most popular women.

The tones are soft and beautiful and the whole effect artistic and pleasing. No graduate or student nurse can afford to lose the opportunity of having one of these attractive calendars. Orders may be sent to Headquarters at any time for later delivery. The price will be \$1.00.

EFFIE J. TAYLOR.

THE NATIONAL COUNCIL OF ADMINISTRATIVE WOMEN IN EDUCATION

One of the objects of the National Council of Administrative Women in Education is "to give opportunity for the informal discussion of educational problems of special interest." The Council is affiliated with the National Education Association and the National Council of Women of the United States. Membership in the organization seems to offer real opportunity for the Directors of schools for nurses. Information may be obtained from the Secretary, Edna E. Hood, 166 Sheridan Road, Kenosha, Wis.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NOTES ON HOSPITALS AND SCHOOLS OF NURSING IN COPENHAGEN

THERE is usually little time when members of Executive Committees during a nurses' convention may visit hospitals and schools, even though invitations in large numbers may be received and read from the platform. In Copenhagen, at the recent meeting, July 30-August 1, of the Executive Committee of the International Council of Nurses, this was not the case. The officers as well as guests were entertained by the Boards of Directors of Hospitals, quarters within the institution being provided for all who came, if they so desired.

The Bispebjærg Hospital entertained in its modern and attractive Residence for Nurses: Baroness Mannerheim, President, International Council of Nurses; Lloyd Still, Matron of Florence Nightingale School, connected with St. Thomas' Hospital in London; J. Bicknell, representing the National Organization of Nurses of New Zealand; Countess D'Ursell, President of the National Association of Belgium; Clara D. Noyes, representing the American Nurses' Association; Isabel Stewart, Teachers College. This was quite a tax upon the busy Director of Nurses, Charlotte Munck, especially when she too must attend the meetings, and furthermore as the Instructor of Nursing of the school, Christiane Reimann, is also the Hon. Secretary of the International Council of Nurses. This arrangement, however, gave an opportunity for advance conferences, as nearly all arrived

several days before the meeting began, as well as committee meetings at intervals between meetings.

Excursions to the Rigshospital, Finsens, Kommune and Bispebjærg Hospitals, were arranged in such a manner that all might go without interfering with the meetings.

Readers of the *Journal* will recall with pleasure Baroness Mannerheim of Finland, and Miss Munck of Denmark, who attended the Atlanta Convention in 1920, as representing their respective Associations at a meeting of the Executive Committee of the International Council of Nurses, called in conjunction at that time with the biennial meeting of the American Nurses' Association. Miss Gunn from Canada, and Miss Noyes, then President of the American Nurses' Association, were also there. Miss Dock, Secretary, and upon whom much depended, was unable to get farther than Washington, because of a railroad strike. Little, therefore, was accomplished.

The Baroness Mannerheim is a graduate of the Nightingale School of St. Thomas' Hospital, London, and Miss Munck of the Presbyterian School of Nursing, New York City. Both speak excellent English, as well as Miss Reimann, the Secretary of the International Council of Nurses, who has had a year at Teachers College in Training School Management, and is now planning to return for another year.

The Bispebjærg Hospital and School of Nursing, like the Rigs, Kommune

and others, is supported by State funds, and the graduate nurses employed therein are all Civil Service appointees. It is quite usual to find Director, Head Nurses, and Assistants, remaining many years, or until the legal retirement period is reached. It is also usual to find several graduate staff nurses in each ward. These too may remain for years with little chance of promotion. This plan, unquestionably, gives great stability, but it would appear to restrict the development of self-reliance and executive qualities of student nurses.

The system of nurse education in this institution is quite modern. The direction, unlike some of the others, is centralized under the Director, Miss Munck. A modern residence, with single rooms, accommodates about two hundred and seventy-five students and faculty. Classrooms, a full-time nurse instructor, pleasant, well and tastefully furnished library and recreation rooms, bright, sunny dining-hall, with adjacent serving room, (the food is cooked in the central kitchen), plants, flowers in great profusion, make a unit that not only compares favorably with the best schools in America, but surpasses most of them in such external attractions as flowers, especially roses, shrubs, trees and tennis courts. The minimum length of course, as adopted by the Danish Nurses' Association, is three years, and while as yet nursing is not controlled by a state law, the Danish Nurses Council (Association) maintains a registry of all nurses meeting the standards adopted by that Association. This Association like those of Norway and Finland, exercises oversight over all nursing affairs, and is slowly working toward a higher standard and greater uniformity throughout the

Country. More will be said later about the activities of the Danish Council and its officers.

The Bispebjerg Hospital, the correct pronunciation of which by much and arduous practice was gradually acquired, only about ten years old, stands on the outskirts of the city in a beautiful park of about twenty-seven acres, and accommodates between four and five hundred patients. The buildings are of red brick, all detached, and with the exception of the administration building and the Nurses' Residence are not more than one or two stories high. Each is surrounded by its own special garden with flowers in great abundance, ornamental shrubs, trees, hedges of black brick, drives, walks, lakes upon which swans and ducks seem perpetually swimming, a large garden from which strawberries, large and luscious, red currants, which grow on bushes higher than one's head, gooseberries the size of green gages, and other fruits as well as vegetables help to provide a varied diet for both patients and staff.

A large chapel and mortuary form part of the hospital plant. All buildings are connected by tiled "subways" which seem to stretch for miles, but which are very necessary because of the frequency of rainy days. Men, women and children, medical and surgical, are admitted, while a superb department of physiotherapy, has skillful, highly trained attendants, who are constantly at work upon many types of patients. It will be recalled that massage and corrective work of all kinds have been highly developed in the northern countries of Europe. The entire hospital is not only equipped with every modern convenience, but is a model of

cleanliness and in perfect repair. Tiled floors and dados, fresh paint, highly polished wood, bright brasses, comfortable chairs with gay covers, plants and flowers lend a cheerful and finished air.

The supply room where the pupils are detailed was a marvel with dainty packages of supplies, and the stupe flannels and bed-pan covers, button-holed in red, were works of art.

One could not leave this hospital without speaking of the kitchen and supply rooms, and laundry, sewing and mending, the quarters for "help," etc. The kitchen is large, with high ceiling and well lighted from two sides, both floors and side walls tiled, well equipped with modern cooking equipment, polished and bright, directed by a well trained Hospital Dietitian, and provides the cooking for the entire institution. The equipment for carrying food through the subways was particularly good. There was ample cold storage for milk, butter, and eggs; vegetables and meats were plentifully stocked, and well they must be, as four meals a day are served. The nurses have an early breakfast of tea, coffee and bread; a second breakfast at about eleven, which is ample, corresponding to luncheon in this country; dinner at about three p. m., and a light supper at about eight p. m. The laundry with modern equipment, like the rest of the institution, is wonderfully clean, light and well managed, and does an enormous number of pieces per day, as it is the central laundry for all the municipal institutions, where even the patients' stockings are ironed. Neat automobile trucks, marked with the name of the different institutions, dart in and out of the grounds, transferring soiled or clean linen, as the case may be. The mending room, where

a large corps of women is kept busy, performs marvels in mending stockings, sewing on buttons, making buttonholes, all by means of special sewing machine attachments.

One is struck by the tidiness of the patients,—clean comfortable clothing, of winter and summer weights, stockings and slippers, all help to complete the picture of an efficient, up-to-date, modern hospital. The tidy uniforms of student and graduate nurses, as well as those of the employees, add finish to the picture.

One cannot close this description without speaking of Miss Munck, the motherly, efficient Director. She might be regarded as radical, for she it was who introduced many innovations; adopting caps and using bed-spreads instead of the continental pillow-case effect, into which blankets are slipped and then buttoned in.

A sweet religious atmosphere prevails, the fine Lutheran morning hymn, to the accompaniment of an organ, (the piano is used for lighter secular music), sung by rich young voices, waked the guests from their well-earned night's rest. If one rose hastily and looked out, students and graduates in large numbers might be seen wending their way through the park to their respective posts. Religious teaching forms a regular part of the educational programme. As it was vacation time, some of the guests used the rooms of absent Head Nurses, although several moved out to accommodate the guests. These rooms, nearly always furnished by the nurse, for it must not be forgotten that she might stay many years, were most attractive, consisting of two small rooms, bed and living, or one large room. None had

baths, these were centralized and were always showers. Many rooms had beautiful old mahogany, oriental rugs, fine old prints, and if the nurse is musical, her very own piano, while large built-in wardrobes were in the halls. The continental custom of placing shoes outside the doors for cleaning is followed by the nurses, and seemed a bit startling to an American nurse. Imagine such an innovation in an American school of nursing!

While Denmark is an old country, it seems more democratic in certain ways than the United States. The working day for the maids, as for the nurses, is of eight hours; the former are well paid, have comfortable quarters, and what may surprise an American, they were not, at least at Bispebjærg, called by their first names, but are given the title "Miss," although the social line is drawn very closely between them and the members of the Training School staff. It may startle the nurses of this country to hear that not only are the maids paid for over time, but both graduate and student nurses as well. This would not appear to develop that spirit of devotion and sacrifice which has always been regarded as an essential attribute of nurses, but strangely enough, it seems not to have interfered in any way with the standards of nursing.

DISASTER IN JAPAN

The news has come from Japan of one of the most terrible disasters in the history of the world. The American Red Cross immediately set aside \$100,000 to help the Japanese, and an additional \$10,000 to help, through the State Department, Americans who might be stranded in that country. No requests have as yet been received for personnel. Communications, however, have been sent to the Red Cross Philippines Chapter, as well as to units of Red Cross nurses now in China and the Philippines, advising them to hold themselves in readiness should they be required. Characteristic of the nursing service of the American Red Cross, many telegrams have been received from individual members, volunteering their service.

SITUATION AT CORFU

So far, we have had no unfavorable news regarding the American nurses who are connected with the Near East Relief stationed at Corfu, where Miss Emma Wood and Miss Frances McQuaide have been directing the nursing in connection with two large groups of refugee children housed in the Acchileon and King George's Palace.

NOTE. The next article will deal with Red Cross Nursing in Denmark, as well as other institutions and activities of the Danish Nurses' Association.

One of the slogans of the National Health Council for this year is "Have a Health Examination on Your Birthday." This should be taken to heart by nurses for themselves and for those with whom they come in contact.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR
National Organization for Public Health Nursing

THE VALUE OF FOLLOW-UP WORK IN THE FAMILY¹

BY MARY FLORENCE LAIRD, R.N.

THE importance of the sanitarian and the bacteriologist in the public health field has been accepted for many years. Because of their contributions, great strides have been made in the prevention and control of disease by mechanical means. Now it is generally accepted that the future development of all public health progress depends upon the extent to which public opinion supports these ideas. The next step is getting over to the individual and the family this health message given us by the sanitarian and the bacteriologist, the physician and the scientist.

The New York State Department of Health has for its slogan, "Public Health is purchasable"; but Dr. Florence Meredith has pointed out that "it is true only with qualifications—for Public Health is not purchasable unless the public knows what to purchase, is financially able to purchase it, and *wants* to purchase it."

Everyone here will agree that parents, who are raising the next generation, should be educated to know what to purchase in health measures for their children, if they do not care for themselves.

Any plan of health education which does not include the whole family is not adequate to the needs of the community today. Health education is given in

some factories, to fathers, older brothers, and sisters. The younger brothers and sisters are getting some in the schools. If a member of the family becomes a patient in a hospital or sanatorium, he is given definite care and health instruction. There is no question about the care of the individual patient in hospitals, but what about the control of disease in his family? What about the other members of the family? Even though the patient is adequately cared for in an institution, may not his progress be dependent on the condition and attitude of his family in the home?

It is the mother, especially the non-English-speaking mother, who sets the standard of health for the home; and comparatively little of what is learned in the factory, school, or hospital, is brought to her by her own family. She sticks to the home-making and child-caring customs of her own country, handed down to her for generations. It is this mother who either does or does not train the children for the first seven years in health and food habits.

After the 1920 census, the New York State Department of Education discovered that 200,000 confessed illiterates and non-English speaking women, between the ages of 21 and 50 years, had never been touched by its Americanization work. It recognized the value of an individual teacher's instruction in the homes. These workers found the

¹ Read in October, 1922, at a meeting of the Public Health Nurses' Provisional Section, American Public Health Association, Cleveland, Ohio.

mothers made remarkable progress in English as well as in interest in school and community life. After from three to nine months of intensive instruction, these mothers were ready to meet with others in the ordinary groups of night school. By this means, the way was prepared for them to use the facilities for education already in existence. It would seem as if the same might be true with health education.

Unfortunately, there is as yet no recognized training for parenthood. Parents come from all classes of life and mentality, and are responsible to no one for their actions. I know one feeble-minded woman who went out to work for a widower with two little children. His wife had just died with tuberculosis and he had been a patient in the State Hospital three different times. Within two weeks the man and his housekeeper applied for a marriage license. This was granted and they were married in spite of the protest made by a social worker who knew the history of both families. Of the six children born of this union, four are dead and two feeble-minded ones are living.

Ignorance, poverty, and neglect, are all factors in high morbidity and mortality rates today, but it seems as if the ignorant untrained mother is the most serious problem and the hardest to approach. Poor soul, she is supposed to secure instinctively, with motherhood, sufficient knowledge to care for her children in health and in sickness.

Our district families seem to be made of such stuff as needs to be convinced over and over again of the merits of procedures and precautions for health. They are blown thither and yon with

every wind. In cases of illness, well-meaning neighbors take opportunity to urge favorite prescriptions and advice upon the vacillating mother. The family swings from one decision to another, and usually accepts the advice of the last neighbor, or at least of the most persistent one. The only limit to the use of patent medicines and quack practitioners is the leanness of the pocket-book. * * *

Some health officers and some physicians do not yet realize the economy and use of the public health nurse. They do not realize that given a fine woman with a good nursing and public health nursing training, adequate supervision and coöperation from the physicians, there can be no misunderstanding and friction, because they are all working for the interest of the community and one is as essential as the other. Good team work is all that is needed to get the district families up the steep hill of ignorance, superstition and poverty and on the straight road to health and normal family life.

Take this typical example of what one nurse reported, and tell me if she was needed. A mother with an acutely ill baby went home from the dispensary dazed and with a muddled idea of the doctor's orders. All she seemed to remember was, "Nurse the baby 20 minutes." She fingered over the directions for supplementary feedings. It was all Greek to her and, any way, she had no money with which to buy the materials needed for the food; and was there not a new can of Red Cross milk in the cupboard? The grocer would trust her no longer and if she borrowed from her neighbor, she might never be able to pay her back. So she just sat and

rocked the burning, fretful baby back and forth.

This was the way the nurse found her when she came to teach the formula. The formula? Oh, yes! No. She hadn't made it yet. No, she did not have the things. No, she had no bed for the baby. No, she had no money for milk nor anything else! The nurse went away, but said she would soon be back. She did come and brought the things she needed. How rapidly everything straightened out under her deft fingers!

The baby was bathed and the formula was made. The mother, unmasked, poured out the story of the husband's ill health and consequent loss of work,—the cough, the fruitless search for work, the fear of another baby coming, the notification that Tom and Mary should have their tonsils out,—no ten dollars to pay for it. She must go to the school next Tuesday and sit behind Tiny in a class for children who were under weight. Extra food needed, warm baths, and the gas turned off because of an unpaid bill. Is it any wonder that under this strain there was a scant supply of breast milk for her sick baby? No, she did not tell all this to the Dispensary doctor or the nurse. They were in a hurry. She could not seem to understand what they said.

Without this nurse's follow-up visit to this home, how much value would this mother have received from her visit to the doctor? Would the doctor have wasted his time on this examination? Who would have reported these findings to the clinic? Who would have referred this whole family for chest examinations and have taken them, if necessary? Who would have seen that *adequate*

relief was supplied while medical attention was being given the whole family? Who would have followed this family until they were restored to the community, more coöperative and self respecting than when they were found?

I know that without the untiring efforts of the public health nurse, in Rochester, in securing the understanding of the parents and their permission for operations on their children, thousands of children would not have been benefitted by the tonsil-adenoid clinic,—when it had all the publicity that mechanical advertising could give it.

You may equip your community Health Centers and dispensaries with the most expensive and modern facilities for the use of the most skilled physicians and technicians in the control and prevention of disease, but unless you have the patients followed to their homes by trained workers, you have lost at least half the value of your equipment. Of what use are elaborate instructions written for a mother who cannot read, and who cannot afford to buy the materials ordered in the clinic, unless the nurse can follow up the clinic visit and work out the plan with the family?

In 1920 Mr. Hoover, then president-elect of the American Child Hygiene Association, said, in part, in his address before that body:

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one.

The most practical step yet evolved in the health education of the American people has been the creation of the community nurse.

And I repeat to you,—given a fine woman with a good nursing and public

health nursing training, adequate supervision, and the coöperation of health and social agencies, the benefit to the community will be so far-reaching and so

enduring that she will be acknowledged to be as necessary to the department of health as the well-trained teacher is to the department of education.

RICHMOND ASSOCIATION MOVES INTO NEW HOME

The Kiwanis Club of Richmond, Virginia, has recently presented a new administrative building to the Instructive Visiting Nurse Association. The building is beautiful and dignified within and without and splendidly equipped in every way for the service it is to render the visiting nurses and the people of Richmond.

In addition to offices, conference and record rooms, the first floor has a clinic room with the necessary waiting, dressing and sterilizing rooms attached. The second floor is devoted to living quarters for members of the staff.

The Association has now moved for the third time since the struggling little Nurses' Settlement was started so many years ago through the inspiration of Sadie Heath Cabaniss by nurses who, while yet in training, gave their off-duty time to the care of the sick poor. The nurses constituting that first little group

were Miss Cabaniss, of cherished memory, Miss Harrvie, and Nannie J. Minor who directed the work until 1921.

In 1909, the organization was forced to move into larger quarters and today its work covers the fourteen districts into which the city has been divided. That the Association is a constructive force in the life of the city is proven by the support and coöperation of the Kiwanis Club. In presenting the gift, the Club's representative said, "We studied with care the social agencies of the city and decided that the Instructive Visiting Nurse Association was most worthy to carry out with us our motto, 'We Build.'"

The staff of the Association is composed of both white and colored nurses and under the direction of Juanita Woods, is constantly and securely building on the foundation so firmly laid by the pioneers.

SCHOLARSHIP AWARDS

The American Child Health Association announces the following awards:

Fellowships, \$1000, Anne R. Medcalf, Line Fork Settlement, Ky.; Margaret Welsh, Philadelphia. Scholarships: \$800—Frances R. Kahl, Freeport, Ill.; Florence H. M. Emory, Toronto; Milenka Herc, Detroit; Linnie Beauchamp, Little Rock, Ark. \$500—Nola StS. Pease, Wooton, Ky.; Robina Kneebone, Eveleth, Minn. \$400—Mary E. Williams, Tuskegee, Ala.; Medora G. Rodgers, Los Angeles, Calif.; Ellen Perdue, Denver; Marie L. Shannon, Kansas City, Mo. \$300—Clarissa M. Fawcett, Philadelphia; Maud Ferguson, Murfreesboro, Tenn.; Muriel A. Martin, Toronto. \$250—Bride Lee Cawthon, Memphis, Tenn.; Mary E. Chayer, Flint, Mich.; Edna G. Bridgeford, Albany, N. Y.; Florence L. Hauswald, Louisville, Ky.; Margaret E. Newman, Sabillasville, Md.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

OBSTETRICAL NURSING IN A GENERAL HOSPITAL

BY NAN H. EWING, R.N.

THE successful conduct of a maternity service in a general hospital depends largely upon the same principles that govern a lying-in hospital. In other words, the department to attain a high degree of efficiency must be considered individual and separate. It cannot be governed or staffed according to the principles that are used as computing bases for other units.

Such a department in a well-organized general hospital offers remunerative advantages to the hospital and provides a foundation for teaching good obstetrics to doctors and nurses. It is a very necessary department for the specialist who combines obstetrics and gynecology. The young general practitioner is fortunate in having its privileges to assist in certain cases and to do obstetrics without changing hospitals. The general institution may be the only choice among groups that are governed by religious, political or sentimental reasons. A training school for nursery maids may find its inception in such a division. A very excellent way to provide experience and training for nurses is the establishment of an out-patient maternity department in connection with a small hospital. It can be developed with the coöperation of the physicians having patients unwilling or unable to come to the hospital and serves as a splendid substitute where an affiliation is not desirable or convenient. Con-

vincing results can be obtained by a proper plan and wise administration.

The internes can be given a very thorough and practical series of instructions in the nursing points that so often come under the obstetrician's duties in home and community practice. It is very difficult to perform some of the tasks in an emergency, and internes and medical students are usually very eager to be instructed along these lines. It is a satisfactory foundation for specialization.

No obstetrical unit having less than twenty beds can provide the required experience. It is to be remembered that more stress is necessary on the prenatal service and the results of the service as to normal cases, than the actual number of abnormal cases presented as experience material. The maternity service should occupy a separate building or the top floor; it should be equipped with sound-proof devices. The delivery room and nursery should be off the main corridor. Both the wards and rooms should be prepared for isolation. It is to be regretted that so many hospitals have delivery rooms on separate floors. It increases the burden in the nursing department markedly. In a special hospital the plan is very convenient and successful, but it is usually a serious handicap in a general hospital.

It is rather a well known fact that obstetrical nursing is not a popular

specialty; it is doubtless a state due to the very discouraging experiences of nurses who have been constantly overworked and hurried, thereby losing the finer vision in the menial strain. All nurses who avow a distinct dislike for the specialty should be eliminated from the nursing staff of the unit, excepting, of course, the student group.

If the staff is to be composed of graduate nurses, it is very important to give the group demonstrations in all nursing procedures that will be practiced and to explain the methods and policies of the department in detail. There is such an apparent lack of obstetrical training in some hospitals and the methods and technic vary so extremely, that it is wise to prevent irregularities that may arise by a definite outline at the beginning. Rotation is highly desirable in the work. Maternal care, nursery, and delivery room, should be given as special services, an equal period of each. The nurse is usually happier and becomes more valuable as her experience widens.

It is very gratifying to see the interest manifested by graduate nurses who are given opportunities, with the student, to observe some interesting case. A period of general duty in a teaching department may be accepted in lieu of a postgraduate course where a nurse does not have the opportunity to take such training. A student nurse should find a most interesting field in the maternity ward; it is usually varied enough as to the classification of its patients and presents many interesting phases. The student choosing this service as her special work should be as capable at the end of her service as her sister graduate from the special hospital. Though her case ex-

perience may not be so broad, her training should bear the imprint of thorough teaching in its fundamentals.

The Rockefeller Report recommends three months of obstetrical nursing, supplemented and correlated with thirty hours of theory. This can be wisely and successfully followed if the students' time is not wasted and there is no duplication of effort as cautioned by the committee.

Good teaching is much more difficult in a maternity section of a general hospital than in a lying-in hospital; the latter has its own instructress who is not burdened with ward detail, and is responsible solely for the education of the nurses. However, correlation of theory and practice in the maternity ward is more simple than in other units. The cases are typical and the function is physiologic. The head nurse must have time to teach her subject; she must be prepared to teach; she must be eager to teach. Thorough teaching results in deeper interest in the department and produces amazing results in the care of the patients and the satisfaction of the doctors. Supervision of detail work should be relegated to the Senior nurses or those specializing.

Every member of the service must be considered as a member of the teaching group. The chief clinician, the associate, the resident, and the head nurse. The resident is usually very glad to explain many of the confusing points to the nurses and may be assigned some of the lectures in the course. The practice at one special hospital is very satisfactory,—the resident meets the postgraduate nurses weekly for an open discussion of the cases and a general conference.

General hospitals have been particularly slow in relieving their nurses of minor and unnecessary details in their maternity departments. Probably some of the wasted energies in nursing can be traced to tradition; it is certainly necessary now to prove that obstetrical nursing is not menial, that the nursing points and duties must be separated from the duties that belong to the ward helper and that the obstetrical nurse is in the front ranks with public health

nurses. General hospitals have been slow to adopt some of the successful methods of the special hospitals and their services have not borne the stamp of specialization.

The special maternity hospital and the maternity center will always be our leaders in the care of patients, in scientific research, in pre-natal education and in methods and devices for teaching. We can do no better than to emulate their practices in our general hospitals.

OUR CONTRIBUTORS

M. Helena McMillan, B.A., R.N. (See Who's Who, May, 1923.)

Mary E. Gladwin, Ph.B., R.N., L.L.D., is a graduate of Buchtel College and of the Boston City Hospital. She did notable war nursing in Serbia. She has made surveys of training schools in Indiana and in Kansas and is now Educational Director for the Board of Nurse Examiners of Minnesota.

Nellie Gates Brown, R.N., graduated from the Hartford Hospital, Hartford, Conn., in 1910. She was head nurse in the eye and ear operating rooms at the New York Eye and Ear Infirmary, 1910-1913; head nurse at Peter Bent Brigham Hospital, 1913-14; at Teachers College, 1914-15; and is now Instructor of Nurses, Indiana University Training School, Indianapolis.

Sister M. Domitilla, B.S., R.N., graduate of the Training School for Nurses, Saint Mary's Hospital, Rochester, Minn., and of Teachers College, Columbia University. Since 1920 she has been Director of Education in Saint Mary's Training School for Nurses, Rochester, Minnesota.

Frances Maltby, R.N., is a graduate of the training school of the Union Protestant Infirmary, Baltimore, Md., and has taken special courses at Western Reserve University, Cleveland; Bloomingdale Hospital, White Plains, N. Y.; Columbia University; and the University of Wisconsin. She has done private duty nursing, public health nursing, she has taught classes in Home Hygiene and Care of the Sick, and she has lectured on the Chatauqua Circuit for the Southern Division of the American Red Cross. For the past eighteen months she has been Executive Secretary for the Council for Nursing Education for Southeastern Pennsylvania.

Lilian Tracy, a graduate of the Mary Fletcher Hospital, Burlington, Vt., is a private duty nurse in Melrose, Mass.

Caroline C. Bourquin, R.N., D.H., is a graduate of the Warren General Hospital, Warren, Pa., and of the Forsyth-Tuftts School of Dental Hygiene, Boston. She was trained in bacteriological technic at the Cincinnati General Hospital. She has held hospital positions, has been an anaesthetist, and is a dental hygienist.

Clara F. Brouse, Ph.B., R.N., is a visiting instructor at Akron, Ohio. She has done private nursing, public health work, and was for several years Superintendent of Nurses, Park Avenue Hospital, Rochester, N. Y.

W. J. Bankes, M.A., is Dean of Teachers College, Municipal University of Akron, Ohio.

Mary Laird, R.N., was graduated in the class of 1909 from the Rochester General Hospital Training School for Nurses Rochester, N. Y.; Instructor of Probationers in the same school for the following three years; she did private duty nursing for one year; one year of Hospital Social Service, and then was given an Isabel Hampton Robb Memorial Fund Scholarship which enabled her to take a year of work at Teachers College in Public Health Nursing (1914-15). After her course she spent one year in the Nursing Bureau of the A.I.C.P., New York, and returned to Rochester to take charge of the Social Service Department of the General Hospital. This was interrupted by eleven months' service in France during the War. She returned to Rochester in 1919 to organize the Public Health Nursing Association of which she is still the Director.

Nan H. Ewing, R.N., is a graduate of the St. Louis City Hospital, 1918, and of the Chicago Lying-in Hospital, 1921. For two years she was Directress of Nurses, Rockford Hospital, Rockford, Ill. She has been Supervisor of Obstetrics at Mount Sinai Hospital, Cleveland, for a year and a half.

STUDENT NURSES' PAGE

IN THE CRADLE OF NURSING

BY MISS KONSTANTINOVA

American Hospital, Constantinople, Turkey



THE BARRACKS—USED DURING THE CRIMEA WAR

Florence Nightingale lived on the 3rd floor of this tower. This building now houses thousands of Greek refugees who fled from the interior of Turkey during the past year.

THAT is Hydes Pasha, one of the beautiful places of the Asia Minor's shore,—one of these places which makes you think of the past, full of fights and heroic examples; which makes you think of the yesterdays of the civilized world of today. The yesterdays,—so far in time, and so near by the living deeds of their heroes.

There,—you see that big, old, three-storied yellow building in the park? It was called Palace Hospital and it is the hospital where Florence Nightingale worked during the Crimea war.

Listen! I will tell you everything that was told us by the man who guards

this place now. He is the second one by turn after the first, who worked for 54 years, and whose grave is now under the cypresses together with those of the dead in the Hospital during that time. The man knew very little, but he told us all he knew about it.

He said that those were terrible days, because they were days of death, as we know are the days of a war time. But there was plague then, and other bad diseases which took the life of many officers, and soldiers, and nurses, and here, under the shadows of the big trees, are their tombs, eight thousand officers and soldiers together lie here, said the



STUDENT NURSES OF THE AMERICAN HOSPITAL, CONSTANTINOPLE, UNDER THE WINDOW OF FLORENCE NIGHTINGALE'S ROOM



VOLLEY BALL TEAM, AMERICAN HOSPITAL, CONSTANTINOPLE

These young students of nursing challenge other schools in Stamboul. Gym work directed by Miss Fissler, Y.W.C.A. Note minaret in background. Each evening the Hadji calls his followers to prayer from this mosque.

man. Eight thousand! It makes a whole village in a small country. All these people, sacrifice of the war, sleep their eternal sleep in this silent place. Nice monuments rise on their tombs and beautiful flowers spread their gayful colors over the ungayful earth.

This is the cradle of the nursing. The first sparkle was lighted here, and we see nowadays how it has grown in a big fire all over the world.

The waves of the dark-blue sea wash the shore and murmur their lullaby song, which *they* started for them the very first day. The big trees with voices sad and prophetic are trying to make you penetrate the years and understand the epochal events, which have not failed to prove their influence on the many branches of the human life of today, and let us mention the nursing example, which because nurses of the modern days, interests us the most.

Florence Nightingale—the woman incarnation of self sacrifice and love toward others, she with her small staff

of nurses, worked here—in the yellow, old building, helping the suffering soldiers and revering before the souls of the death.

There you read this: Sofia Barnes, Nurse, died April, 1865; and there that: Mary Marks, Nurse, died at the Palace Hospital; and a little further, this: Martha Clough, on her passage for the Crimea to Scutari, September 24, 1865. Through your soul passes a feeling of revering toward these women.

It is 6 in the afternoon. The heavy burning rays of the sun with their last strength are silvering the transparent waves of the sea and the reflex falls on the old marble, like an aureole on the dead bodies and living souls.

We keep silent. You can't talk on a place where there are so many things to talk of themselves. You have but to stay and listen,—listen and compare the past and the present. Compare and take example of noble deeds of self sacrifice and of love—these three which are the treasure in the character of a nurse.

MEMORIALS

In the October, 1922, *Journal*, was printed a letter on the subject of a memorial tablet to be erected in memory of the officers, nurses, and enlisted men of the Medical Department of the Army who lost their lives during the World War. It may be of interest to know that the response from former members of the Medical Department of the Army for this purpose has been so generous it has been possible to erect four tablets like the one originally planned, instead of just the one. The original tablet which was made by Gorham of New York was to cost \$1100 and to be placed in the new building of the Army Medical School at the Army Medical Center in Washington. Responses continued to pour in, however, until \$3145 was raised. Whereupon it was learned that three additional tablets could be made for \$600 each. These tablets were identical with the original. The balance of the money was used for the installation of the additional tablets, which have been placed at the Letterman General Hospital, San Francisco, the Fitzsimons General Hospital, Denver, and at Carlisle Barracks, Pennsylvania. At the latter place the Medical Department of the Army conducts the Medical Field Service School. Present and former members of the Army Nurse Corps gave \$678 (in dollar gifts), thus contributing sufficient money to pay entirely for one tablet. Appropriate dedication services will be held at each place where a Memorial Tablet has been erected.

JULIA C. STIMSON.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

IN KASHMIR

DEAR EDITOR: To escape the heat of the plains of India, our party of six left Lucknow for Kashmir the first of June, there to camp and rest for our two months' vacation. We did not mind the heat of that day, although the thermometer registered 110 degrees in the shade and drops of perspiration were running from our faces as we packed for the long journey. We engaged a private compartment on the small Indian train, and with our boxes, bedding-rolls, tiffin-baskets and vessels of water, there was not much room to spare. We spread our bedding on the hard board seats of the compartment and rode for two days and nights through Indian villages and hot, dry heat of the plains. In Rawalpindi, at the foot of the mountains we found a waiting room in which to rest and bathe, and there we engaged a motor lorrie to take us to Srinagar, the capitol seat of Kashmir. The motor was rather old and broken down, but our men swore that it would take us safely, and it did. For three days we journeyed in this motor, stopping for the nights in Dak bungalows by the roadside for food and rest. The last twenty miles of our journey was very beautiful. We followed the Jhelum River, winding round and round the mountains; gradually descending into the valley. The road on either side was lined with poplar trees planted by one of the ancient kings of Kashmir. When we entered the valley we found ourselves surrounded with snow-capped mountains and in a forest of huge chenar trees. Along the roadside and even on the roofs of the cottages beautiful flowers were growing. We hired our tents and beds and selected a garden to camp in, in a forest of chenar trees by the river. There were house-boats on the river and many other people in tents. While we were camping in this "Bagh" garden, lots of rain came, lasting for three days and nights in succession. The house-boats rose nearly to the top of the river bank and our tents were wet and muddy. We were fortunate in being able to move our things to the upper story of a house across the street. We felt as Noah must have felt in

the Ark so many years ago. This was "cherry-time" in "Sonawa Bagh." What we couldn't eat we canned. One day we took a trip in "tongas" carriages to Gulmarg, the snowy peak nearly 27,000 feet high. We rode the last three miles on horses and entered a heavy hail storm, feeling the cold of an American winter. On the mountain sides, hundreds of sheep and cattle were grazing, as the heavy snows of the past winter had gone and food was there for the animals. After two weeks we packed up and put our tents and boxes into a little Indian boat. We had a day's sail farther into the country of Kashmir and set up camp in another beautiful spot. From "Nasin Bagh" we took three-day trips to the Queen's gardens, across the lake. These are beautiful gardens built in terraces on the side of the mountain. Our plans were to go up the Sind and Lidder Valleys, so we decided to visit the Sind first. We packed our goods on ponies and selected our riding ponies for the week's journey. Most of our party had never ridden horses, so day after day we became sore and lame. We set up camp under the walnut trees at night, cooked our food, and rested. We rode from twelve to fifteen miles every day, traveling over steep rocky paths and, in places, walking over the snow on the steep mountain side. We covered sixty miles along the Sind River to the snow-covered peaks, arriving at a beautiful camping place called "Sonamarg." There we set up camp for a week, drinking of the cold glacier water, picking the wild flowers and walking over the ice and snow which covered the mountain sides. Thousands of sheep grazed in the pastures around us and the Shepherd's Psalm became very real to us. We sang in the evenings around a camp-fire and the servants joined with us in their Kashmir songs. One day we took a trip to Baltal, nine miles farther into the mountains. We stayed two days, as it was a long, hard march. We met many Ladak men and women on the way. They seemed to be traveling with their children and earthly possessions. The first thing they asked was "Matches?" They showed us their flints and started the flame with them.

I was glad I had brought a few emergency medicines with me, as I was able to help a child with a very sore head. Others came to us with sore eyes. One man had broken his finger,—a crowd stood around while I put a splint and bandage on it and thought it quite wonderful, as he felt better at once. Several men met us on the road and asked if we had medicine for some sick member of the family. These people are sixty miles away from medical help, so they have to suffer from many troubles that could easily be remedied. In Sonamarg we gathered 56 different species of wild flowers. We made our journey back to Srinagar by ponies and house-boat. The sail on the river for two days and nights was very restful and Srinagar seemed like a busy city after being away from civilization. We bought supplies and began our journey into the Lidder Valley. We went by house-boat, tongas, and ponies. We camped for one night at Islamabad under a mountain. On the side of this mountain is an old Hindu monastery. We climbed up to this and gained a fine view from the terrace of the shrine. The next morning bright and early we mounted our horses and began the twelve-mile journey to Pahlgam. As we rode along the scenery became wilder and the crags above us grander until we reached the beautiful pine forest and village of Pahlgam, where we spent the last two weeks of our vacation. We took a two-day trip to Liddarwat and the Kolahoi glacier from Pahlgam. The path up the mountain led through pine forests and green meadows. We had our breakfast in a beautiful spot by the way and arrived at Liddarwat by noon-time. The following morning we started on our ponies to the glacier, an eight-mile trip. This was the hardest trip we had attempted. We had to go over very steep, rocky paths and finally just before getting in sight of the glacier, we had eight rivers to cross. Three of these were swift rushing rivers and very deep. Our men were very clever and led the horses, calling in excited tones, "Be careful, save your life, go slowly." We had to walk the last mile over boulders, ice, and snow; then we sighted the large glacier, probably over 100 feet deep, and a mile back into the mountains, forming a pass. The falls and rushing rivers coming

from the glacier made a wonderful sight. At the glacier we were 14,200 feet high and for most of us the atmosphere was depressing. Just below the glacier we saw the most wonderful gardens of wild flowers. The Lidder Valley is one of the finest in the Himalayas.

Lucknow, India

ALICE C. HARRIS.

WHAT THE JOURNAL MEANS TO ME

I.

DEAR EDITOR: I cannot be without the *Journal*; it goes with me on my trips of pleasure, and when I take patients to the hospital, where sometimes hours are spent in waiting your turn, the time does not seem as long, nor the red tape quite as red, if I have the *Journal* along to read. In this way I feel that I keep somewhat abreast of the nursing world with time that might otherwise go to waste.

Michigan

M. E. H.

II.

DEAR EDITOR: I enjoy reading the *Journal* very much, especially the articles on private nursing.

Kansas

E. L.

III.

DEAR EDITOR: I have just finished a year of school nursing and go back for this year's work, too, so I want the *Journal*. I could not do without its wonderful help each month.

Wyoming

M. B. W.

JOURNALS ON HAND

Theresa Zekind, 1715 Pacific Avenue, San Francisco, has the following copies of the *Journal* to give away: (postage should be sent): 1921, October and November; 1922, February, May through December; 1923, February-April, June and July.

Helen Scott Hay, Savanna, Ill., will give away, if postage is paid, the following numbers. Inquiries must reach her before October 15th: 1900, December; 1901, all except October; 1902, all except March and September; 1903, complete; 1911, December; 1912, January, March, July-September, November, December; 1913, all except April; 1914, all except March and July; 1915, January; 1918, May, June.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

1. What are the necessary preliminary steps in order that a nurse may become a member of the American Nurses' Association?

If a nurse is a member of her Alumnae Association, she should apply through it.

If not, one should write to the Secretary of the State Association of Nurses in the state in which she resides, who will furnish information as to whether there is a District Association through which she may become a member, or directly through the State Association.

The Official Directory of the officers of all State Associations is published monthly in the *American Journal of Nursing*, and may be readily found by noting the table of contents on the cover.

2. Where can brief historical sketches of the American Nurses' Association be found?

The Secretary of the American Nurses' Association will be glad to supply copies of these for ten cents each, upon request.

3. What is "concurrent disinfection"?

Concurrent disinfection signifies the immediate disinfection and disposal of all the infected material during the course of the illness. It implies the prompt disinfection or destruction of all infected discharges and of all articles soiled by them. Furthermore, it includes the purification and cleanliness of the immediate environment of the patient so as to check the spread of infection.

Terminal disinfection signifies the precaution taken to destroy or purify infectious material after the removal of the patient or the termination of the isolation or quarantine, the object being to destroy infection or to kill the insects or animal carriers of disease. Terminal disinfection finds its chief usefulness in fighting the insect-borne diseases.

* * * The principal objects that need disinfection are the discharges from the body; towels, bedding, handkerchiefs and fabrics; food, tableware and other objects that have been mouthed; and finally, the hands of the nurse, physician, and others who come in contact with the infection. *Preventive Medicine and Hygiene, Rossenau.*

LOUVAIN DAY

Louvain University is the second oldest university in the world, for in 1925 it will celebrate its five hundredth anniversary. For two years it has been co-educational. America, responding to the wish of Cardinal Mercier, the spiritual hero of the war, has undertaken the restoration of the library, one of the great research libraries of the world, which was destroyed in 1914. Mrs. Percy V. Pennypacker, Chairman of the National Women's Committee, on which Adda Eldredge represents the American Nurses' Association, urges organizations of women to make use of the Louvain Day program the Committee has prepared, sometime between October first and Armistice Day. The women of America are also urged to make gifts, however small, in order that the restoration of the Library may be completed. This is an opportunity to prove to Belgium that American women do not forget. Contributions may be sent to or information received from the National Committee for the Restoration of the University of Louvain, Room 1014, 17 East 42nd Street, New York City.

RE-REGISTRATION IN PENNSYLVANIA

During the last session of the Pennsylvania Legislature an Act was passed requiring the re-registration of all nurses who have been registered in Pennsylvania. The fee is \$1.00. Blanks can be secured from the State Board of Examiners for Registration of Nurses, 34 South 17th Street, Philadelphia, Pa., and should be returned before December 1, 1923.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

INTERNATIONAL COUNCIL OF NURSES

A SUMMARY OF THE MEETINGS OF THE EXECUTIVE COMMITTEE

The Executive Committee met in Copenhagen, Denmark, July 30-August 1, inclusive.

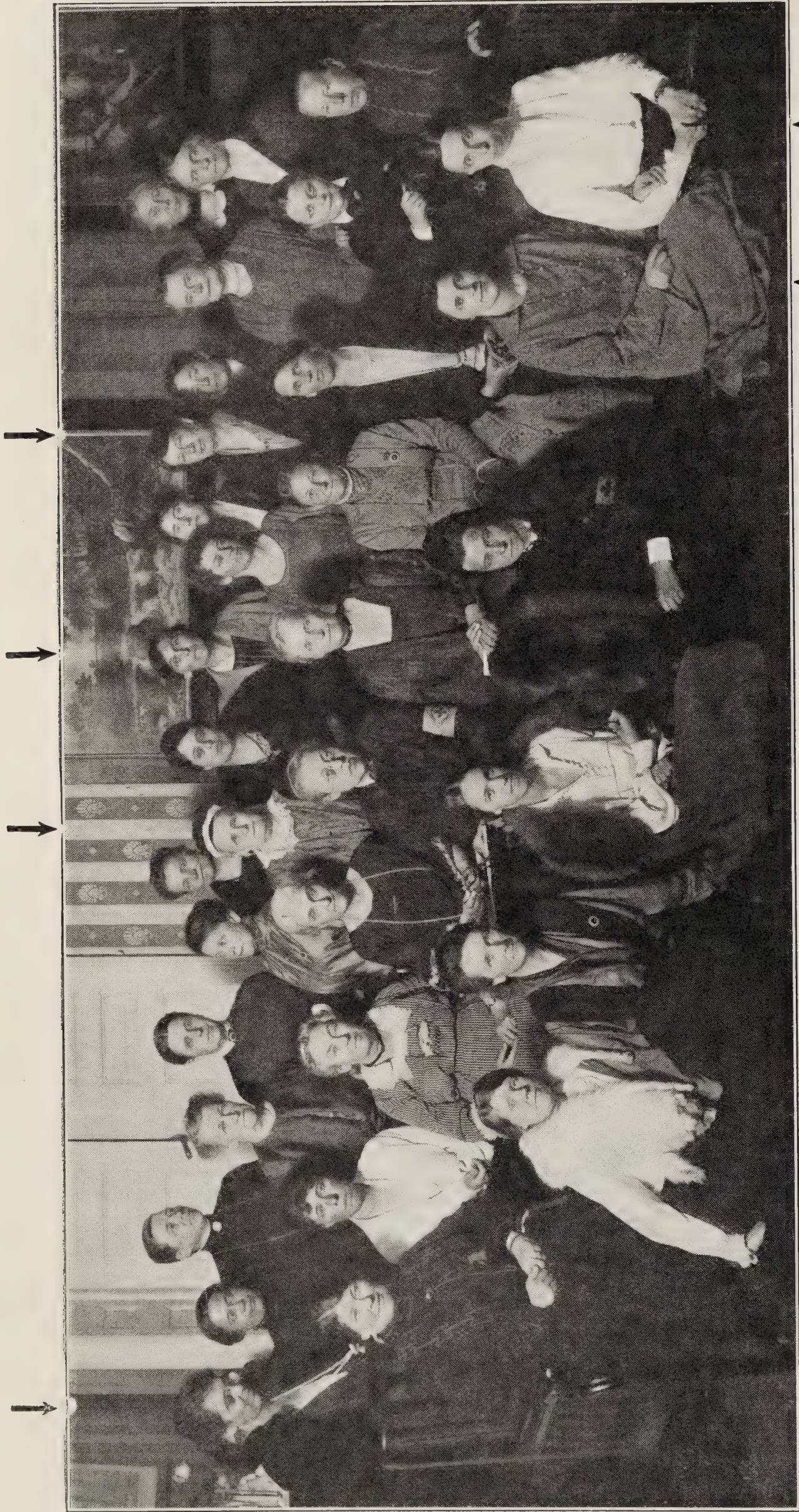
HON. OFFICERS PRESENT AT THE MEETING: Baroness S. Mannerheim (Finland), President; Margaret Breay (Great Britain), Hon Treasurer; C. Reimann (Denmark), Hon. Secretary; Clara D. Noyes (U. S. A.), Representative of the Vice-President; J. Bicknell (New Zealand), Representative of the Vice-President; Generaloberin Agnes Karll (Germany), Verwey Mejan (Holland), Mlle. la Comtesse d'Ursel (Belgium). Bergliot Larsson (Norway), Mrs. Henny Tscherning (Denmark), Vice-Presidents. GUESTS PRESENT were: U. S. A., I. M. Stewart, Professor of Nursing and Health, New York; *Great Britain*, H. L. Pearce, Superintendent of School Nurses, London; Lloyd Still, Matron, St. Thomas' Hospital, London; M. Rundle, Secretary, The College of Nursing, Ltd., London; Mrs. Cecil Carter, Directrice of the International Course in Public Health, London; *Scotland*, A. W. Gill, Matron, The Royal Infirmary, Edinburgh; *France*, Mlle. de Joannis, Paris; Katherine Olmstead, Chief, Division of Nursing, The League of Red Cross Societies, Paris; *Sweden*, Bertha Wellin, President, The Swedish Nurses' Association; Sigrid Hojer, Stockholm; *Poland*, Miss Matthews, Late Director of Nursing, American Red Cross Commission, Poland; *Roumania*, E. Anscombe, Assistant Directrice of the School of Nursing, Bucharest; *Serbia*, Enid Newton, Director de L'Ecole d'Infirmieres, Belgrade; *Bulgaria*, Rachel Torrance, Director of the School of Nursing, Sofia; *Iceland*, Magdalene Gudjonsson, Reykjavik; *Finland*, Mrs. O. Lackstrom, Editor of "Epione," Miss Snellman, Directrice of Child Hygiene; *Denmark*, Inger Nordentoft, Vice-President, The Danish Council of Nurses; V. Jessen, Secretary, The Danish Council of Nurses; Mrs. K. Dyssel, Editor of "Tidsskrift for Sygepleje"; C. Lutken, Superintendent, Army Nurse Corps; Charlotte Munck, Super-

intendent, Bispebjerg Hospital; Mrs. Ch. Norrie, Councillor, "I. C. N."; Cornelia Petersen, Superintendent, Aarhus Kommune-hospital.

The purpose of the meeting, which took the form of executive as well as general sessions, was not only for the purpose of arranging for the Triennial Conference to be held in 1925 in Helsingfors, Finland, but also to discuss a number of questions which had been brought to the attention of the President resulting from a meeting of the European League of Nursing Education which had been held in Paris, in March. This small group, largely of American nurses engaged in training school work, accepting the offer of the League of Red Cross Societies to meet in Paris, found upon arrival a large assemblage of Red Cross officials and others, who had evidently gained the impression that the European League was to be expanded to include lay members, were not only to take part in the deliberations, but would have the right to vote.

The League of Red Cross Societies offered to this organization the facilities of its office as Headquarters, as well as secretarial and other assistance. The proposal we understand was, because of its magnitude and its implications, not accepted by the former officers of this little organization, after which it was withdrawn and a similar suggestion was made to the President of the International Council of Nurses, with the understanding, however, that the request for headquarters and secretarial assistance, was to come from the International Council to the League of Red Cross Societies. Inasmuch as the questions involved were fundamental, and as the Triennial Conference did not come until 1925, it seemed important to bring these matters before the Executive Committee with as little delay as possible.

The readers of the *Journal* will recall that the International Council of Nurses was organized about twenty years ago, and is composed of National Associations of Nurses, which in order to be eligible must be restricted to a membership of nurses who alone



ELECTED HON. OFFICERS, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE
INTERNATIONAL COUNCIL OF NURSES AND OTHERS

Standing (as indicated)—Isabel M. Stewart (Guest); Mrs. Charlotte Norrie (Foundation Member), Miss Anscombe (Hon. Vice-President); Enid Newton (Hon. Vice-President). *Second Row* (sitting, left to right)—H. L. Pearce (Nominee of the National Council of Trained Nurses of Great Britain and Ireland); Mlle. la Comtesse d'Ursel (Vice-President, Belgium); M. Breay (Foundation Member and Hon. Treasurer); Clara D. Noyes (Nominee of the American Nurses' Association); Sister Agnes Karll (Germany, Hon. President); Baroness Mannerheim (Finland, President); Mrs. Henny Tscherning (Past President; Vice-President, Denmark); J. Bicknell (Nominee New Zealand Trained Nurses' Association); Bergliot Larsson (Vice-President, Norway); Verwey Mejan (Vice-President, Holland). *Front Row* (at right)—Rachel Torrance (Hon. Vice-President); C. Reimann (Hon. Secretary).

are entitled to vote. English is the language of the Council. Each National Association is autonomous. Fourteen National Associations are now members: the American Nurses' Association, and the Associations of Canada, Denmark, Belgium, Germany, Italy, Great Britain, New Zealand, Norway, Holland, South Africa, China, Finland and India. In countries where nursing is not sufficiently developed to maintain nursing organizations, an individual nurse may be appointed as an Honorary Vice-President and represent nursing from that country. Greece, Poland, Turkey, Bulgaria, Roumania, Serbia and France are now so represented, the four states first mentioned, by American Red Cross nurses who are engaged in educational work in those countries.

The purpose of this international relationship is to encourage the advancement of nursing on a more uniform and sounder professional basis; to provide an opportunity for interchange of ideas, and to develop a better understanding, thus raising the standard of nursing care of the sick. Government by nurses is the outstanding policy of the organization.

The International Council of Nurses was inspired by Mrs. Bedford Fenwick of London. Lavinia L. Dock of this country was Honorary Secretary until last year, when she resigned. It had barely gotten under way (the last great Congress was held in Cologne, in 1912) when in 1914 the World War put a stop to further International Congresses. An attempt was made to secure an Executive Committee Meeting at the Annual Convention of the American Nurses' Association held in Atlanta, Georgia, in 1920. Only four countries, however, were represented, and little could be accomplished.

The more important papers and speeches in Copenhagen dealt with the following: The Relation of the International Council of Nurses to the European Council (League) ¹ of Nursing Education; Reorganization of the International Educational Committee; Relation of International Council of Nurses to College of Nursing, Ltd., of England; Broadening of the activities of the International Council of

Nurses; Headquarters; Secretarial Assistance; Plan of Coöperation of International Council of Nurses with the League of Red Cross Societies; International Nursing Magazine; Sectional Nursing Conference; Value of Nursing Magazines to the Profession; Recent Movements in the Nursing World; Explanation of the Rockefeller Report, and University Undergraduate Schools of Nursing.

Reports from the countries where modern nurse education has just begun—Turkey, Bulgaria, Roumania, Serbia, Poland and Czechoslovakia,—were given by the representatives from these countries. Several important matters were referred to the participating societies. For example,—to the American Nurses' Association, the question of Revision of the Constitution; to Finland, local arrangements for the next meeting; while Programme and Eligibility Committees were also appointed. Plans for a sectional meeting at Budapest next year were started.

The Executive Committee discussed the offer of the League of Red Cross Societies, but inasmuch as the office of the *British Journal of Nursing* had already been voted upon by the Congress as its official office, this could not be changed without a meeting of the Grand Council. Furthermore, it was felt that questions incidental thereto were beyond the authority of the Executive Committee to settle. It, therefore, decided not to accept the suggestion of the League of Red Cross Societies. It was believed, however, that the International Council could be of considerable assistance to the League, and that the League might be of great assistance to the International Council, a letter of Resolutions was therefore framed, indicating ways in which coöperation might be established. As a temporary substitute for an International Nursing Magazine, the Secretary was authorized to issue, when indicated, to the participating organizations a mimeographed bulletin and to encourage national associations to supply the League of Red Cross Societies with copies of nursing magazines, furthermore, to urge the League to continue the publication of its very useful Nursing Supplement. A spirited discussion between the College of Nursing, Ltd., of England, and the National Council of Trained Nurses in Great Britain and Ireland,

¹ European Council of Nursing Education. (This organization was originally called "The European League of Nursing Education.")

followed the reading of a paper by Miss Lloyd Still. Sectional Nursing Conferences were discussed, and plans were started for a meeting next year at Budapest, under the auspices of the International Council of Nurses.

A report would not be complete without some reference to the hospitality offered by the Danish nurses, as well as the hospitals which were visited by the Council. No better description of this could be given than that which was contained in the Minutes, as follows:

"During the meeting four of the best known hospitals in Copenhagen were visited (The Finsen Hospital, The Rigshospital, The Kommunehospital, The Bispebjerg Hospital). An excursion in a tourist motor car was made to the lovely Convalescent Home founded by Mrs. Tscherning and where its owner, the Danish Council of Nurses, can accommodate up to thirty tired nurses. The Sunday evening reception at the home of Mrs. Tscherning was an exceedingly nice one and gave a good opportunity for the hostess and the foreign guests to make acquaintance. The following Tuesday all the nurses taking part in the meeting were honored by an invitation from the Danish Red Cross, whose President, the Danish Minister for Foreign Affairs, Mr. Cold, together with the President of the Copenhagen Division, Miss Cecilie Lutken, and other members of the Board of the Red Cross made the evening exceedingly pleasant. Last but not least must be mentioned the never to be forgotten 'family' gathering at 'Nimb' in Tivoli, where an opportunity was given by the Danish Council of Nurses to all the members of the Council to meet their foreign guests. The hospitality offered during these wonderful days by the Danish nurses to their foreign sisters was quite unique, and no one, who has taken part in the meeting, will ever be able to forget the lovely 'smorrebrod' of all kinds that crowded the plates and by their diversity gave one nearly the same impression as the thousands of gardens, which like bright shining jewels enclose Copenhagen from every side. No one will forget the kind, smiling faces of our Danish hostesses so anxious to give us all the best they had to give, and the cleanliness of the beau-

tiful Danish hospitals, than which finer cannot be found."

The meeting was an unqualified success. The International Council of Nurses, quiescent from necessity for a time, is again on its feet and fully alive to present needs. It is conscious of the purpose which it alone can fill. Unquestionably some changes must be made in its policies, because of the effect of the War, natural development within the profession itself, and the increased interest in nursing in foreign countries which has been stimulated by the Peace Programme of the League of Red Cross Societies. Nurses the world over will no doubt begin to lay their plans for attendance at the next Triennial Congress at Helsingfors, Finland, in 1925.

HEADQUARTERS OF THE AMERICAN NURSES' ASSOCIATION

The Board of Directors of the American Nurses' Association will hold a meeting the first week in October at Headquarters, 370 Seventh Avenue, New York. One of the important items of business will be a report of the executive meeting of the International Council of Nurses held in Copenhagen, which Clara D. Noyes will present. In a letter received from the Secretary of the International Council of Nurses, Christiana Reimann, she says: "We cannot thank the American Nurses' Association enough for sending Miss Noyes. We were all so happy to have her with us. She and Isabel M. Stewart were so helpful in clearing up situations which at first seemed rather difficult."

The Secretary at Headquarters has been making a strenuous effort to help the State Associations secure speakers for their annual meetings being held this month, but because some of the meetings are being held simultaneously and only a limited number of persons is available, it has not been possible to meet all the requests. There are no less than ten states holding meetings in the month of October. The President of the American Nurses' Association, Miss Eldredge, will attend two of these, Nebraska and Illinois. Mary M. Roberts, editor of the *Journal*, will meet with the nurses in Kansas, and Minnesota.

The three secretaries of the national

nursing organizations recently held a conference to discuss a plan for the programme for the 1924 convention, and if approved by the Boards of Directors, it will appear in a later number of the *Journal* and the *Public Health Nurse*.

It is with considerable pleasure that we have received the announcement from the Canadian National Association of Trained Nurses, that it has established an office at 609 Boyd Building, Winnipeg, Manitoba. Jean S. Wilson has been appointed the Executive Secretary. We congratulate our Canadian sisters not only in this progressive step, but also in securing Miss Wilson as their representative .

We wish to express our sincere thanks through the pages of the *Journal* for a contribution of ten dollars from the First District of the Nebraska State Nurses' Association, which was accompanied by a note saying, "Knowing that national expenses were high, having a small surplus, decided to send this contribution to help Headquarters along."

To facilitate the work of the Nominating Committee of the American Nurses' Association, the associations which constitute the membership, are requested to give careful and prompt attention to the consideration of nominees for officers for 1924-25. The Nominating Committee has done considerable extra work this year to avoid wrong addresses, and before sending the blanks wrote to every secretary for correct address. *These blanks should be returned to the Chairman of the Nominating Committee January first, 1924.*

NURSES' RELIEF FUND
REPORT FOR AUGUST, 1923

<i>Receipts</i>	
Balance on hand	\$18,540.45
Bonds redeemed	2,200.00
Interest on bonds	45.00
Interest on Liberty bonds	44.80
Interest on bank balance	3.15
Check from beneficiary returned	10.00
California: District No. 5, \$126; Dist. 9, \$27; Dist. 11, \$3; Dist. 12, \$18; Dist. 13, \$1; Dist. 16, \$3.50	178.50
Georgia: Georgia State Nurses' Assn., \$1.50; one individual, Atlanta, 50 cents	2.00

Illinois: District No. 7	14.00
Kansas State Nurses' Association	12.00
Michigan: District 5, \$2; Dist. 6, \$102.20	104.20
Montana: District No. 2	21.00
Ohio: Huron Road Hospital Alum- nae, \$70; Lutheran Hosp. Alum., \$10	80.00
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Total receipts	\$21,255.10

<i>Disbursements</i>	
Paid to 35 applicants	525.00
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Balance August 31, 1923	\$20,730.10
Invested funds	57,050.00
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	\$77,780.10

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

ARMY NURSE CORPS

During August, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: to Station Hospital, Fort Banks, Mass., 1st Lieutenant Margaret Thompson, 2nd Lieutenant Mary Margaret Donohoe; to Fitzsimons General Hospital, Denver, Colo., 1st Lieutenant Samantha C. Plummer, Chief Nurse; to Hawaiian Department, 1st Lieutenants, Grace E. Leonard, Chief Nurse, Henrietta Davidson, Chief Nurse, 2nd Lieutenant Annie G. Porter; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieutenant Della J. Bonner; to Station Hospital, Fort Leavenworth, Kas., 1st Lieutenant Edna M. Rockafellow, Chief Nurse, 2nd Lieutenants Alma C. Hanson, Marie Speckert, Elsie J. Wiggs; to Philippine Department, 2nd Lieutenant Lilly A. Anderson; to Station Hospital, Fort Sam Houston, Tex., 1st Lieutenant Mary E. Sheehan, Chief Nurse; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenant Elizabeth J. Crowley; to Walter Reed General Hospital, Washington, D. C., 1st

Lieutenant Jane G. Molloy, Chief Nurse, 2nd Lieutenants Pearl T. Ellis, Lylan M. Grady, Katherine E. Kelly, Catherine Morrison.

Orders have been issued for the separation from the service of the following named Second Lieutenants, A.N.C.: Gertrude Ashworth, Ethel Bosler, Marguerite Brautigan, Helen L. Cole, Mary E. Corcoran, Ruth E. Deck, Clotilda Ewers, Jean Hebert, Myrtle S. Halloway, Lillian A. Johnson, Loula K. Larned, Mary E. Mahoney, Edna M. Morgan, Annie M. Neil, Helen Nuhn, Anabelle E. O'Hara, Ada M. Olsen, Lucile M. Stevenson, Julia Trabucco, Louise M. Valle, Beulah M. Wiedman, First Lieutenant Kate M. Kemper, Chief Nurse.

ARMY SCHOOL OF NURSING

On September 1, plans were completed for the concentration of the Army School of Nursing at the Army Medical Center, Washington, D. C. The Center is composed of the Walter Reed Hospital, the Army School of Nursing, the Army Dental School, the Army Veterinary School and the Army Medical School and will be located in the extensive grounds of the Walter Reed Hospital. The Letterman General Hospital branch of the School of Nursing will be discontinued and the students who are there now will be transferred to Washington. This transfer can not be accomplished all at once, but will be done gradually, as space is available on transports returning to New York from the Pacific Coast. It will be a great loss to the Letterman General Hospital to have the western branch of the school closed, but for the sake of economy, greater ease of direction and supervision, and the superior advantages for the students to be found at the Medical Center, it has been decided that this step should be taken. An entering class of about forty students is expected during the first week of October.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.*

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Mary Brooks, Chief Nurse, U.S.N.; to Boston, Mass., Dispensary, Navy Yard, Alice M. Roach; to Boston, Mass., Miss Farmer's School of Cookery (course in Dietetics), Anne C. Barry,

Josephine Corbett, Nellie J. DeWitt, Catherine A. McNellis, Caroline M. Thompson; to Chelsea, Mass., Frances S. Denk (via *U.S.S. Henderson*); Caroline B. Driscoll, Matilda E. Hume (via *U.S.S. Argonne*); Anna L. Merritt, Caroline W. Spofford; to Chicago, Ill., Illinois State League of Nursing Education (Institute for Nurse Instructors); Caroline B. Driscoll, Mabel L. Powell, Kathryn V. Sheehan; to Great Lakes, Ill., Lillian Hankey, Marie Karlen, Helen M. Schuveiller; to League Island, Pa., Bertha A. Adams (via *U.S.S. Argonne*); Myn M. Hoffman, Chief Nurse; Marie I. Luckins (via *U.S.S. Chaumont*); Anna E. Mears, Mary E. Northrop (via *U.S.S. Henderson*); Lottie G. Williamson; to Mare Island, Calif., Sophia V. Kiel, Chief Nurse; to Newport, R. I., Ruth E. Anthony, Harriett A. Harris; to New York, N. Y., Mary Hennemeier, Rosanna R. Watson, Ellen E. Wells; to Norfolk, Va., Cora Eastman (via *U.S.S. Chaumont*); Helen C. Houser, Clara Klinksick (via *U.S.S. Kittery*); Florence Kopp, Ruth Murray, Mary M. Ritter; to Parris Island, S. C., Mary B. Gainey, Chief Nurse; Eleanor Gallaher, Hilma Knudtson, Margaret A. Morris, Nelle L. Watkins; to Port Au Prince, Haiti, Pearla W. Hoyle (via *U.S.S. Kittery*); to Puget Sound, Wash., Isabella Gilfillan, Ellen M. Hodgson; to Quantico, Va., Florence R. Partridge, Ella May Rothermel, Rosanna R. Watson; to San Diego, Calif., Ada Chew, Esther M. Stolt, N. Eva Wolfe; to St. Thomas, V. I., Bertha R. Marean (via *U.S.S. Kittery*); to Washington, D. C., Bureau of Medicine and Surgery, Miriam F. Ballard, Chief Nurse; Bernice D. Mansfield, Chief Nurse; Betty W. Mayer, Asst. Superintendent; to Washington, D. C., Dispensary, Navy Department, Mary V. Hamlin, Chief Nurse; to Washington, D. C., Naval Hospital, Sarah Almond, Chief Nurse (via *U.S.S. Argonne*); Rose M. Culbertson, Sara B. Myer, Chief Nurse (Principal); Margaret Pierce, to Washington, D. C., Naval Medical School (Laboratory course), Nora B. Frederick, Sophia R. Hassler, Eva C. Todd; to *U.S.S. Kittery*, Lucy H. Russell (temporary duty); to *U.S.S. Mercy*, Susie I. Fitzgerald, Chief Nurse; Edith Hebdon; to *U.S.S. Relief*, Ella V. Parrott, Laurena T. Schies.

Honorable Discharge: Adah V. Watson.

Resignations: Muriel V. Cole, Margery A. Duncan, Irene E. Hamblin, Elizabeth G. Horgan, Pearl V. Longwell, Ada M. Maple, Edna I. Nelson, Catherine H. Snyder.

Promotions: Betty W. Mayer, Chief Nurse, U. S. N., to Assistant Superintendent; Mary B. Gainey, Nurse, U. S. N., to Chief Nurse, U. S. N.; Ella M. Hodgson, Nurse, U. S. N., to Chief Nurse, U. S. N.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Reinstatements: Bernardine Means, to Baltimore; Edith Jackson, to Boston; Pearl Dowe, to Chicago; Ruth Breed, to Fort Stanton; Blanche Seay, to San Francisco; Ruth Moyer, to Stapleton; Katherine G. Tuttle, to Norfolk; Aagot Hanson, to Immigration Hospital, Rosebank.

Transfers: Anne McCann, to Buffalo Marine; Gladys Brock, to Memphis Marine.

LUCY MINNIGERODE,
Superintendent Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU, NURSE CORPS

Hospital Service Transfers: To Palo Alto, Calif., Mrs. Mary L. Bowles, Lila L. Heberling, H.N.; to Helena, Mont., Helen K. Smith, C.N.; to Lake City, Fla., Mamie Ashford, Marion S. Hodgdon; to Washington, D.C., Ann G. Coyle, Werta T. Johnson, H.N.; to Federal Park, Md., Bettye L. Moorhead; to Ft. Bayard, N. M., Mrs. Hettie Edgerly, H.N., Maude E. Monk, Mildred A. Nash; to Rutland, Mass., Elizabeth C. Dobbins; to Kansas City, Mo., Grace Cashman, H.N.; to Edward Hines, Jr., Hospital, Bess M. McCann, H.N.

Reinstatements: Hannah J. Flahive, Lillian White, H.N., Sara A. Clagett, Mary W. Davis, Hilma Wold, Josephine L. Osborne, Katherine N. Curran, Adelaide DeLong, Ruth E. Gesaman, Mrs. Lucille W. Cox, Mrs. Frankie J. Davis.

District Medical Service Transfers: To New Haven, Conn., Emily P. Bliss, Anna R. Harris; to Ft. McHenry, Md., Virginia M. Ryan; to

Washington, D. C., Nannie Lee; to Gulfport, Miss., Mrs. Catherine J. Hardy.

MARY A. HICKEY,
Superintendent of Nurses.

MEMORANDUM REGARDING CLASSIFI- CATION OF NURSES IN GOV- ERNMENT SERVICE

Sent by the Chairman of the Association of Nurses in Government Service to the Chief Classifier, Personnel Classification Board.

1. It is the desire of the writer to go on record as unalterably opposed to any classification of nurses in a special group or otherwise which places them definitely in a sub-professional or non-professional group.

2. It is not believed that nurses will be willing to accept such a classification, and it is equally certain that the national nursing organization (The American Nurses' Association) will be opposed to such a classification as well as the Department of Nursing of the American Red Cross, through which nurses are recruited for government service and the withdrawal of whose support will be disastrous to the maintenance of a sufficient number of nurses in the civilian government service.

3. The effects of such a classification will be much more far reaching than appears on the surface, since for many years past the public in general and all civilian hospitals in this country have recognized nurses as professionals, and the Government cannot afford not to accord to them the same recognition which has already been established for them by the general public and by civilian organizations. Such a course will inevitably place nurses in the Government Service on a lower plane both socially and professionally than in civilian organizations. It will lower the standard of nursing in the Government Service and increase the difficulty of securing for Government beneficiaries highly qualified nurses.

4. It is urgently recommended, therefore, that in making the classification for this group of personnel, consideration be given to the service which they have already rendered to the Government, to the necessity of having a sufficient number of qualified nurses in Government hospitals, to the value of the service which they now render, to the three years of

training they are required to have and to the highly trained quality of their service.

5. The following is an extract from the Immigration Law which became effective February 5, 1917:

"Further provided that the provisions of this law applicable to contract labor shall not be held to exclude professional actors, artists, lecturers, singers, nurses, ministers of any religious denomination, professors for colleges or seminaries, persons belonging to any recognized learned profession."

The following statement was made in a letter from Mr. Husband of the Bureau of Immigration to the Surgeon General of the Public Health Service:

"In construing the law, the Bureau and Department ruled that in order to be exempt from the contract labor law they must be professional nurses, *i. e.*, 'trained nurses holding diplomas from recognized nurses' training schools or hospitals.'"

In view of the passage of this law, therefore, and of the decision of the Bureau of Immigration it is believed that nurses have already been accepted by the Government as professional personnel under the provisions of the law and should not, therefore, be excluded from professional recognition under the Personnel Classification Board.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING has appointed Elmira Bears, Secretary of School Nursing, and Anna L. Tittman Vocational Secretary.

THE AMERICAN DIETETIC ASSOCIATION will hold its annual meeting at the Hotel Claypoole, Indianapolis, October 15-17. Some of the papers of special interest to nurses will be: *Monday morning*, Food Service to Nurses, Helen Wells; *Monday afternoon*, Dieto-Therapy, three papers. *Evening*, Banquet, Dr. Charles P. Emerson, speaker. *Tuesday morning*, Section on Education. Teaching Dieto-Therapy. Reports of Experience with Suggested Plans for Courses. *Wednesday morning*, Section on Social Service.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of nurses in Montgomery, October 17 and 18; in Mobile, October 18 and 19; in Birmingham, October 19 and 20. All applications and cre-

dentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, R.N., 1808 7th Avenue N., Birmingham, Ala. Kodak pictures will not be accepted. THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Dothan, October 16.

Colorado: Longmont.—Mrs. Lucy Carr (South Side Hospital, Kansas City, Mo.), has been appointed Superintendent of the Longmont Hospital. One student graduated in August and one in September.

Connecticut: New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION resumed its sessions for the year on September 6 with a good attendance of members. The disposal of certain funds was discussed, followed by a social hour.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses on Wednesday, November 7. Applications may be had from the secretary not later than October 24. Mary E. Graham, Secretary and Treasurer, 1337 K St., N.W., Washington, D. C.

Illinois: THE ILLINOIS STATE ASSOCIATION will hold its annual meeting at the Jefferson Hotel, Peoria, October 10-12. **Chicago.**—Mary C. Stewart has been appointed Superintendent of the Children's Memorial Hospital, succeeding Miss Henderson who has taken a similar position in Milwaukee. Miss Stewart was formerly superintendent of the Henrotin Memorial Hospital. Since that time she has been in war service and has held a position in Canada. **Peoria.**—THE SEVENTH DISTRICT held its annual picnic at Grand View Park, August 3. It was well attended and after a bountiful supper, the regular business meeting was held. Anna Seiburne has resigned her position as Superintendent of Nurses at the Methodist Hospital to take a trip through the West.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Evansville, October 4-6, at the Hotel McCurdy. October 4 will be devoted to meetings of the League, October 5, to Private Duty; and

October 6, to Public Health. **Rossville.**—Mary E. Bricker sailed for northern India in September to take up missionary nursing. **Fort Wayne.**—THE FIRST DISTRICT ASSOCIATION met at the Irene Byron Tuberculosis Sanatorium with a large attendance. Routine business was transacted. Dr. Crull, Superintendent of the Institution and Dr. Mills, Resident Physician, gave interesting talks on Tuberculosis; a children's health play was given by the children patients. Refreshments were served. The annual meeting of the district will be held November 10 at the Lutheran Hospital Nurses' Home, Fort Wayne. All members are urged to attend.

Iowa: THE IOWA STATE NURSES' ASSOCIATION will hold its annual meeting at Waterloo, October 9-12. **Davenport.**—MERCY HOSPITAL ALUMNAE held a regular meeting at the Nurses' Home, September 4. Dr. D. J. McCarthy gave an interesting illustrated talk on his work in the Balkans. A social hour followed. There was an attendance of 75. **Cedar Rapids.**—MERCY HOSPITAL graduates are reported as follows: M. Wood is record keeper at the Hospital; Sylvia Kelly is taking a course in anaesthesia in Chicago; Anna Kilbride has a position in the City Hospital, Stillwater, Minn.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Hutchinson, October 26, 27. THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the State House, Topeka, December 11 and 12, 1923. Applications for this examination should be filed at least ten days before the date of examination. All communications should be addressed to M. Helena Hailey, Secretary, 961 Brooks Avenue, Topeka, Kansas. The terms of Elizabeth J. Eason and Sister Catherine Voth on the Nurses' Examining Board having expired, Governor Davis has made appointments as follows: Sister Catherine to succeed herself and Ethel L. Hastings of Bethany Hospital, Kansas City, to succeed Miss Eason. Miss Eason has served as a member of the Nurses' Board since the Registration Law was passed in 1913. She was Vice-President for four years and President another four years. She refused to have her name presented to the Governor for reappoint-

ment. The State Association gave Miss Eason a unanimous vote of thanks and passed a resolution to be placed on the minutes thanking her for her long and faithful service on the Board.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct its semi-annual examination for state registration, November 20, 21, 1923, at the J. N. Norton Infirmary, Louisville. For application and information, apply to Flora E. Keen, Secretary, 115 North Main Street, Somerset.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its autumn meeting at the "Walk Over Club" Campello, on Saturday, October 20. Morning sessions will be taken up by meetings of the State League of Nursing Education, Public Health Nurses' Section and the League of Private Duty Nurses. The State Nurses' Association will present a program for the afternoon which will be followed by social entertainment. It is expected that the two women legislators of Massachusetts will give short addresses, and the Red Cross Motor Corps have planned transportation for all visiting nurses. A buffet luncheon will be served. THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on October 9 and 10, 1923. Time and place will be designated on admission cards. Application for examination must be filed at least five days before the examination date. Charles E. Prior, Secretary, State House Boston. **Boston.**—THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION will meet in Vose Hall, the evening of October 2. Carrie M. Hall will give a report of the League convention. **Fall River.**—THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL gave a dance on June 26 with a profit of \$101, a large sum, as a tempest occurred on that night, affecting the attendance. **Northampton.**—THE SCHOOL OF NURSING OF THE COOLEY-DICKINSON HOSPITAL held its graduating exercises on June 5, at the McCallum Memorial Nurses' Home. In the processional, the eight graduates were followed by members of the classes that have graduated since 1904, each being represented. The address was given by Rev. J. F. Watts, D.D.; the diplomas were presented by

Chauncey H. Pierce. The beautiful Home which was completed last December is greatly enjoyed and gives plenty of facilities for class work. New appointments are: Clara Dewey (Roosevelt Hospital), former record clerk, assistant superintendent; Grace Dewey, record clerk; Ruth Colestock of the University Hospital, Colorado, instructor.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for the registration of nurses and trained attendants in Lansing, October 24 and 25, 1923. Mrs. Helen deSpelder Moore, R.N., Secretary. **Battle Creek.**—THE BATTLE CREEK COLLEGE has been reorganized and now consists of three departments or schools: Nursing, Home Economics and Physical Education. The School of Nursing offers a three and a five-year course, the latter leading to the degree of Bachelor of Science. The courses are unique in that they include the subject matter usually given in large hospitals and in addition cover the "whole field of physiotherapy and the elaborate system of sanatorium treatment and training which has become widely known as the Battle Creek Sanitarium System." It is expected that graduate nurses will take advantage of the five-year program as they can be given credit for previous professional training. The College possesses an unusual number of scholarship and loan funds. **Benton Harbor.**—MERCY HOSPITAL celebrated National Hospital Day by joining the fourth annual Florence Nightingale banquet on May 10; by open house, a reception to babies, an exhibition of dolls, and a reception in honor of the four graduates, on May 11; and by an all day clinic on May 12.

Minnesota: THE MINNESOTA REGISTERED NURSES' ASSOCIATION AND THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION will hold their annual meetings in St. Paul, October 18, 19 and 20. **St. Paul.**—Irene English, for many years Superintendent of the Northern Pacific Beneficial Association Hospital, has accepted the general directorship of the Kahler Corporation Hospitals School of Nursing, in connection with the Mayo Clinic, Rochester. This school, an outgrowth of the late war, has about 150 students. Bertha Johnson, who has been general Superintendent of nurses for the

past three years, has resigned and is taking a rest at her home in Glenwood. Lettie Christensen has resigned as surgical supervisor at the Ancker Hospital, and is succeeded by Laura Larson. Florence Nelson, instructor at the Swedish Hospital, Minneapolis, for the past two years, is now instructor at the Bethesda Hospital, St. Paul. **Minneapolis.**—A pageant, "The History of Nursing," beginning with the Roman period and showing various incidents in the history of nursing up to the present time, was given at the State Fair, under the auspices of the State Registered Nurses' Association, the League of Nursing Education and the Organization for Public Health Nursing. The purpose was to picture interesting phases in nursing history and to show improvements in health methods. Lena Ginthner has resigned as Superintendent of Nurses at St. Mary's Hospital.

Mississippi: The twelfth annual meeting of THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will be held in Jackson, October 26 and 27. All Mississippi nurses are urged to be present.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual meeting October 8-10, in Springfield. A meeting of the Missouri State Board of Nurse Examiners appointed under the law in effect June 24, 1923, was held August 22, in St. Louis. The board is composed of the following members: Mary G. Burman, R.N., Mrs. Louise K. Ament, R.N., Rose Hales, R.N., and Delia C. O'Neill, R.N. Under the law in effect June 24, waiver of examination is open to graduate nurses who meet the requirements and who make application before January 1, 1924. The fee for license in all cases is \$15. The Missouri State Board of Nurse Examiners will hold an examination for license as Registered Nurse in St. Louis and in Kansas City on November 15 and 16, 1923. Applications for examination should be in the hands of the Secretary of the board, 620 Chemical Building, St. Louis, Missouri, at least ten days before examination. Graduates wishing to practice in Missouri before examination should have a provisional license. The Board regrets that there has been a delay in mailing out the annual certificates of registration. **St. Joseph.**—At the annual meeting of the NOYES HOSPITAL ALUMNAE ASSOCIATION

the following officers were elected for the year 1923-1924: President, F. Myriel Gates; vice-president, Myrtle Flanagan; secretary, Evangeline O. Gibbons; treasurer, Irene Pilcher. Plans were made for a very full and interesting year of work and study, and the growth of the school library, which is becoming very popular and more useful every day, was discussed and planned.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting in Lincoln, October 11 and 12, at the Lincoln Hotel. **Grand Island.**—Margaret Turnbaugh, Secretary of District 1, and a graduate of the Grand Island General Hospital, has accepted the position of night supervisor in the County Hospital, Douglas, Wyo. DISTRICT No. 1 held its annual picnic at the country home of the nurses of the Grand Island General Hospital, on July 27, in celebration of the birthday of Linda Richards. Thirty-five members were present. A collection was taken and this together with the yearly contribution, will be given to the Nurses' Relief Fund. **Hastings.**—Arta Lewis, a graduate of the University Hospital, Omaha, has assumed her new duties as Superintendent of Nurses at the Mary Lanning Memorial Hospital.

New Jersey: The next examination for Certificate of Registered Nurse will be held Friday, November 23, 1923, in the State House, Trenton, N. J. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to 302 McFadden Building, Hackensack, N. J. Elizabeth J. Higbid, Secretary-Treasurer. **Newark.**—THE NEWARK CITY HOSPITAL held graduating exercises on September 26, at the Nurses' Home for a class of fourteen.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its twenty-third annual convention at the Hotel Statler, Buffalo, October 23, 24, and 25. October 23 will be devoted to meetings of the Public Health Nurses' Association and the League of Nursing Education. **Brooklyn.**—ST. JOHN'S HOSPITAL graduated a class of five, on May 23, at exercises held in the Chapel. **New York City.**—COLUMBIA UNIVERSITY is giving at the Presbyterian Hospital, September 24-October 5, a two weeks' course to graduate nurses on

The Treatment of Diabetes Mellitus by means of Dietary Regulation and the Use of Insulin. MISERICORDIA HOSPITAL has appointed Agatha C. Murphy, a graduate of Teachers College, dietitian. The Misericordia is about to open an outdoor department for clinic and dispensary at 540 East 87th Street. **Niagara Falls.**—Four graduates of the Memorial Hospital have recently completed the Health Teachers Course at the Oswego Normal School, —Mrs. C. Dowler, Mrs. D. Meek, Bessie Pepper and Mary Gamble. **Rochester.**—Eleanor McK. Savage has resigned her position as Instructor at the Highland Hospital to accept the position as Instructor at the American Hospital, Paris, France. Marie C. Byron, a graduate of the Presbyterian Hospital, New York City, is to fill the vacancy made by Miss Savage's resignation.

Ohio: The General Code, relating to the registration of nurses has been amended to provide for a visiting teacher who will demonstrate teaching methods in the schools of nursing.

Be it enacted by the General Assembly of the State of Ohio:

Section 1. That section 1295-1 of the General Code be amended to read as follows:

Sec. 1295-1. Within sixty days after this act becomes operative the state medical board shall employ a secretary, entrance examiner and three nurses; said three nurses with the secretary of the state medical board shall constitute the nurses' examining committee, this committee to be chosen from ten nominations made by the Ohio association of graduate nurses. The secretary of the state medical board shall be the secretary and executive officer of the committee. One nurse shall be employed for one year, one for two years, and one for three years and thereafter, as the term of any nurse expires a successor shall be employed in the manner hereinbefore specified for a term of three years. One of the nurses so employed shall be designated as chief examiner. *The state medical board shall also assign one or more additional nurses in the manner and with the qualifications herein provided, to supervise and standardize the instructions given in recognized schools of nursing.* Such additional nurses shall receive

for their services, such compensation as the state medical board may determine; which shall not be less than twenty-four hundred dollars per annum, and the necessary expenses; such compensation and expenses shall be paid in the manner and from the fund provided in section 1295-18, and shall not exceed twenty-four hundred dollars in any one year; *such compensation shall be rendered only with the consent and coöperation of such recognized schools of nursing, which shall pay to the secretary of the state medical board such part of cost thereof, as may be determined by said board.* Such sums shall be paid into the state treasury by said secretary as provided for in section 24 of the General Code for the use and benefit of the fund provided in section 1295-18 of the General Code. The secretary shall have the power to administer oaths. Each nurse who is a member of the nurses' examining committee shall file with the secretary an affidavit that she is a resident of Ohio, a graduate of a recognized training school for nurses and in addition thereto, she shall have had not less than five years' experience in nursing.

Section 2. That original section 1295-1 of the General Code be, and the same is hereby repealed.

Mrs. Nellie Parks has been appointed Visiting Instructor under this law. **Columbus.**—Blanche M. Harris, who has been doing public health work in this city will go to Shanghai, China, in October to take a position in St. Elizabeth's Hospital under the Episcopal Board. **Zanesville.**—Margaret Stevenson (graduate of Bethesda Hospital), who has been county health nurse, has been appointed Superintendent of Nurses, Citizens' Hospital, Barberton. The best wishes of her many friends go with her.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting October 24-26, at Okmulgee. Mrs. Idora Rose Scroggs has resigned as president of the Examining Board, being succeeded by Olive Salmon. The District Associations united in a gift to Mrs. Scroggs to express their feeling that to her belongs the credit for any forward steps taken by the nurses of the state.

Oregon: Portland.—Misses Frances Kiernan and Mary Doyle, who have been connected with the Visiting Nurses' Association for three years in the capacity of Infant Welfare Supervisor and General Supervisor, have resigned, and are returning to New York. Lillie Helgeland will succeed Miss Kiernan, and Mildred Halvorsen, who has been on the Visiting Nurse Association staff for the past five years, and who has been taking the summer course at the University of Oregon, will succeed Miss Doyle.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its annual meeting, October 22-25, at the William Penn Hotel, Pittsburgh. (An outline of the proposed programme will be found in the September *Journal*.) **Philadelphia.**—THE SCHOOL FOR TEACHING PRELIMINARY COURSES IN NURSING EDUCATION is opening on October 1 for its fourth semester. The enrollment, on September 10, was 98, representing nine affiliating hospital schools of nursing. The plan for the year follows the same lines as in previous terms. The subjects to be given are: Anatomy and Physiology, 60 hours; Bacteriology, 20 hours; Personal Hygiene, 10 hours; Chemistry, 20 hours; Nutrition and Cookery, 40 hours; Hospital Housekeeping, 10 hours; Drugs and Solutions, 20 hours; History and Ethics of Nursing, 15 hours; Psychology, 10 hours; total, 205 hours. But while the course which the student will receive has not been changed, there has been one radical change in policy. Previously the affiliating hospital schools have paid \$10 tuition fee for each student enrolled, which was a little less than one-fifth of the cost of instruction. The deficit has been partially made up by individual and organization donations, and the school has still to raise funds to complete the payment of a loan contracted last year. The hospitals are now under contract to pay \$50 for each student enrolled, putting the Preliminary School upon a self-supporting basis for the year 1923-24. The courses in Chemistry and in Nutrition and Cookery are to be given at Drexel Institute by members of the faculty of that institution. The director of the Preliminary School has the standing of a member of the faculty of Drexel Institute for teaching the course in Bacteriology there.

The other subjects are taught by nurse instructors on an hourly basis in class rooms rented at the University of Pennsylvania. Office space has also been rented at the University of Pennsylvania for the next year. The educational entrance requirement has been "one year of high school or its equivalent," but for 1923-24, it has been raised to "two years of high school or its equivalent." The actual qualifications of the students have been considerably better than this. As this announcement is written, the two-year equivalents have not yet been considered by the Credentials Committee, and it is expected that there will be some eliminations as a number of applicants have not presented satisfactory credentials. Entrance examinations in English Composition and Literature and in Arithmetic are being given to applicants who desire to demonstrate in this manner their capacity for carrying the work, but only when they have had either night school or other courses or business experience of recognized educational value.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration, at the State House, November 14 and 15, beginning at 9 a. m. Application blanks and information may be obtained from Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket. **Newport.**—THE NEWPORT HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the Nurses' Home, September 4. The speaker of the afternoon was Mrs. William A. Heath on the *American Journal of Nursing*. Twenty were present. A social hour followed.

Texas: THE TEXAS STATE BOARD OF NURSE EXAMINERS met July 26. Members recently appointed by Governor Neff are Mrs. J. R. Lehmann, nee Helen Holliday, of Dallas; Mary Grigsby, Waco; Jane Duffy, Eula Whitehouse, and Emily D. Greene. Miss Duffy was spending her vacation in Canada and could not be present. Mrs. Lehmann was elected president for the next two years, and Miss Grigsby was elected secretary. Louise Dietrich of El Paso was elected Educational Secretary. **Dallas.**—Elsie M. Maurer, formerly one of the instructors at Bellevue, is

Director of the School of Nursing of the Baylor Hospital.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its seventeenth annual meeting, September 27-29, at the Farr Hotel, Huntington. (A report will appear later.)

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION held its annual meeting in La Crosse, September 26-28. (A report will appear later.) **Eau Claire.**—A class of thirteen nurses was graduated from the LUTHER HOSPITAL SCHOOL FOR NURSES on May 22. The address was given by Rev. A. M. Wahl; diplomas were awarded by Dr. Chr. Midelfart; the school pins were presented by the Superintendent to the 13 members of the class. **Milwaukee.**—On August 31, one of the finest homes of the city was turned over to the Wisconsin Nurses' Club and Directory by its owner, Charles Ray, a prominent business man of the city. In presenting the gift Mr. Ray said, "In memory of my beloved wife, Jane Merrill Ray, I am happy to dedicate this home to the Wisconsin Nurses' Club and Directory. Erna Kowalke, president of the club, in accepting the gift said, "May God guide our organization so that we shall be of greater service to mankind and reflect the kind unselfish spirit that prompted and inspired so wonderful a gift." Miss Kowalke then gave a brief outline of the association which was organized in 1915. A bronze tablet will be placed in the hall bearing an inscription to the memory of Mrs. Ray. The home was purchased by Dr. Ray in 1877 and is now valued at \$96,000. The gift which is given to the club without stipulation includes garage, furnishings, and chinaware. Plans are under way to remodel the house to accommodate 60 nurses. Dr. H. A. Johnson of the Presbyterian Church, and Dr. M. E. McCoy, director of Catholic charities of Milwaukee, also spoke. There were also present, Adda Eldredge, President of the American Nurses' Association; Agnes Reid, President of the Wisconsin Nurses' Association, and Marion Rothman, President of the Fourth and Fifth District. THE WISCONSIN ANTI TUBERCULOSIS ASSOCIATION recently held the graduating exercises of the twenty-second class in public health nursing,

three members. Dr. Hoyt F. Dearholt presented the diplomas and Kurt Peiser, resident head of the Abraham Lincoln house of Milwaukee, gave the principal address. THE EVANGELICAL DEACONESS HOSPITAL held commencement exercises for the class of 1923 at Trinity Evangelical Church, September 14.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Fred C. Selby (**Ruth Batton**, class of 1920, Hahnemann Hospital, Philadelphia), a son, August 2.

To Mrs. Henry Howard Silling (**Eleanor E. Beisiegel**, class of 1915, St. Luke's Hospital, Philadelphia), a daughter, Betty Anne, July 8.

To Mrs. Louis Uitendaal (**Sophie Bruynje**, class of 1914, Passaic General Hospital, Passaic, N. J.), a daughter, Margaret Louise, August 21.

To Mrs. J. Purtel (**Katherine Cassidy**, St. Francis Hospital, Hartford, Conn.), a daughter, Margaret Mary, in August.

To Mrs. E. Foster (**Ebbie Ebenbech**, St. Francis Hospital, Hartford, Conn.), a daughter, Catherine Alice, June 29.

To Mrs. Walter Bloom (**Hazel Eckerman**, class of 1918, John C. Proctor Hospital, Peoria, Ill.), a daughter, Shirley Jean, June 16.

To Mrs. **Martha J. Griffin**, (class of 1921, Long Island College Hospital, Brooklyn, N. Y.), a son, Archibald W., Jr., July 17.

To Mrs. Harold Wallace (**Elma Hagaman**, class of 1917, Memorial Hospital, Niagara Falls, N. Y.), a son, Richard Hagaman, June 7.

To Mrs. Earl C. Lyons (**Bertha Harrop**, class of 1918, Hahnemann Hospital, Philadelphia), a son, July 20.

To Mrs. Edward R. Stone (**Josephine Hoopes**, class of 1908, Howard Hospital, Philadelphia), a son, John Stone 4th, July 17.

To Mrs. Howard Anthony (**Mary Huilet**, class of 1921, Methodist Hospital, Peoria, Ill.), a son, Howard, Jr., July 14.

To Mrs. Andrew Fleming (**Jim Johnson**, class of 1913, Georgia Baptist Hospital, Atlanta, Ga.), a son, July 1.

To Mrs. Daniel Murphy (**Regina Kling-**

man, class of 1920, Hotel Dieu, New Orleans, La.), a son, August 15.

To Mrs. Sam Shelley (**Mary Knepps**, class of 1918, J. C. Blair Memorial Hospital, Huntingdon, Pa.), a son, Lawrence Nelson, August 18.

To Mrs. Harvey A. Anderson (**Kate Howard Meador**, class of 1922, Woman's Hospital of Philadelphia), a daughter, Elizabeth Manwaring, July 20.

To Mrs. Thomas Buchan (**Margaret Mitchell**, Union Hospital, Fall River, Mass.), a son, June 9.

To Mrs. M. McMahan (**Katherine Skelly**, St. Francis Hospital, Hartford, Conn.), a daughter, Helen Jane, August 1.

To Mrs. E. A. Browning (**E. E. Stevenson**, class of 1920, St. Vincent's Hospital, Birmingham, Ala.), a daughter, Merle Kate, July 18.

To Mrs. T. F. O'Brien (**Hilda Stickney**, St. Francis Hospital, Hartford, Conn.), a daughter, Hilda Frances, in August.

To Mrs. C. Peterson (**Teresa Valentine**, St. Francis Hospital, Hartford, Conn.), a son, Richard Charles, August 3.

MARRIAGES

Jeanne Amoureux (class of 1920, General Hospital, Pocatello, Idaho), to O. P. Barber, May 31. At home, Pocatello, Idaho.

Gladys Myrtle Ansell (Memorial Hospital, Niagara Falls, N. Y.), to George Melbourne Brock, August 8.

Florence Banze (class of 1920, John C. Proctor Hospital, Peoria, Ill.), to Fred Onken, September 4.

Agnes Bell (class of 1919, Latrobe Hospital, Latrobe, Pa.), to Francis Maynard Michael, June 27. At home, Swissvale.

Manetta R. Bell (Wesley Memorial Hospital, Chicago, and Chicago Lying-In Hospital), to John G. Speicher, M.D., September 1. At home, Montmorenci, S. C.

Ruth Boddington (class of 1923, St. John's Hospital, Yonkers, N. Y.), to Frank R. Coster, September 1.

Elizabeth Boozer (class of 1919, Allegheny General Hospital, Pittsburgh, Pa.), to Harry L. Kline, August 29. At home, Youngstown, Ohio.

Sarah Brundage (class of 1922, Georgia

Baptist Hospital, Atlanta, Ga.), to Bryan Smith, July 29.

Ada Elizabeth Buck (class of 1921, University Hospital, Iowa City, Ia.), to Clarence Baldrige, M.D., August 1. At home, Iowa City.

Annie Carson (class of 1920, Jewish Hospital of St. Louis, Mo.), to O. Williamson, July 3.

Anna R. Chislow (class of 1919, Massachusetts General Hospital, Boston, Mass.), to Samuel Madowsky, June 26. At home, Fall River, Mass.

Nettie E. Clark, to John F. McCarthy, August 15. At home, Johnson City, Tenn.

Mildred L. Ditchett (class of 1920, Hahnemann Hospital, Philadelphia), to Fred Martz, M.D., July 26. At home, Johnstown, Pa.

Irene Elizabeth Fosnacht (class of 1922, Lankenau Hospital, Philadelphia, Pa.), to Charles William Weaver, June 29. At home, Philadelphia.

Ellen Gaston (class of 1918, Allegheny General Hospital, Pittsburgh, Pa.), to Edward J. Bell, August 29. At home, Mt. Washington, Pittsburgh, Pa.

Maurine Ganseal (class of 1920, John C. Proctor Hospital, Peoria, Ill.), to Percy Caley, in August.

Grace Elizabeth Gibson (class of 1921, University Hospital, Iowa City, Ia.), to Sherman W. Morrison, September 1. At home, Brookings, S. D.

Clara D. Grady (class of 1920, St. John's Hospital, Yonkers, N. Y.), to Walter J. Halloran, M.D., September 5.

Mrs. Dorothy Hayden (St. Leo's Hospital, Greensboro, N. C.), to Zebulon Vance Conyers, on August 28. Mrs. Hayden was President of the State Association for two years and is now Secretary of the Board of Nurse Examiners.

Mildred Hill (class of 1921, Rome Hospital, Rome, N. Y.), to John Lee Hanifin, July 11. At home, Carthage, N. Y.

Frances Hoch (class of 1921, St. Luke's Hospital, Bethlehem, Pa.), to Frank Sensenbach, August 9. At home, Nazareth, Pa.

Marion Holmes (class of 1921, University Hospital, Iowa City, Ia.), to David Galligher, M.D., June 26.

Myra Hyre (Army Nurse Corps), to Capt.

Edward Smith, August 8. At home, Boston, Mass.

Rose Mary Johnston (class of 1923, Long Island College Hospital), to F. L. Tunison, July 16. At home, Brooklyn, N. Y.

Clara Alice Kahn (class of 1922, Jewish Hospital of St. Louis, Mo.), to Felix Rothchild, August 8. At home, Kirksville, Mo.

Marion Ellen Kendig (class of 1921, Lankenau Hospital, Philadelphia), to Russel Wayne Owens, M.D., August 25. At home, Magua, Utah.

Gertrude Jane Lackie (Seattle, Wash.), to Hugh Hay Adams, M.D., August 4. At home, Ronald, Wash.

Bernice Letts (Army School of Nursing), to Paul L. Hefty, M.D., July 18.

Katherine McCurdy (Army School of Nursing), September 8, to William Chase Carpenter.

Claudia McHale (class of 1915, Buffalo Hospital Sisters of Charity, Buffalo, N. Y.), to John Powell, August 25.

Marybelle Matthews (class of 1921, University Hospital, Iowa City, Ia.), to James Reed, July 30. At home, Ottumwa, Ia.

Bessie Amelia Metz (Methodist Episcopal Hospital, Philadelphia), to Lester Bedell Sprague, August 11.

Anna C. Nielson (Grand Island General Hospital, Grand Island, Neb.), to Ernest W. McCracken, June 12.

Mollie A. Phalen (class of 1905, Union Hospital, Fall River, Mass.), to Charles D. Fraser, in July.

Harriet A. Pond (class of 1913, California Lutheran Hospital, Los Angeles), to T. E. Jenkins, August 16. At home, Pocatello, Idaho.

Mary Ponder (class of 1921, Georgia Baptist Hospital, Atlanta, Ga.), to J. D. McKibben, July 27.

Genevieve Powers (class of 1919, Buffalo Hospital of the Sisters of Charity, Buffalo, N. Y.), to Francis M. Conlin, August 18th.

Mariam Ringrose (class of 1917, Rome Hospital, Rome, N. Y.), to G. F. Roy Wheat, August 4. At home, Rome, N. Y.

Stella Robinson (class of 1908, Mt. Sinai Hospital, Philadelphia, Pa.), to Joseph Schaller, LL.D., June 6. At home, Cleveland, Ohio.

Anna Schaffer (class of 1922, Mt. Sinai Hospital, Philadelphia, Pa.), to Benj. Familant, June 21. At home, Philadelphia.

Emily Seaman (class of 1919, Long Island College Hospital), to Frank J. Tappen, July 5. At home, Jericho, L. I.

Anne I. Sheibley (Milwaukee Hospital), to Francis C. Moore, July 17.

Lillian Sill (class of 1921, John C. Proctor Hospital, Peoria, Ill.), to Jesse Moses, in August. At home, Pekin, Ill.

Adele May Smith (class of 1921, Lanekau Hospital, Philadelphia, Pa.), to Victor Theodore Roth, Jr., September 8. At home, Philadelphia.

Florence Elizabeth Spencer (Highland Hospital, Rochester, N. Y.), to Hector McLean Harmon, August 30. At home, Rochester.

Muriel Thompson (Army School of Nursing), to Rutherford Keith Purl, August 8. At home, Dupon, Ill.

Laura Thurston (class of 1920, Rome Hospital, Rome, N. Y.), to Martin Callery, July 16. At home, Rome, N. Y.

Stella Venard (class of 1919, University Hospital, Iowa City, Ia.), to Harold King, M.D., July 25. At home, Iowa City.

Vesta Beulah Ward (class of 1920, Jewish Hospital of St. Louis, Mo.), to V. George Harper, August 11.

DEATHS

Leonilda Farnese Lowry Chamberlin (class of 1899, School of Nursing, New England Hospital for Women and Children, Boston), at Nice, France, July 27. Mrs. Chamberlin was the only daughter of Luige Pier Farnese and Josephine Black of Rome, Italy. By the death of her first husband, James Lowry, she was left a widow at the age of twenty-one, and although always in fragile health she decided to study nursing. She filled successfully and with conspicuous ability, many important executive and teaching positions: Supervisor of Nursing, Home for Incurables, Dorchester, Mass., 1900-1901; Assistant Superintendent, St. Luke's Hospital and School of Nursing, New Bedford, 1901-1909; Superintendent, Malden Hospital and School of Nursing, 1909-1911; Superintendent of School for Men Attendants, Bellevue Hospital, New York,

1911-1915, which in spite of great difficulties she organized and developed to a fine degree of efficiency. She resigned to marry Joseph Edgar Chamberlin of the *Boston Transcript*, a well-known editor and writer. Mrs. Chamberlin possessed unusual qualities of mind and heart. She was a rare teacher and organizer, with a brilliant mind, speaking fluently French, Italian and Spanish, as well as English. Her ready wit and sensitive, sympathetic nature, gave her a rare understanding of human nature. Her courageous and adventurous spirit, in spite of increasing invalidism, led her to attempt a trip to the land of her birth, Italy, from which she was never to return, and which she never reached. Former associates and pupils by whom she was universally loved will be saddened to hear of her death.

Mrs. Edith T. Meacher Duebler (class of 1914, Roper Hospital, Charleston, S. C.), on August 5, at the home of her mother, Charlotte, S. C. Mrs. Duebler contracted tuberculosis as a result of her war work and was for two years confined to her bed. She was a patient sufferer, but her death was a happy release.

Florence I. Dunn (class of 1923, Rochester General Hospital, Rochester, N. Y.), in September, at the Hospital, after an illness of three weeks. Death was due to meningitis. Burial was at Brushton, N. Y.

Katherine M. Haggart (Boston City Hospital, Boston, Mass.), on August 23. Miss Haggart's health failed a few months ago and she went to live with her sister in Caledonia, N. Y., where she died. The greater part of her professional life was spent in Rochester, N. Y. Burial was at Mumford.

Mrs. William E. Haupt (Marie Jones), class of 1912, Howard Hospital, Philadelphia, Pa.), on June 4.

Mrs. Estelle McMillan Knox (class of 1894, Allegheny General Hospital, Pittsburgh, Pa.), at her home, Knoxville, Tenn., August 22. Mrs. Knox was the second President of the Nurses' Alumnae Association of the Allegheny General Hospital and through her untiring efforts a room for the use of sick members was endowed by the Association at the Hospital, which will always stand as a monument of her wonderful executive ability.

Since her marriage, many years ago, she has made her home in Knoxville, where she has endeared herself to a large number of people and has devoted her life to missionary work, since the death of her husband, three years ago.

Margaret O'Reilly (class of 1913, St. Francis Hospital, Hartford, Conn., on August 9, in Ireland. Miss O'Reilly was beloved by all who knew her.

Lucy Creemer Peckham, M.D. (Connecticut Training School, New Haven), at her home in New Haven, in August, at the age of 82. She entered the school in its infancy, in 1878, later becoming its Superintendent. In the early days of the alumnae association she was a President for one year. She had charge of the nursing in the House of Mercy, Pittsfield, Mass., and while there decided to

study medicine. She therefore entered the Woman's College, Philadelphia, and upon graduation returned to her home city to practice. She was the first woman received into the New Haven Medical Association, being highly esteemed by the members of her profession. She will be sincerely missed by her friends and former patients.

Sister Mary Genevieve, at St. Francis Hospital, Hartford, Conn., on September 6, after a short illness. For twenty-four years Sister was supervisor of the operating rooms. Her quiet and unassuming disposition combined with a rare technical skill, commanded the esteem and respect of all those associated with her. Two bishops, several of the clergy, the entire staff of the hospital, as well as a large body of graduate and student nurses attended the funeral in the convent chapel.

TAKEN SHIP

Tonight, about the little town,
The lights will glimmer, golden-soft;
But I shall be horizon-down
Facing the stars that climb aloft.

And you, tonight, around the fire,
Will draw the curtains, pitying me—
When I have gained my heart's desire,
The wide wind and the swinging sea!

—*Charles Buxton Going.*

BOOK REVIEWS

THE HEALTH OF THE RUNABOUT CHILD.

By William Palmer Lucas, A.B., M.D. The Macmillan Company, New York. Price, \$1.50.

The pre-school child who has held the center of the stage these past few years belongs to the various children's groups—educational and health—and most of all to the parents. Dr. Lucas aptly dedicated the book to the children themselves, he adds a foreword to Parents, another to Doctors and Nurses, and he perhaps included teachers under the title of "others who like scientific terms."

At a first glance one may be inclined to think that the writer has so interwoven prose and poetry, facts and interesting remarks, that it is difficult to gain any clear cut idea of the real purpose of the book. But is this true? Try reading the chapters best adapted to the particular problem which is interesting you, by subject heading, and you will find answers to many of the questions now disturbing professional and lay people alike.

In the first chapter many of the perplexing questions which have been asked vaguely by parents are brought to light; and briefly touched upon. This chapter will hold the attention. It holds steps from the "known to the unknown," linking up questions to answers found in other chapters of the book. In this chapter we find one indisputable fact which we must all recognize, that "the years from two (I should say one instead of two) to seven, are the most important years of trail blazing, the years that really establish the character traits as modified by treatment."

Anyone who has worked with children

necessarily recognizes that each child has an individuality all its own, and knows that tables, rules, and standards are merely guide posts, not finalities, in the judging of the health or mental attainments of any child, but the definite rules and tables as presented in Dr. Lucas' work are helpful and interesting. Curiously enough, the popular term "malnutrition" crept into this work as a main health heading, rather than as one of the subheadings of a general health condition; however, the "index of the condition" includes points which must be considered in any health diagnosis and connotes that all influences are included in a circle from which one may detach any one, and connect all of the other health rules.

We are glad to have play emphasized in its full importance, for directed play leads us straight to two points brought out by George Bellany who has given such careful thought to the influence of recreation, or play, in the character building of children. Mr. Bellany tells us that "The child of six has developed an individuality," and "It is in leisure that society develops her spiritual qualities, her honesty, truth, courage, patriotism, interests, tastes, habits on the very foundation of which it is possible for society to endure, and the absence of which is certain death." The importance of truth brought out in Dr. Lucas' book is outstanding, for it is universally recognized that the formation of habits, both physical and mental, are most easily influenced in the "home children" group or, as named by Dr. Lucas, "the runabout child."

HARRIET L. LEETE, R.N.,
New York.

THE PRE-SCHOOL CHILD. By Arnold Gesell, M.D. 264 pages. Houghton Mifflin Company, Boston, Mass. Price, \$1.90.

The pre-school child, after having been the most neglected person in the community, is rapidly coming into his own. Dr. Gesell's book is devoted to a statement of the extreme importance, mental, physical and social, of the first five years of life, the very meagre provision of society for the physical or mental care of toddlers, and suggestions as to how the deficiency can best be made good. An historical sketch of society's attitude toward children and of the early campaigns for saving infant life and improving the physical care of infants, gives the background of the discussion. The plight of young handicapped children and the importance of correcting defects and beginning special education before our present school age of five or six, are stressed. As beginnings of educational effort for children under five, the English nursery schools, the three nursery schools in the United States, and the Montessori schools are described.

Dr. Gesell's remedy is to have the public schools take over the supervision of children under five by extending the kindergarten to include them, and also to have them institute courses of training in parenthood for older boys and girls in school, in which they could gain experience by helping in the kindergarten. The kindergarten, to fulfill this function, must add medical and nursing service, admit much younger children, make its educational procedure more scientific, more flexible, and less sentimental than it now is, and use its re-

sources for the training of adolescent school children in the care and management of children. The programme which Dr. Gesell suggests has already been put into operation in connection with nursery schools in Boston and Detroit. We agree with him that, "In principle the distinctions between nursery, nursery school and kindergarten ought to disappear," but at present the term nursery school connotes more accurately the institution which he projects than the term "kindergarten."

His insistence on education for parenthood for boys, and on home-making education for girls, in which spirit and ideals should be stressed even more than technics is refreshing.

Surely we can develop a type of home-making education which will bring the realities and significance of childhood into the vision of youths who, in a few years, will be fathers and mothers. Unless we really bring such a vision, this education is virtually a failure, and if we succeed in developing a sincere, sound type of pre-parental education, we shall find that by a benevolent process of substitution we have also, in large measure, solved the so-called problem of sex education.

While Dr. Gesell has stated convincingly the possibilities of a school for very young children (under whatever name) as a laboratory for training future parents, he has not set forth its importance as an adjunct to the home training of the child with real conviction. The advantage to the child between two and five of spending a few hours of each day away from his mother, in charge of an educational expert, with a group of children of his own age who are provided with adequate equipment for educational play, deserves far greater consideration than it receives.

It is just as true that the advantage to the mother of a few hours' relief from the exacting task of caring for an active young child, makes her a more effective mother during the rest of the day,—a point which few men understand.

The chief disappointment which will come to many of Dr. Gesell's readers, as it did to the present one, is that it contains none of his own researches on the pre-school child. Indeed the book is not a study of the pre-school child himself, but of social and educational policies toward him.

HELEN T. WOOLLEY, PH.D.,
Detroit, Mich.

PEDIATRIC NURSING. By Bessie Ingersol Cutler, R.N. The Macmillan Company, New York. Price, \$3.

With latter-day primary interest in Health, rather than in Disease, it is good to find a text on Pediatric Nursing in which the author so clearly sets forth the need there is in the education of the nurse for the "knowledge of the child in health and disease."

Not only will Miss Cutler's book be welcomed as a text for the undergraduate nurse, but it will fill a long felt want in the library of the graduate who is particularly interested in children, well or ill. The physician who must depend solely on a mother, rather than on a graduate nurse, for the care given his tiny patient will find much of reference helpfulness in the simple description and outline of technic for various treatments and procedures.

Frederica Beard's chapter on The Mental Development of Child Life is so interestingly written that one is at once intrigued into following through on her indicated selected bibliography.

There is much in this volume for the nurse doing any type of work, whether it be within or without the walls of her home.

SARA B. PLACE, R.N.,
Chicago, Ill.

POCKET CYCLOPEDIA OF NURSING.
Edited by R. J. E. Scott, M.D. The Macmillan Company, New York. Price, \$3.00.

Since so many nurses are migratory individuals, a concise, compact book like this will doubtless prove very useful.

The appearance of the book is excellent, the paper, printing and illustrations show the results of careful attention to detail that make the subject matter of a book readily available.

A large number of subjects are treated clearly, and as comprehensively as can be expected in so small a volume. Of course every nurse who goes to it for information will look for some item and if she does not find it will feel that the most important subject has been omitted, but there is a wide variety of subjects and on the whole, they are treated from the standpoint of the nurse. Some treatments which are ordered only occasionally are described as if they were generally accepted methods of procedure, but nurses are so accustomed to carry out diverse directions that it will cause little confusion.

One wonders why rheumatism is described as a separate disease, rather than as a resultant condition following some infection, but the necessary nursing measures are well emphasized.

Much valuable and accurate information is contained in this small volume and it is certain to be a convenient

reference book which nurses can carry with them and consult with great satisfaction and we are grateful to the editor, Dr. Scott, for the discriminating care he has given to the publication of this useful little book.

MARTHA M. RUSSELL, R.N.,
Denver, Colorado.

PRINCIPLES AND PRACTICE OF INFANT FEEDING. By Julius H. Hess, M.D. Third edition, revised. F. A. Davis Company, Philadelphia. Price, \$4.

While this book is primarily intended for physicians, yet within certain limits it is suitable for the nurses. Dr. Hess, as Professor of Pediatrics in the University of Illinois, speaks authoritatively concerning his subject.

The first few chapters deal with the anatomy, physiology, metabolism and bacteria of the digestive tract of the infant. Part II is written for nurses. These chapters deal with the hygiene of the nursing mother, the problem of the wet-nurse and the healthy nursing infant. The nutritional disturbances in the breast-fed infant caused by under-feeding, overfeeding and general debility are ably discussed in a simple language. The types of food best suited to a premature infant and the expected rate of increase give the student a working basis. The chapters devoted to artificial feeding are very helpful to instructor and student. The common methods of feeding are discussed, examples are given to facilitate the working out of the problem, and the diet is outlined as the child grows to his third year.

Part IV discusses nutritional disturbances in artificially fed infants. Although these chapters are not primarily

written for the student nurse, she could gain much by carefully reading them and understanding that which comes within her powers. The final chapters on rickets, scurvy, spasmophilia and acidosis are clearly illustrated. Here again an alert student nurse can benefit by reading thoughtfully the text.

The book is well bound. The type is clear, margins well spaced and a full index is of material aid. The appendix also adds to the book's value, as it gives the recipes in common use, a brief classification of the many prepared milks and foods on the market, some nursing procedures frequently used in caring for infants, and finally tables of average measurements, blood pictures, etc. of the normal child. This would be a valuable reference book on Pediatrics to add to the library of any nursing school.

MARY E. NORCROSS, R.N.,
Boston, Mass.

ANATOMY AND PHYSIOLOGY. By Elizabeth R. Bundy, M.D. Fifth edition. Revised by Martha Tracey, M.D., and Grace Watson, R.N. P. Blakiston's Son & Co. Price, \$2.50.

This edition contains 266 illustrations, including 46 colored plates. As many classes must study anatomy and physiology without laboratory facilities, good charts and illustrations are important. Among the illustrations are a few that are new and original, and some, such as the blood supply to the uterus, not usually found in the smaller books.

The introductory chapter gives definitions, plan of study, a general survey of the body, the cells, tissues, organs, etc. The study of the skeleton takes up the first five chapters, the fascia and muscular tissue the next two chapters, blood

and circulation, including the lymph system, four chapters, elimination two chapters, this also including the structure and functions of the skin, the sense of touch, etc. The reproductive system, respiration, ductless glands and internal secretion, metabolism, nutrition, (including food values and classification), one chapter each. The next six chapters include a study of the nervous system and the special senses. The last chapter takes up briefly a general study of the important regions of the body.

While the text contains interesting material, there is much that does not receive full enough treatment to meet the needs of the present day student. The pulmonary circulation, the physiology of the skin, absorption, metabolism, and the internal secretions, are each given very brief space, and, probably on account of this brevity, up-to-date information on these most important topics is not given.

The new edition of Kimber's Anatomy and Physiology is now ready and available for distribution.

There are many excellent "Clinical notes," pointing out the application in pathology. These, however, are so mixed in with the text, that one wonders if the young student, studying this subject for the first time, will not be confused. Normal anatomy and physiology, clinical notes, treatments, etc., are all given on an equal plane, and without system.

The chapters devoted to the study of the skeletal system contain much interesting material. The section on the development of the teeth, and also the comparison of the skeleton at different ages, is very good.

The introductory chapter makes a mistake made by some other text books on this subject for nurses,—such a mass of material is introduced as to overwhelm and confuse the beginner.

E. PRISCILLA REID, R.N.,
Rochester, N. Y.

TOO LATE FOR CLASSIFICATION

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS will hold its examination at the Capitol in Phoenix on Saturday, October 6, 1923. Application for examination should be sent to Mrs. Kathryn G. Hutchison, Secretary-treasurer, Tombstone, Ariz.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting, November 1 and 2, in Little Rock. All nurses are urged to attend.

Pennsylvania: THE TRAINING SCHOOL OF THE WOMAN'S HOSPITAL OF PHILADELPHIA, 2137 North College Avenue, will hold on Saturday evening, November 3, in its new Assembly Hall, a banquet which will be the first reunion of its graduates since the establishment of the school of nursing, March 22, 1861. All graduates are urged to apply to Miss C. K. Swank, R.N., Directress of Nurses, for further information. It is hoped that there will be an enthusiastic response.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting in Chattanooga, October 8 and 9.

Vermont: The semi-annual meeting of the STATE NURSES' ASSOCIATION will be held in Brattleboro, October 18.

THE JOURNAL INDEX for Volume XXIII will be sent on request. Please note the new Subject Index which will, it is hoped, be of great aid in looking up special topics.

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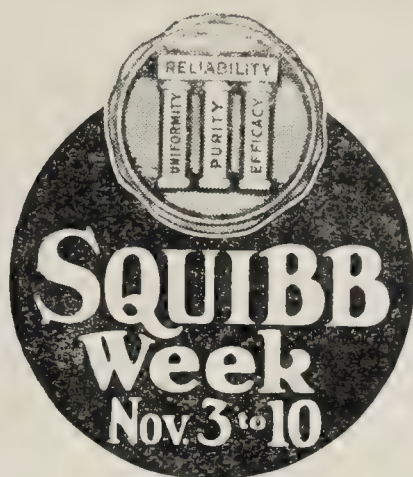
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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

NOVEMBER, 1923

No. 2

THE FUNCTION OF INSPECTION OF SCHOOLS FOR NURSES

BY HARRIET L. P. FRIEND, R.N.

PERHAPS the most helpful of all the activities of state boards of nurse examiners, under whatever name such bodies may be organized, is that of sending a qualified nurse educator to visit the schools of nursing which are or which wish to be accredited. To discuss the functions of inspection is largely to discuss the activities of the inspector, although we plan to discuss methods later.

If this inspector, educational director, or whatever her title is, has had the very necessary experience of managing a small hospital and has also had the experience of conducting at least a fair sized school of nursing and has made contacts with the methods of a fair number of representative schools of the country, she can bring to each individual school she visits something new and helpful.

Such visits should be made in a sympathetic manner, emphasizing the good features found,—this, of course, with moderation, for sometimes those responsible for the poorest schools seem

THE main purpose of inspection is to assist the schools to provide such living conditions that their students will emerge from them each one a healthy individual with a mental and technical preparation that will fit her to serve the community as a graduate nurse in many capacities.

to entertain a vast satisfaction with themselves and their methods. I have in mind, however, the encouragement of those doing their best and making improvement. This sympathetic helpful

attitude also makes the work of inspection much more pleasant. It is certainly gratifying to have the Superintendent of Nurses produce a list of questions on your arrival and to find that you can help to solve many problems that have been a source of worry and anxiety to her. You may say to yourself: Why has she not written to the

board of nurse examiners about her problems? But naturally it is so much easier to talk over difficulties than it is to write of them; also, the friendly, helpful contact makes correspondence easier the next time problems arise.

Where schools of nursing are weak and understaffed, it seems to be particularly helpful to make a visit in time to assist with the arrangement of the curriculum for the ensuing year and to follow this up by another visit about the

middle of the school year to see how the plans are being worked out. It is hardly necessary for me to say that admission of students several times during the year makes difficulties in planning the course for the first year that are very perplexing.

Many times the Superintendent of Nurses does not feel able to state the needs of her school and to interpret them to the board of trustees. For this reason it seems very desirable that the representative of the state board of nurse examiners should meet with these officials whenever she feels the situation demands it. Incidentally such activities are very fatiguing and plenty of rest is necessary to keep the nurse inspector physically able to meet the demands of her position.

It is necessary often for the board of nurse examiners to advise in the formation of a training school committee. A very important function is that of bringing to this committee educational ideals for their school of nursing and making its members realize the obligation to the student,—that she is not for hospital use only, but to be prepared to serve the community.

Recommendation of text books is also a very important function. I can safely say that you may expect questions about text books every time you visit a school of nursing. It is desirable to carry with you any work you particularly wish to have used. Often, too, help is asked in spending a library fund for the school, or advice is asked as to supplementary texts. Then there is the problem of antiquated texts. The inspector must be able to show the weak spots in these. While we are speaking of libraries, it is usually fruitful to meet a representa-

tive of the public library. Experience has shown that public libraries are very helpful in providing traveling libraries for schools of nursing or at least in obtaining desirable reference books for their use.

It is also important to be able to recommend teaching helps as to recitation, methods of study, etc. The question and answer method,—that is, the learning by rote of a long list of answers, is still to be found in our midst and has to be supplanted by methods of instruction that will teach our student nurses to think and to express their thoughts.

Regular bulletins from the board of nurse examiners to the schools are very helpful if followed up and interpreted by the inspector. Without this follow-up, the bulletin often fails to be of much use. It is quite desirable to call together the heads of all schools of nursing and the instructors in each city for conference. This will be useful in giving out information as to changes in the law regulating nursing, etc., but it is more particularly useful in bringing about coöperation between the schools of nursing in each city. This may lead to combination of classes, joint use of lectures and instructors, as well as of laboratories and lecture rooms, and help to solve the problem of repeating a course of lectures twice a year or more. The waste of having a number of laboratories, etc., in different places for small groups is very evident. The necessity for repeating courses for groups entering the school at different times during the year is also evident.

It is often the function of the training school inspector to discover a spot for a demonstration room or other classroom, and she should always be able to advise

as to the necessary equipment for classrooms for nurses. Plans will often be submitted for approval. The question of good planning for the hall or residence for student nurses is of vital importance. Inspection should always determine facts as to the adequacy of toilet facilities, over-crowding, ventilation, etc., of the living quarters for the students.

Too much stress can not be laid on health conditions for our student nurses. It is not constructive to care for one group at the expense of another, particularly at the expense of the health of a group of our potential wives and mothers. Very particular attention must be given to the matter of physical examination. Too often the statement of the family physician is the only record that can be found. When our public health ideal is an annual physical examination for all, surely it is not too much to insist that each school of nursing give an annual physical examination to each student nurse.

This brings me to the record forms for this and other activities of the school. A training school inspector must have a clear idea of necessary records for various types of schools of nursing. She must have a knowledge of standard forms, preferably carry samples of them, know where these may be obtained, and have the ability to modify these forms where greater simplicity is desirable, or suggest other changes that will make the records fit the case. Records are not only one measure of the achievement of the school, but they are an obligation to the student. Lack of record of theory and practice has barred more than one

graduate nurse from postgraduate opportunities.

At the recent International Health Conference held in connection with the meeting of the National Education Association in California, a speaker made a statement to the effect that a supervisor of teachers served best as an admiring audience for her teachers. Whereupon one of the audience, a supervisor of teachers, promptly arose to say that a supervisor's chief function was to bring new methods to those teachers. It seems to me that an inspector of training schools has not done nearly all she might if she has not inspired the directors and instructors of schools of nursing (which you may say she supervises) to seek for better things continually. Knowing the educational facilities of the state, courses for instructors may be arranged or institutes organized. Also, instructors can be stimulated to take summer courses or longer ones. Any educational institution within the radius of the school may profitably be visited at the time a training school is visited. If nothing more is accomplished, at least one more educator will have a clearer idea of the scope and purpose of the education of the nurse.

To sum up the function of inspection of schools of nursing in a few words, the main purpose is to assist the schools to provide such living, teaching, and working conditions that their students will emerge from them, each a healthy individual with a mental and technical preparation that will best fit her to serve the community as a graduate nurse in many capacities.

THE TREATMENT OF DIABETES WITH THE AID OF INSULIN

BY NELLIE GATES BROWN, R.N.

Second Paper

TO discuss in detail the regulation of diabetic diets would involve writing a text on Dietetics, but the principles of dietary control which are a necessary adjunct to the effective use of Insulin in the treatment of diabetes mellitus should be familiar to every nurse in order that she may wisely and efficiently supervise and instruct her patients.

The Food Needs of the Normal Individual—The normal individual, exclusive of exercise and work, requires food to produce a minimum number of calories to carry on the elemental body processes. This minimum requirement, termed the basal caloric requirement, may be accurately determined for each individual by the use of a basal metabolism apparatus, but it is sufficiently accurate for practical purposes to consider 30 calories every twenty-four hours for each kilogram of body weight a workable standard.

Thus: an individual weighing 50 kilograms (110 pounds) would need 1500 calories in twenty-four hours to meet his basic needs. It is equally essential that for each kilogram of body weight one gram of protein be taken to repair tissue waste; therefore, the 50 kilogram individual must have 50 grams of protein per day, which will yield 200 of the necessary 1500 calories when oxidized (each gram of protein and carbohydrate oxidized produces 4 calories, and each gram of fat, 9). This leaves 1300 calories to be obtained from fats and carbohydrates and the proportion of these

in the average diet varies from one part fat to three and even four of carbohydrate. To obtain 1300 calories, a proportion of 50 grams of fat yielding 450 calories and 200 grams of carbohydrate yielding 1250 calories would not be an unusual proportion.

Children have a higher basal caloric requirement than the above and need a greater proportion of protein for their weight in order to provide for growth and rapid metabolism. The protein standard for children varies in inverse proportion to their age until the adult standard is reached.

Food Difficulties of the Diabetic—The diabetic patient, with the food needs of the normal individual, has a lowered carbohydrate tolerance, and carbohydrates after digestion and absorption are not utilized, but accumulate in the blood. When the percentage of blood sugar reaches a high point (over 0.2 per cent), known as the renal threshold, a further increase causes the appearance of sugar in the urine.

(See Chart I—"Blood Sugar Curve of a Diabetic Patient.")

Food Difficulties of the Diabetic—Proteins cannot be increased because about one-half the protein given can be transformed into glucose and thus lost. Fats can be increased only to a limited extent because fats oxidize poorly if not used with carbohydrates and in their incomplete oxidation, produce acids which reduce the tissue alkalinity and lead to the appearance of the condition known

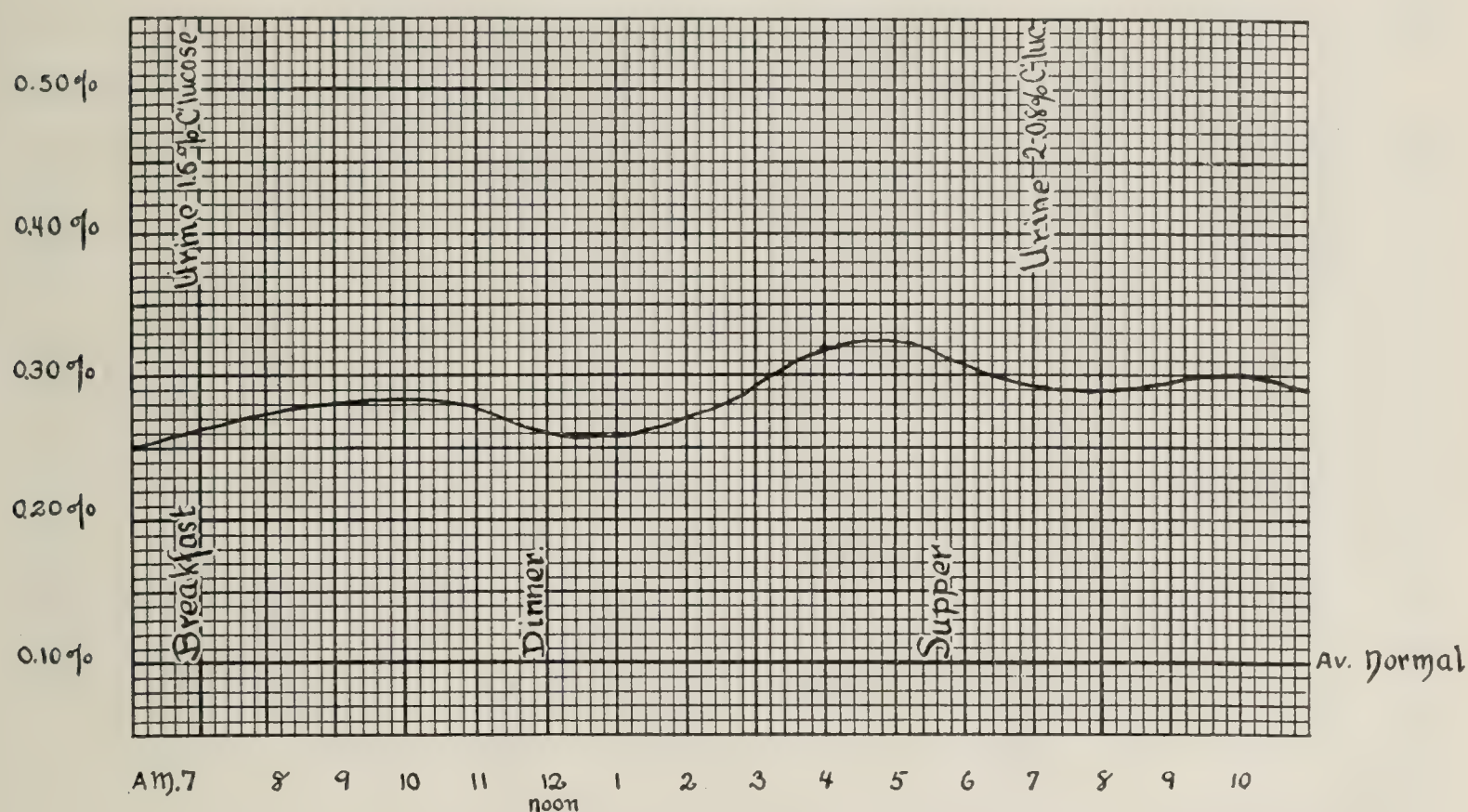


CHART I—BLOOD SUGAR CURVE

Diabetes Mellitus. Before "Iletin" Therapy

Robert W. Long Hospital. F. R.

as acidosis, or diabetic coma. Dr. Charles P. Emerson uses the familiar trash pile as an illustration. The burning of fats may be compared to the smouldering trash pile which smudges, smokes, and can only be partially destroyed until some light kindling (carbohydrates) is added, when the heap is rapidly consumed, leaving a small amount of ash.

It is estimated that for every gram of glucose oxidized, 1.5 to 2.5 grams of fatty acids (the product of fat digestion) may be consumed. The proportion of fats to carbohydrates in the diet may be somewhat higher to allow for the glucose which is derived from the proteins.

From these facts it will be seen that the diabetic patient's ability to utilize all the foodstuffs is directly proportionate to his tolerance for carbohydrates, and that diabetics with a low tolerance are forced to exist on a diet which provides an insufficient number of calories to meet their basal caloric requirement.

(See Chart II—"The Dietary Prescription of a Diabetic Patient before Iletin.")¹

Methods of Determining the Insulin Dosage and Dietary Prescription—It is for the above patients and for children that Insulin is a necessity, diabetes in children tending to progress rapidly to a fatal termination.

The patient who enters the hospital for the treatment of diabetes is kept for the first twenty-four hours on the diet to which he has been accustomed. During this time his basal metabolism is determined and a diet calculated which will meet his caloric needs, afford him sufficient protein, and in which the proportion of fat to carbohydrates will not be unduly high. Next, he is freed from glycosuria and his blood sugar lowered by reducing his food and placing him at rest in bed, after which an attempt

¹ "Iletin" is the Insulin preparation which is manufactured by the Eli Lilly Laboratories, Indianapolis, Indiana.

ROBERT W. LONG HOSPITAL

Daily Order and Data for 24 hours ending 7 A. M., Dec. 6, 1922.

Name, F. R.		Ward A & B				Hospital No.-----	
Daily Order G.----- F.A.-----.	Gms.	GHO. 34	Prot. 30	Fat. 85	Cal.	MEDICATION	
BREAKFAST							
Egg	50		6.	6.			
Bacon	15		2.5	7.5			
Cream—20% veg.	60	2	2.	12.			
Grapefruit	150	8					
Butter	10			8.+			
5% veg. xxx cooked							
Diabetic bran cake							
Coffee							
		10	10	335	781.5	SPECIAL LABORATORY DATA	
DINNER							
Broth	200	--	--	--		Weight 70½ lbs.	
Bacon	15		2.5	7.5			
20% cream	60	2	2.	12.			
Butter	10			8.+			
5% vegetable	300	10	5.				
5% veg. xxx cooked	100	--	--	--			
Diabetic jello							
Diabetic bran muffins							
Diabetic salad dressing							
Coffee							
		12	9.5	27	332	URINALYSIS	
SUPPER							
Bacon	15		2.5	7.5		12 hrs. endg.	Amt. Benedicts
Cream 20%	60	2	2.	12.		7 a. m.	500 1.6%
Butter	10			8.+		7 p. m.	600 2.08%
5% vegetable	300	10	5.				
5% veg. xxx cooked	120		--	--			
Diabetic bran muffins							
Diabetic salad dressing							
Diabetic jello							
Coffee							
		12	9.	27	330	EXCRETION	
Total Ingested G.----- F.A.-----. Prescription	1475	34	29	87	1473		

CHART II—THE DIETARY RECORD OF A DIABETIC PATIENT BEFORE ILETIN TREATMENT

is made to increase the food by daily additions, watching the blood sugar and urine. Should the patient be able to utilize a diet which is 15 per cent to 25 per cent higher than his basal needs, allowing for work and exercise without the appearance of a glycosuria or increase in the blood sugar, he is not considered sufficiently diabetic to need Insulin at the present time. Should his blood sugar percentage rise and his urine show 5-10 grams of sugar daily before

his diet is increased sufficiently to meet his needs, Insulin is started, one unit of Insulin given for each 2-3 grams of glucose excreted in 24 hours. The Insulin dose is usually divided into three portions, one of which is given 20-30 minutes before each meal. Further increases in diet are followed by an increase in the Insulin dose sufficient to keep the sugar free and the blood sugar percentage below the renal threshold. When the diet meets the patient's

needs and the Insulin dose is great enough to take care of the glucose which is given in excess of the patient's tolerance, a further increase of 40-50 per cent is made in diet to allow for exercise and work, with a suitable increase in Insulin, and the patient begins to take increasing exercise, approximating the work which he expects to do. As a last step before he leaves the hospital, his diet is rearranged so that the greater portion of the carbohydrate is given with the morning and evening meals and the Insulin dose divided into two portions which are given preceding the morning and evening meals. This rearrangement allows the patient more freedom during the day and is especially necessary for working men and school children.

If the patient is very much below his normal weight, a little excess in food and Insulin is provided for a time. Fat

diabetics are kept closely to their caloric needs.

(See Chart III—"Diabetes Mellitus 'Iletin' Therapy.")

Method of Administering Insulin—Insulin is obtained in 5 cc. vials in two strengths, H 10, which contains 10 units per cc and H 20, which contains 20 units. (The unit was discussed in a previous article). H 10 is chosen when the number of units to be given is small and H 20 for the larger doses. One unit is contained in 0.1 cc of H 10 and in 0.05 cc of H 20.

A tuberculin syringe and $\frac{3}{4}$ inch needle are used for the injection, the syringe and needle prepared by boiling or by immersion in 50 per cent alcohol and the rubber cap of the vial wiped with 50 per cent alcohol. To obtain the dose from the vial, puncture the cap with the needle attached to the syringe, invert the vial and withdraw the desired

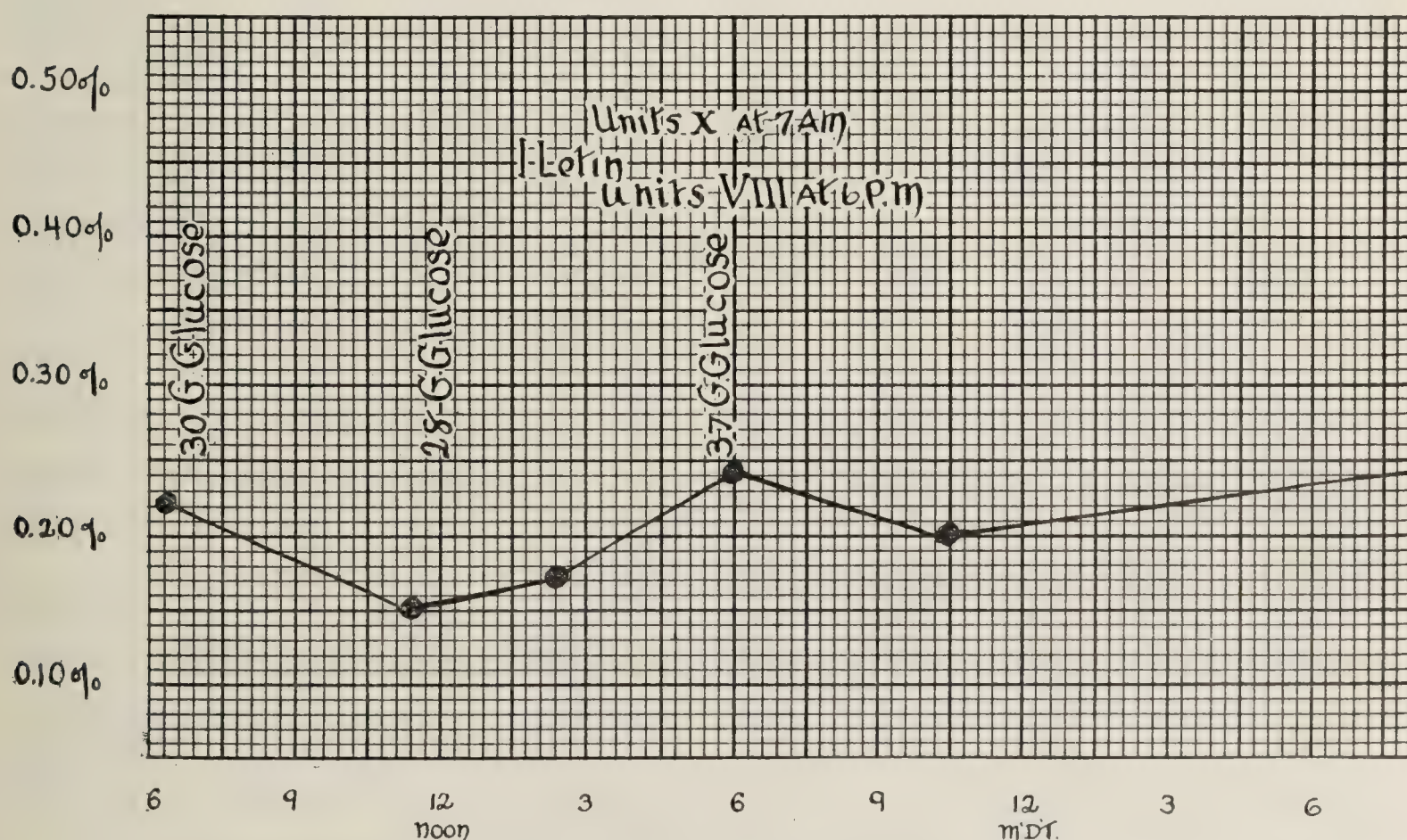


CHART III—BLOOD SUGAR CURVE
Diabetes Mellitus. "Iletin" Therapy

Robert W. Long Hospital. F. R.

amount. The solution is withdrawn more readily if an amount of air equal to the number of cc to be withdrawn is first injected into the vial. Injections are given in the arm, thigh, or buttock, taking pains to avoid too frequent injections in one site.

The Value of Insulin in Coma—The most spectacular effect of Insulin is shown when it is used in the treatment of diabetic coma. Large doses (40-50 units) are given, accompanied by the oral, rectal or intravenous administration of glucose solution.

The oxidation of this glucose, which is made possible by the injection of the Insulin, rapidly restores the normal alkalinity and consciousness returns. In a day or two the patient may be treated in the usual way.

The Treatment of Insulin Shock—Before leaving the hospital, every patient should be carefully instructed concerning the early symptoms of Insulin shock. In rabbits we note that a reduction of the blood sugar to 0.045 per cent is almost invariably accompanied by the appearance of convulsions which can be checked by the administration of glucose solution. In man, convulsions are not so likely to occur, but early symptoms of hypoglycaemia, or Insulin shock, are so characteristic that they should always be recognized. A reduction from the normal 0.10 per cent to 0.07 per cent produces a feeling described by the patient as an inward trembling, also intense hunger, sweating, and an increase in the pulse rate. Some patients show hysterical manifestations, such as waving the arms and legs and loud crying or laughing. At this stage, the treatment is simple; restore the blood sugar by eating a small amount

of carbohydrate food, such as one or two pieces of candy, or sugar, or an orange, and the symptoms disappear in a few minutes. If these early symptoms are not recognized or the reduction occurs during the night when the patient is asleep, more serious symptoms indicative of a further reduction to below 0.05 per cent intervene, such as collapse, convulsions and coma, which, if not promptly treated, may be followed by death. The treatment of these more severe types, in principle the same as that of the milder types, consists in the administration of glucose solution by mouth, stomach tube, proctoclysis, or even by intravenous infusions.

A Few Warnings Which Should Be Remembered—Nurses should avoid using the word "cure" in connection with the Insulin treatment, for at present Insulin is not a cure, but an aid to treatment.

Insulin shock, or Hypoglycaemia, may occur because of several causes which a nurse may prevent, such as inaccuracy of the dose, administration too far in advance of a meal, or failure of a meal to be served on time. The patient may lose food by vomiting or diarrhoea, when the usual dose of Insulin should be reduced. The failure of the patient to eat the food which is served after the administration of the Insulin should always be reported to the physician.

The occurrence of mild symptoms of hypoglycaemia should be the signal for a revision of the diet and dosage because the tolerance of the patient may increase so that he needs less Insulin in proportion to his carbohydrate than at the beginning of the treatment.

The diet and dosage should be

revised whenever losses in weight are made up.

Instruct patients to carry a small amount of sugar or candy to be used for symptoms of hypoglycaemia.

A trace of sugar in an occasional urine specimen means that the patient is not getting too much Insulin and should cause no alarm.

In closing, a brief review of the history of F. R., a boy sixteen years of age whose charts make up the illustrations for this article, shows well the results which are actually being obtained in the treatment of these patients.

When admitted to this hospital, December 4, 1922, he weighed 70 pounds and had been obliged to leave school

ROBERT W. LONG HOSPITAL

Daily Order and Data for 24 hours ending 7 A. M., Jan. 1, 1923.

Name, F. R.	Ward A					Hospital No.-----
Daily Order G.----- F.A.-----.	Gms.	GHO. 71	Prot. 70	Fat. 180	Cal.	MEDICATION
BREAKFAST						Iletin Unit X 7 A. M. Iletin Units VIII 6
Eggs	100		12	12		
Bacon	30		5	15		
Grapefruit	150	8				
5% vegetable	300	10	5			
20% cream	60	2	2	12		
Butter	15			15		
5% vegetable xxx	120					
Bran muffins						
Diabetic salad dressing						
Coffee						
	775	20	24	51	633	SPECIAL LABORATORY DATA
DINNER						Weight 85 lbs.
Broth						
Sweetbreads	100		17	12		
5% vegetable	300	10	5			
10% vegetable	120	8	2			
40% cream	90	3	3	36		
Butter	15			12		
Grapefruit	100	5				
Bran muffins						
Diabetic jello						
Diabetic salad dressing						
5% veg. xxx	100					
Coffee						
	725	26	27	60	752	URINALYSIS
SUPPER						12 hrs. endg. Amt. Benedicts 7 a. m. 1400 Cc 0.08% 7 p. m. 1500 Cc 0.08%
Broth						
Egg	50		6	6		
Bacon	30		5	15		
5% vegetable	300	10	5			
10% vegetable	90	6	1			
5% veg. xxx	100					
40% cream	80	2+	2+	33		
Butter	20			16		
Grapefruit	130	7				
Diabetic jello						
Diabetic salad dressing						
	800	25	19	70	806	EXCRETION
Total Ingested. G.----- F.A.-----.	2500	71	70	181	2191	

CHART IV—DIETARY RECORD OF A DIABETIC PATIENT WITH ILETIN TREATMENT

because of the great fatigue occasioned by going up and down stairs. He had been under treatment for diabetes for three years and on admission, with the diet shown in Chart I, was excreting from 2-3 per cent of sugar in the urine daily. The Insulin treatment was started December 6, and at the time of his discharge, January 28, 1923, he was getting 33 units of Iletin (Insulin Lilly) a day, and in the diet shown in Chart IV, was remaining practically sugar-free and weighed 87 pounds. His weight has since increased and his Iletin

has been reduced to units 18 given in two doses—7 a.m. and 6 p.m., while his diet remains practically as in Chart IV.

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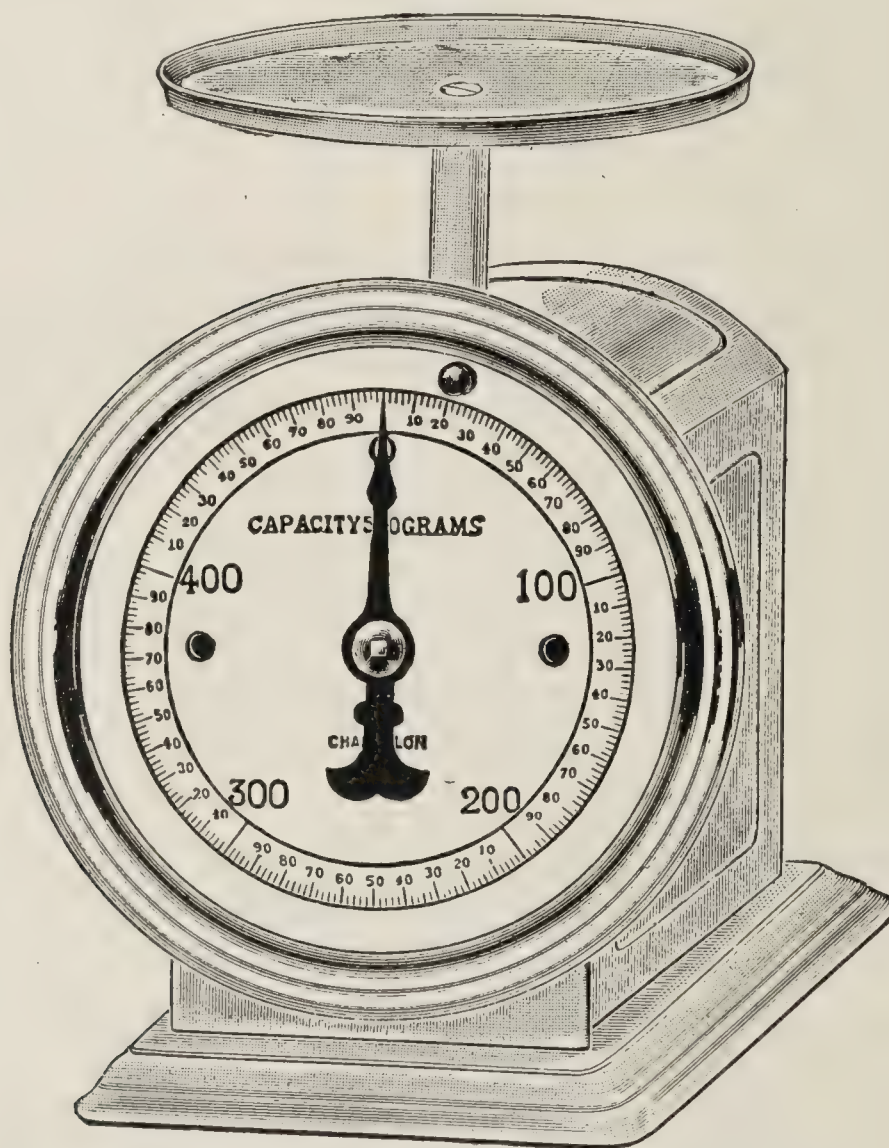
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RECENT DEVELOPMENTS IN HOSPITAL SERVICE

BY M. HELENA McMILLAN, R.N.

(Continued from page 4, October Journal)

PHYSIOTHERAPY

PHYSIOTHERAPY, which is defined as the treatment of diseases by natural forces or by any physical means, includes all medical efforts which make use of light, air, water, heat, exercise. While therefore not generally so classified, under this heading would be catalogued radiotherapy, heliotherapy, hydrotherapy, massage, occupational therapy.

Most hospitals have some of these specialties under separate departments, a few have all, possibly also a few are now grouping them together with a general medical director of the whole, with expert assistants carrying each branch of the work.

As the cost of installing these is considerable it is the custom in many hospitals to charge for treatment (with possibly the exception of the occupational therapy) all patients who are able to pay. The amount of the fee varies with the price of the room or ward occupied by the patient and as in the various laboratories, the electrocardiograph and basal metabolism rooms, the fees are expected to cover the cost of equipping and carrying on the work.

RADIOTHERAPY OR X-RAY

Discovered in 1895 by Roentgen, it was not generally used in hospitals until 1905. Its functions are to act as a valuable aid in securing early diagnosis and to give treatment which, while not curative, has distinct palliative value.

Radiographic work has become popularly known and films of bones, teeth or other pictures are accepted by all as a matter of fact.

Fluoroscopy for gastro-intestinal investigation or used to locate foreign bodies is as common among scientists, but not to the lay group.

X-ray Therapy, first used to treat skin lesions, now covers a wide field of diseases, even taking in asthma, tuberculosis, carcinoma. Deep therapy is an accepted method of dealing with carcinoma of the breast or intestines, bringing courage and hope to the patient and arresting, in some degree, the progress of the disease. The effect of the X-ray is powerful and while possessing healing properties, it can be most destructive. Its misuse is dangerous; it should be handled only by the expert and like all other medical treatment it should be under the direct supervision of a graduate physician.

The location for such a department should be central, of easy access to patients from all parts of the institution. The basement should not be selected, on account of dampness, as well as the difficulty of securing proper insulation. In a hundred-bed hospital there should be at least one complete unit, and large hospitals need two or more outfits. The minimum cost of a single unit is estimated at from \$3,500 to \$5,000. It is advisable to have one room for radiographic work alone, and one for fluoroscopy where, if the work is not too heavy, treatments also may be given.

A dark room for development of films, space for storage, and also an illuminated view box or even a special room for exhibiting plates are all necessities in this department.

The staff of course varies with the size of the hospital and the number of assistants to the director required to carry the work. Clerical assistance must also be provided to care for filing, case writing, and preparing such other records as a scientific department requires. X-ray work has demonstrated its great usefulness and is growing so rapidly that it is difficult for the average hospital to keep up with its demands for additional space.

HELIO THERAPY

The sun cure has been used from time immemorial and in localities free from dirt and smoke, patients may be made comfortable in beds or chairs on a roof or in a sun room, or in other ways parts of the body may be exposed directly to the rays of the sun. In a large city, dirt and smoke obscure those rays which have curative value and science now substitutes various lights. Among these are the Violet Light, the Quartz, and also air and water-cooled lights. The use of these lights is not confined to superficial treatment only, but they are also of service where deep heat is required. Some worth while results are being in this way obtained in rickets, nephritis, heart cases, arthritis, ulcer, and other diseases. Knowledge and skill are of course required in the use of cabinets and the other electric appliances which make up the equipment.

HYDROTHERAPY

Closely affiliated with the heat treat-

ment and logically in a neighboring suite is the equipment for sprays, showers, continuous baths and other forms of water cure methods. In a general hospital, its patients being acutely ill, this department need not be large nor elaborate. Its use is restricted to a small number of patients, arthritis at times, nervous cases, occasionally a severely burned patient, a bad skin case, or some other out of the usual order. One operator can generally carry all of this work and usually combines with it the work of massage.

Massage, carried on either in the department subsequent to other physiotherapy or in the patient's room is, under medical direction and supervision, an important passive exercise treatment for heart cases to keep muscles in shape, prevent weakness and generally up-building. As a sedative for sleepless patients it is valuable, it helps to bring stiff joints back to normal and where there has been long use of casts, it breaks up adhesions and softens muscles and tendons. A permanent masseuse as part of the hospital staff, though she may not be continuously busy, is practically a necessity. The knowledge of this worker may also be made use of in teaching massage to student nurses.

OCCUPATIONAL THERAPY

While occupational therapy has for many years been approved and provided in mental and nervous institutions, its introduction into general hospitals is comparatively new and is still limited to a few institutions. In those which have successfully organized a worthwhile department, the medical staff endorse it as a valuable addition to hospital service. The length of stay of most

patients is short, but in all are found heart cases, diabetics, arthritics, surgical and even border-line nervous patients, as well as others whose days in the hospital are indefinitely lengthened and to whom occupational work, prescribed by the attending man, makes a definite remedial contribution. To other patients not ordered occupational therapy by physicians, the work has a wonderful appeal and many are helped to adjust themselves to necessary restraint and confinement, through the mental interest and the manual occupation brought by the department. A small number of patients eagerly grasp the teaching of the department as a possible means of livelihood and with the instruction and practice gained in the hospital go out with new courage and the hope of at least partial self support. The nursing staff has learned that patients are easier to care for where some form of work is going on in the ward, for the attention of both the worker and those merely watchers, from neighboring beds, is diverted from their own ailments and requests for attention are less frequent.

For such a department is needed a sunshiny room large enough to allow patients in their wheel chairs. The equipment, starting with, possibly, reed for basketry, wool for rake knitting, leather and other simple things, may grow to include looms, a carpenter's bench and tools, typewriters, printing press, a library, and the many other things that an expert director can get together. Flowers, music, and even a radio in this room add much to its attractiveness.

The time of the director and her assistants is divided between shop work and bedside instruction, possibly the

morning hours receiving in the shop those patients able to leave their wards, and the afternoon carrying suitable work to bed patients. The right kind of director, interested, skilled, and human, can make a department, valuable in a remedial way, of vital help to many patients, educative to the student nurse and generally an oasis of cheer in a busy hospital.

On account of its human appeal, money sometimes may be found to carry on this work through an outside group and the hospital is saved the expense of maintenance. After the original equipment, a proportion of supplies may be paid for by patients, only those unable to do so being given full material.

ELECTRO-CARDIOGRAPH

The electro-cardiograph apparatus, costing from \$1200 to \$1500 is used solely as an assistance in diagnosis. The room selected for it must be large enough to allow, in addition to the apparatus, a chair for the patient, a cupboard for storage of plates, a table and also space for dark room with running water where plates may be developed and the prints finished.

When first installed in hospitals, the basement was thought the only possible location, while now a solid table and ordinary floor are all that are asked for. The early apparatus was made by the Cambridge Scientific Company of England, but American manufacturers are now producing it. The modern equipment provides for wiring throughout the wards and rooms so that patients may have the picture made in their beds.

Heart cases, particularly where irregularities of the pulse are found, are those patients, usually, for whom the

heart tracings are made, although it may be used whenever diagnosis is uncertain. A part-time technician may manipulate the apparatus, develop plates, and make prints, but the interpretation or reading of prints must be in the hands of a doctor.

THE METABOLISM TEST

Through the use of the metabolic apparatus, patients with various diseases may be observed, to find out exactly what the tissues are metabolizing under different conditions. It is used especially in diseases involving the thyroid gland and in diabetes. In the latter case, by determining just how much carbohydrate the patient oxidizes an hour, the number of calories required by each diabetic may be estimated. The test, given by placing a mask over the patient's mouth into which he breathes for five to ten minutes, is usually arranged for the morning, after a lengthened sleep or rest, and from twelve to fourteen hours after eating. The weight, height, temperature, and age of the patient must be known as also the temperature of the room. A small, portable machine called the Jones machine may be carried to the bedside of patients unable to go to the Metabolism Room. The Sanborn Manufacturing Company also produces machines; the cost of the machine varies in price from one hundred fifty to a thousand dollars.

One room is sufficient for this work and requires only part-time salary of an operator, a laboratory or other technician being able to carry this with other work. Any one with average intelligence and some knowledge of machinery may be instructed in its manipulation by the people who put up the machine.

BLOOD CHEMISTRY LABORATORY

In addition to ordinary laboratories where routine tests of all kinds are made, a chemical laboratory is now considered necessary. Here blood, urine and even kidney stones may be examined chemically; the result of this study forming a further aid in proper diagnosis. This laboratory is of particular value in finding out how well the kidneys function and is of much use in diabetes. Some staff members now have a routine order for testing the blood of each patient chemically, and the laboratory has an established place in hospital service. The cost of equipping such a room is from \$800 to \$1000. Besides special tables with water and gas, a few instruments are needed, the usual flasks, test tubes and other glass apparatus. In its up-keep, besides the salary of the worker, the re-agents are the greatest expense. If the worker is superficially trained and merely able to run the tests through, all of these have to be purchased at considerable cost, while if a chemist is employed, he is able to make the re-agents in the laboratory. The location of the room would be logically as near as possible to the other regular hospital laboratories, and under the general supervision of the resident pathologist.

IN THE CHILDREN'S DEPARTMENT

There might be mentioned, among innovations, the milk prescription laboratory or kitchen, sometimes included in the diet kitchen but preferably in the children's department, under the supervision of the head nurse of the children's service. Also in the children's wards are being introduced the resident wet nurse for supplemental feeding, the

kindergarten works for the younger children, and the teacher for those older ones who are missing time in school. As the appeal of the child's need is strong, usually benefactors may be found to support one or more of these adjuncts to children's departments.

THE OPERATING ROOM

The use of radium treatment, of the ethelyne gas, and of the pressure instrument sterilizer, which by its exhaust pipe does away with steam in the room, are outstanding advances in the operating room.

THE OBSTETRICAL DEPARTMENT

In maternity service, by the introducing of nitrous oxide and even the ethelyne gas at certain stages of delivery, a most humane feature has been adopted doing away with anguish of the patient and preventing the necessity of an isolated delivery room.

ENDOWED SPECIAL DUTY NURSE

The endowed special duty nurse, to be used for free ward patients requiring such care, is a boon to the man or woman without money to pay, who just back from the operating room or otherwise seriously ill needs special nursing. When understood by interested moneyed people, this opportunity of helpfulness to the critically ill, will be appreciated.

THE RADIO RECREATION

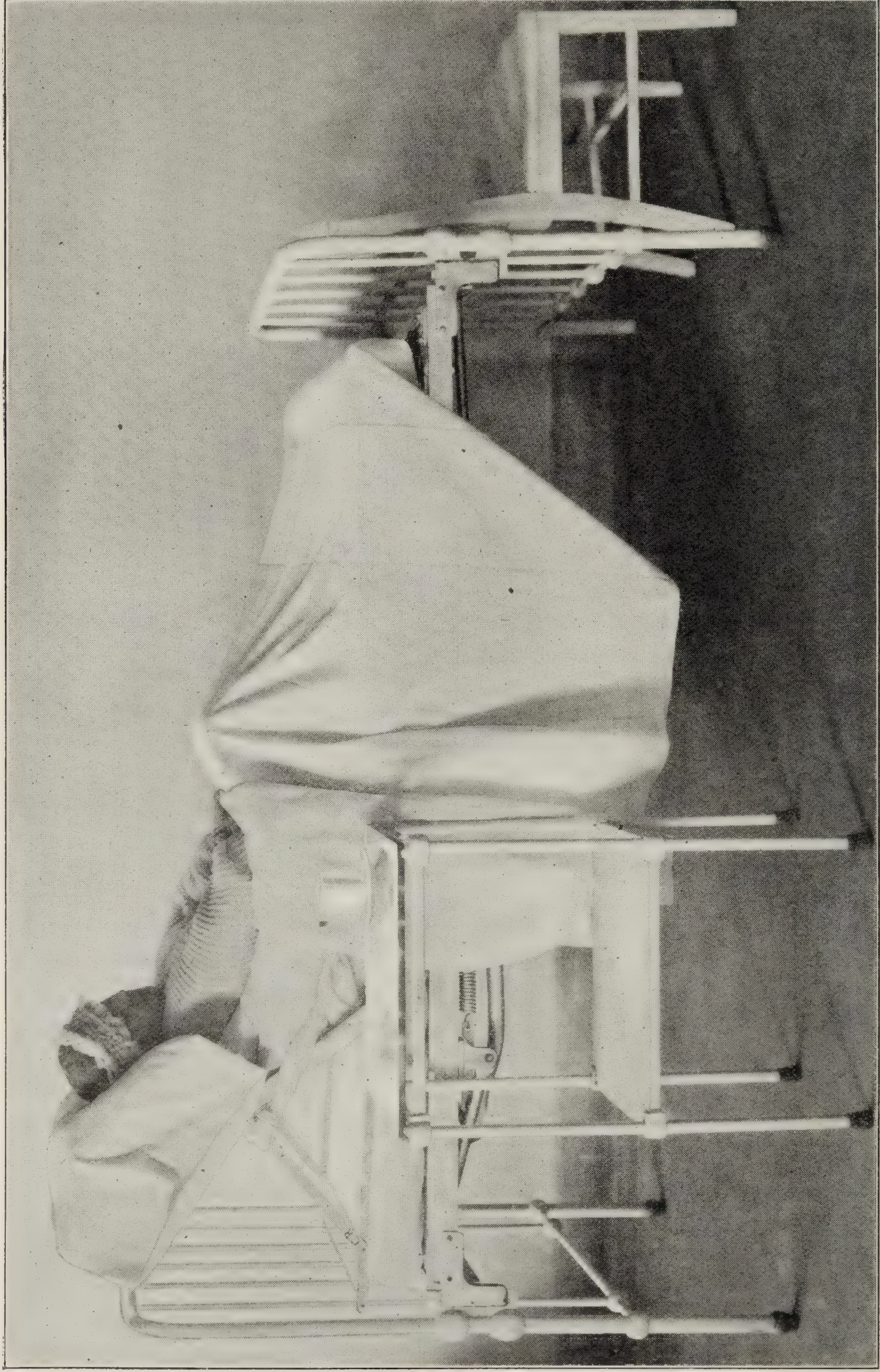
For the interest and recreation if not for treatment of patients there is a tendency to install the radio into wards and private rooms, and where this is not undertaken by the hospital itself, every assistance is given to the patient who wishes a radio for his own entertainment. Many are thus lessening the irksomeness of hospital life for themselves and their neighbors, through the radio bringing into their rooms and wards music, speeches, sermons and other messages from the outside world.

This bare sketch of the many extras which have been added from time to time to hospital service excludes entirely those parts of the hospital which have always been considered essential.

The admission of patients and the bookkeeping or business section of the institution; the housekeeping including laundry, cleaning, storage; the heating, lighting and water plant; the purchasing and distributing agencies; the medical and nursing care of the patients; the operating rooms; the dispensary and the nursing school,—what a vast, complex, and interesting study the whole thing is and surely entirely worthy the complete understanding and generous support of each community.

Cancer, like tuberculosis and other "incurable" diseases, just because it has, as yet, no effective specific, brings out the importance of general care and watchfulness.

The great watchword for cancer is "catch it early." This means that at the slightest suspicion, a medical examination should be sought or, better, that periodic medical examinations—at least once a year—should be had.—IRVING FISHER *in an address to the Connecticut Training School Alumnae Association.*



PATIENT ON BACK REST, SLINGS ADJUSTED

PLACING A PATIENT ON A BACK REST¹

BY E. PRISCILLA REID, R.N.

PURPOSE: As a support when patients are sitting up in bed.

For goitre cases who must be in the semi-upright position constantly.

For asthma cases.

For cardiac cases.

For surgical and obstetrical cases who must be kept in the Fowler's position for drainage.

Equipment: Back rest.

Cover for the back rest.

Large pillows,—5.

Small pillows,—1 or 2.

Bath blanket.

Safety pins.

Rubber pillow case.

Sheets,—2 (for slings).

Procedure: Cover the back rest (for neatness and cleanliness).

Make a sling by placing the large pillow, protected by the rubber case, diagonally in the sheet, and twisting the ends of the sheet.

Make a second sling, using the small pillow in the same way, with a rubber protector.

Have the equipment ready at the bedside.

One nurse may support the patient while the other adjusts the back rest and the pillows.

Arrange the first pillow lengthwise, then one under each arm, diagonally, closed ends out, then one under the patient's head.

A small pillow may be needed, also, under the head.

Place the bath blanket around the patient's shoulders and pin as a nightingale.

Place the sling with the large pillow under the knees, and tie it to the sides of the back rest.

Place the sling with the small pillow under the patient's feet. Tie it to the side rails of the bed frame.

Shock blocks, elevating the foot of the bed, may be used to keep the patient from sliding down in bed.

Be sure that the patient is comfortable and that she does not slip down into an uncomfortable position.

Note.—If the patient is a convalescent, and is up for a short time, only, the slings will not be necessary. If a Gatch bed is used, fewer pillows will be required, as the bed is adjusted to the desired position.

¹ This article will appear as a chapter in "Manual of Nursing Procedures," E. P. Reid, to be published by W. B. Saunders Company, Philadelphia. Credit should be given also to Mabel E. Hoffman, Hazel Jennings and Lillian Read, who helped prepare the demonstrations.

HEALTH EXAMINATIONS

Dr. Haven Emerson says that of the 958 persons receiving health examinations at three New York stations in one year,—24, or 2.5 per cent, were found to be in good health; 697, or 72.7 per cent needed definite medical treatment (this number included 214 who needed, in addition, advice as to habits and personal hygiene); and 237, or 24.7 per cent, needed only hygienic advice to correct or arrest existing errors of bodily function or defects of structure.

Such figures indicate the worth of the National Health Council movement, urging every person to have a health examination on his birthday.

NURSING AS AN OPPORTUNITY¹

By R. M. HARBIN, M.D.

WHEN I was asked to speak of nursing as a vocation, the suggestion did not seem to express my ideals, and I decided to change the word vocation to opportunity. I consider this one of the ennobling professions,—ennobling in that it gives opportunity for the display of those higher altruistic ideals that are foreign to so many vocations, which would seem occasionally to be adopted as a matter of convenience in the absence of anything else to make a living.

I consider nursing a God-given opportunity that in some respects cannot be claimed by the ministerial and medical professions, because the relation between patient and nurse is one opportunity for the patient, and one of many for the nurse, for welding a sympathy that will sweeten life's memories throughout. We both have these opportunities,—do we live up to them? I am afraid not, because our energies are so absorbed in material affairs that we miss these greater gains of life.

I recently attended a symposium on the subject of a completed hospital service to the patient, arranged by the American College of Surgeons in Philadelphia. In this discussion every personality concerned in that service was called upon except that of the patient, whose humanity was entirely lost sight of. There is a decided difference between a case and a human being, and if we would interview our patients oftener, we would discover that the major part

of a complete hospital service would be the human touch, for comparatively few of the average hospital patients need the machinery of a highly organized routine of technical and scientific nursing which, of course, is a *sine qua non* for the complicated case, perhaps delirious. It is lamentable that we are wandering away from the ideals which originally prompted the profession of nursing, because of the worship of machine-made methods. I dare say the average normal, convalescent patient carries with him little recollection of any part of the hospital service other than the ministrations of the human touch.

If the human touch could receive as much attention on the part of the nursing regime, as the enforcement of academic rules and the fetish of doing obeisance to the physicians, we would begin to reclaim some of our lost ideals. If we do not cultivate these pious aims within ourselves, they seem to die out, for being so engrossed in our professional associations, training, and environment, we entirely overlook these golden qualities which in the finale of things, make the sum total of life, from which only true happiness springs. From this viewpoint I am led to believe that we are better physicians and nurses early in life than we are after years of experience, for we are inclined to depend upon our scientific ability and technical training to the neglect of that sympathetic touch which makes the world akin, and when a patient would crave this of us, we seem to pity his peevishness.

Above all, we must be human or we

¹ Read at a joint session of the Floyd County Medical Society and the Rome, Ga., Nursing Association.

shall miss the mark of our high calling for the patient is ever ready to forgive us any shortcoming in scientific training, but we become inexcusable if we fail to be human.

For these reasons nursing is a true profession,—a career for the attainment of those higher ideals that are offered to women, second only to that of the Christian religion. Work is our friend in disguise and makes for happiness more than anything else, such as family ties, social position, money, etc. So we would pity any life that has not an ideal but we cannot get through the life on ideals alone, for it is our duty still to be practical.

Of all careers open to women, nursing, to my mind, is most remunerative and it has not that monotonous grind that applies to office or shop work every day in the week measured off by the clock. Nurses can make money and do save money, but many mismanage well-earned gains. Women as a rule do not value money as much as do men. Some of the maturer nurses spend their savings on some niece or namesake to the harm of both.

There is another opportunity for nurses that I hesitate to discuss because of a fear either of criticism or else of a mistaken observation, and that is an

opportunity for matrimony, because the social environments of nursing are distinctly superior. Not every woman in any walk of life gets married or escapes marriage, and I dare say that about as great a percentage of nurses get married as of any other class. I am not prepared to give statistics on this, but I am prepared to believe that nurses who do get married make better and more successful marriages than they would have done if they had not been nurses.

Philosophers tell us that if you chase happiness it will flee from you, but if you pursue some worthy object in life, happiness will overtake you and I am prepared to believe the same is true of successful matrimony, for an ill-advised marriage or one of expediency will bring about disappointment.

All of us are prone to be discontented when we try to live away from the higher ideals of life and we become inclined to accuse that which we have in greater abundance as a cause of our misery. It may be too much matrimony, or too much single blessedness, too much work or too much leisure, too much money or too much poverty, too much obscurity or too much tax from many responsibilities, etc., for as some one has said, the Promised Land is always the land where we are not.

PRIZES OFFERED BY THE JOURNAL

Three prizes are offered by the *Journal* for articles, of not more than 5,000 words, on Nursing Small Hospitals. A small hospital, as defined by the Committee, is one of 50 beds or less, and the types of nursing service to be considered are those afforded by schools for nurses, by affiliating students, by graduate nurses, and by attendants supervised by graduate nurses.

The first, second and third prizes are to be of \$100, \$75, and \$50 respectively. The manuscripts are to be in the *Journal* office, 370 Seventh Avenue, New York City, not later than June 1, 1924. They must be typewritten, double-spaced, and written on one side of the sheet only. Manuscripts should be signed only with a key letter or number. This key, together with the full name and address of the writer, should be enclosed in a plain envelope and attached to the manuscript.

The awards are to be announced September 1, 1924, by a Committee composed of S. Lillian Clayton, Mrs. Ethel P. Clarke, and Mary M. Roberts.

THE APPLICATION OF MODERN TUBERCULOSIS KNOWLEDGE TO PRIVATE DUTY¹

BY ELSIE A. KEMPF, R.N.

DR. TRUDEAU, founder of the Adirondack Cottage Sanitarium at Saranac, from whose time the American tuberculosis campaign properly dates, once said:

It is a far cry from the old women and guides I used to hire to do the nursing of the bed-ridden in the first years of the Sanitarium, to a graduating class of thoroughly trained nurses such as I had before me. * * * Not only has the Sanitarium restored these young women to health, but it has fitted them for a career of independent usefulness in which they are likely to remain well. Truly this has been worth while.

In much the same way it may be said to be a far cry from the average graduate nurse to one who has had special training in a sanitarium for tuberculous patients. All have not had this opportunity, but in our day, when the medical profession is accomplishing so much to stamp out tuberculosis, the nursing profession, likewise, as a body, should take an active part in the campaign by inaugurating special courses in tuberculosis nursing as part of their regular or advanced training. I believe the day is at hand. The apathy and traditional restraint which have too long characterized our professional dealings with what we considered the irremediable ills of tuberculosis are rapidly giving way to vigor, courage and steadfastness of purpose in combating what we now know to be a preventable and curable disease. The best proof of recent developments along this line is in the proposal of

The National League of Nursing Education to embody in their Standard Curriculum a theoretical and practical course in tuberculosis nursing. Every real nurse will herald with enthusiasm the dawn of the day that sees such a tentative course made absolute reality. "The groove is akin to the grave." Now that we are "out of the groove" on this subject of tuberculosis, let's adopt the splendidly logical slogan, "If preventable, why not prevented?"

The properly trained nurse, ready for private duty, should be prepared to carry on a health campaign in every home she enters. She has an opportunity to direct, in a general way, at least, the hygiene of the home. Her contact with the family is closer than that of the public health nurse, and frequently affords better facilities for the teaching of sanitation and cleanliness. Realizing that, if she is to be of any fundamental value to the community, she must, above all, be an educator, the nurse must prepare herself to care for the family as well as the patient. Sympathy and tender helpfulness for the sufferer, though essential, are not more important than her functions as protector of the family. Proper ventilation for all, fresh air in season and out of season, conservation of energy in so far as it is possible, thorough and systematic housecleaning after approved fashions, destruction of infective materials and of all sputum,—whether thought to be tuberculous or not—since in the case of many adults having a few symptoms but who

¹ Read at the Tuberculosis Section, Seattle Convention.

consider themselves healthy, the sputum contains tubercle bacilli,—these are only a few of the routine procedures which the nurse should use her utmost endeavors to secure. "Health" as a subject, will prove far more interesting than "illness" and her teaching, tactfully given, will be welcome in the majority of cases.

Since children are especially susceptible to tuberculosis, the conscientious nurse will instruct parents in the practical methods of protecting them. "Intelligent self-sacrifice is absolutely necessary if the patient is to be harmless to his family." Tuberculous meningitis, a fatal condition and one far more frequently seen in children than adults, is very often the result of carelessness on the part of a parent. I cannot over-emphasize the importance of the nurse's protective function in insisting that children be safeguarded from all possible means of exposure to this disease. Of primary importance is the quality of milk used in the household; that from tuberculin tested cows should be insisted upon. In one well known infants' hospital in which all babies admitted were considered as tuberculous until proved otherwise, a positive diagnosis has been made in twelve per cent of all cases. This high percentage of tuberculosis in children under three years of age certainly indicates the crying need of enlightenment and vigilance on the part of mothers. In one of the last letters he wrote, Robert Louis Stevenson, himself a victim of the great White Plague, said:

I have been getting some buffets of late, but have amply earned them—You need not pity me. Pity sick children.

Then again, the finding and recognizing of early cases of tuberculosis,

hitherto undiagnosed, is of paramount importance. The danger signals are the early symptoms, and every nurse should know these as a child his A. B. C.'s. The expressions frequently heard: "There is nothing the matter with me, I am just run down," are red lights to the nurse accustomed to look for symptoms. "Just run down" means tuberculosis more often than not. "I am always tired," "I have no appetite," these, again, are well known complaints associated with this disease. Frequent colds, and colds that hang on for more than four weeks, should not be overlooked. These common symptoms and many others should invariably attract attention. Maximum safety for all demands medical attention under the above conditions, and the nurse's tactful influence should be exerted to secure it.

In the event that the dread disease is discovered, then, indeed, the nurse will have occasion to put to the test all the ingenious prerogatives which are hers as a result of special training in psychology of tuberculosis. Armed with invincible hopefulness and patience, she will teach the sufferer, not only the means of prevention and cure, but above all, she will inspire him with her own hope and courage and optimistic outlook for recovery. She will prove herself an intelligent and invaluable agent in coping with the age-old, world-wide problems of tuberculosis. Persistently, the mistaken theory that the disease is incurable will be eradicated; as the erroneous theory disappears, so will the depression, morbidness and positive terror which so frequently exist where a positive diagnosis has been made.

The word profession as applied to nursing should be synonymous with

consecration, rather than with avocation or business, and in nursing the tuberculous, the nurse finds golden opportunities for giving an acceptable offering. As Dr. Oliver Wendell Holmes has so beautifully said:

And last, not least, in each perplexing case,
Learn the sweet magic of a cheerful face;
Not always smiling, but at least serene,
When grief and anguish crowd the anxious scene.

Each look, each movement, every word and tone

Should tell the patient you are all his own.
Not the mere artist purchased to attend,
But the warm, ready, self-forgetting friend,
Whose genial presence in itself combines
The best of cordials, tonics, anodynes.

Bibliography — Consumption and Civilization, Huber; Public Health Nursing, Gardner; *The Public Health Nurse*; American Red Cross Text Book on Home Hygiene; Spirit of Youth and the City Streets, Addams; Rules for Recovery from Tuberculosis, Brown.

THE VALUE OF PSYCHOLOGY IN THE EDUCATION OF THE NURSE¹

BY GRACE G. GREY, R.N.

WE need not delay to define the term "Psychology," for past years have made the study of the mind one of the most fascinating and popular of the new sciences. Lay people and those of the professions have laid hold of the new theory, often contorting and misconstruing the meaning until it is many times unrecognizable. A course in the psychology of getting money or of reading one's neighbor's inmost thought, has become more popular than the latest dance. Each age brings forth its fad and the fad of today is psychology, but just as ether parties, the fad of a few years gone, proved of inestimable value to mankind in the realm of science, so this new fad—mind study—will bring to us undreamed-of accomplishments if properly utilized.

The use of this new science in schools of nursing is one of the most recent innovations in an attempt to properly educate the nurse,—mark, I do not say

"train." Psychology as an isolated subject can scarcely be given enough time to be of vital value and therefore it should be the project of the teacher to tie it up with every subject taught.

A basic course of ten lectures as outlined in the Standard Curriculum should be given in the early part of the student's training in order to explain the meaning of various terms and give to her an apperceptive basis on which to work. We can have no impressions or ideas without previous familiarization in some way with the new. Right habit formation, primal impulses and instincts, judgment, reasoning and analysis, mean nothing more than mere terms to the student unless these are tied up with that student's previous knowledge. We work from the simple to the complex and a good instructor will sound her students in order to ascertain their eligibility for the new work. If they lack a working basis, it must be supplied. Along with a brief course in the rudiments of psychology, the Instructor attempts

¹ Read at the California State Convention, June 14.

automatically to inculcate a working basis of the essential principles. The student is tested out on study habits and is helped to get into a systematic and correct groove in her expenditure of time and energy. She is taught concentration and attention (forced, at first) but each victory making it easier to concentrate. She is taught habits of hygiene of mind and body, system, organization and self-control.

With an understanding of psychology, the student does not blindly fall into these correct habits through trial and error methods with its resulting unhappiness and waste energy, but works intelligently and steadily toward a set ideal. She realizes latent possibilities undreamed-of before. She understands what success means and how it is obtained. No longer do happiness and good fortune glimmer like far off stars to be handed down to some good little girl by a fairy godmother. She understands now that it all lies within and results from development of capabilities. The student nurse, with a knowledge of psychology, realizes that not all can reach the same goal or be measured alike. She begins to see how much we are dependent on our ideas. It explains to her the unmarried mother, the degenerate boy, the wards filled with human wrecks. She becomes more sympathetic and open-minded. Life is interesting in all its intricacies; often very, very sad, but interesting and altogether delightful.

Much is made of the project method in many of our modern schools. On the campus, in the buzzing restaurants, on the cars, little groups may be seen and heard excitedly projecting. One wonderingly asks just what this project is.

No one knows, but it's a project. It has to do with psychology and therefore is the thing. We turn back nonplussed, realizing keenly that our education and our teaching have been all wrong. We evidently never had the project. We wonder if it hurts very much and if it leaves any sequelae. Anyway we set out to discover just what this new microbe is. We chase it all over the campus, but it always eludes our grasp. Our professors tantalizingly make us think they are going to unravel the mystery, but we are disappointed. We leave the college and take up our duties of teaching, keenly regretting that the project method is still a blur. "I suppose, of course, you use the project method in your teaching," the State Inspector asks us. We meekly smile and keep our silence. And then! One day we wake up to see the project method smiling at us and speaking to us as an old friend. It has been there all the time and belongs to our students instead of to us. It was placed there when we helped them discover the ideal of nursing. It was there when we led them into proper study habits. It was there when we opened to them possibilities they had never dreamed of before. It was there when we made use of the primal instincts of play, curiosity, loquaciousness, love of kind. It was there when we made use of their reason and judgment, and most of all when we made use of their desire.

Desire is at the root of all development. Not a hazy wishbone, but a keen desire and will—to do. The nurse who has desire for the best and has learned to reason, needs very little supervision. It is the student without a special aim, the student who blindly follows orders,

who is the drag around the neck of the profession. These are the dear sisters who, after graduating, will tell you that there is no need of anything new in any line because they did not have it when they were in training.

Every instructor should have a working basis of psychology in order to give to her pupils the needed help. An instructor no longer is thought of as a trainer in mental gymnastics. She no longer is set up as a paragon of all that is worth knowing out of books and a person above all worldly interests. The instructor of today is, or should be, a real human being. She no longer fears to say "I do not know" and instead of wildly looking through countless books, assigns the work to the inquirer. Her function of forced intellectual feeding has changed to that of preparing food so that the student's own intellectual molars and digestive tract will have some exercise. Her work is no less strenuous but she has a few more facets than the proverbial schoolmarm of years gone by. She has learned the value of psychology and is using it, changing not only the self-satisfied follower of the doctor's orders, but herself as well. She should be a companion and comrade to her pupils, letting them develop the best within themselves instead of being forced to fit into a previously constructed pattern. Their ideas should be given credit. Approbation brings satisfaction and the

impulses bringing satisfaction, tend to be repeated. Dissatisfaction tends to destroy the impulse. A student voicing an opinion of her own, if the opinion is not correct, should be helped to reason out just why the opinion is not correct, but the impulse for self-thinking should be rewarded.

John Dewey says:

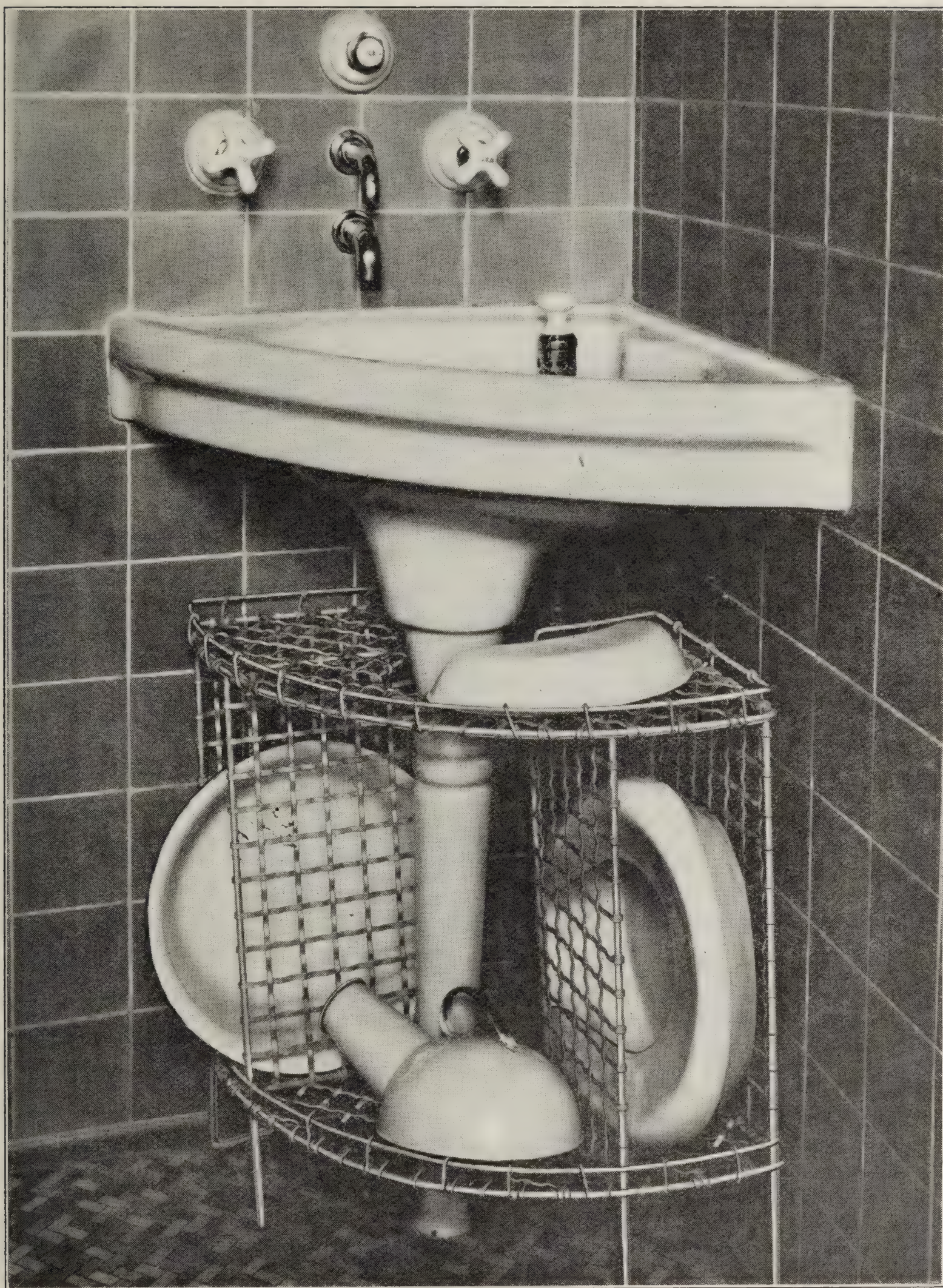
The subject matter of the curriculum, however important, however judiciously selected, is empty of conclusive moral content until it is made over into terms of the individual's own activities, habits and desires. The psychological side of education sums itself up, of course, in a consideration of character.

Students come to us generally in a formative period. They have never had to accept responsibilities. Their aims and ambitions are nebulous. It is then up to us as educators to find out their latent possibilities and utilize them. We open up to them vistas far ahead of graduation. We point out the need of always knowing why—as well as how. We show them the joy there is in using the little unused paths within the brain and making new connections.

When once our nurses begin to really use the material nature has endowed them with, there is no avenue closed to them. Theory goes hand in hand with practice, and psychology teaches patience, tolerance and human kindness. There need be no longer "white linen" nurses, for right thinking makes the ideal.

I have discovered in my work and study that a Supervisor is not a *superior*, but a result of divided labor. She is an influence. She should be an inspiration; she should be the nourishment and the life of her nurses if she is to develop them. She must be stimulated to self-activity.

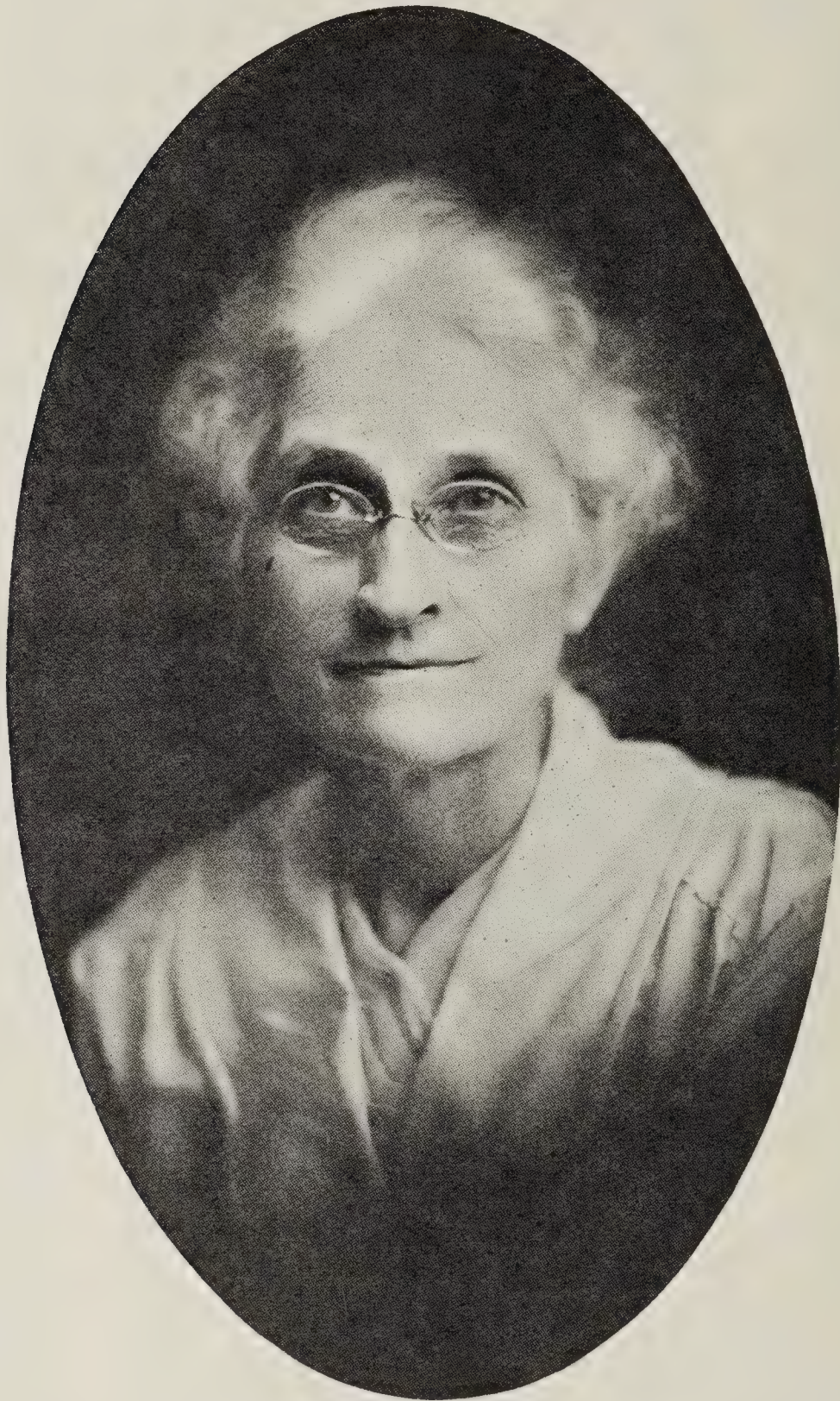
INDIVIDUAL EQUIPMENT RACK



Patients in the Henry Ford Hospital, Detroit, have individual equipment. The utensil rack here shown is portable, so the rack with the utensils are readily placed in a sterilizer.

One of these racks is placed in each bathroom, containing the following equipment: Bed pan, urinal, emesis basin, wash basin, soap dish, tooth mug, drinking glass.

WHO'S WHO IN THE NURSING WORLD



XXVII. MRS. J. W. SCROGGS. (IDORA ROSE)

BIRTHPLACE: Van Wert, Ohio. PARENTAGE: American. PRELIMINARY EDUCATION: High school; normal school. Taught for eleven years. PROFESSIONAL EDUCATION: Class of 1889, Illinois Training School for Nurses, Chicago. Two years' medical course, Fort Wayne, Ind. POSITIONS HELD: Superintendent of Nurses, New England Hospital for Women and Children, Boston; Assistant Superintendent, Illinois Training School for Nurses, eight years; Superintendent, Chicago Home

for the Friendless, two years; Instructor, Illinois Training School for Nurses, three years; Superintendent, Illinois Training School for Nurses, two years; Inspector of Training Schools in Oklahoma, 1921 and 1922. OFFICES HELD: Charter member and President, twice, Alumnae Association, Illinois Training School; President Oklahoma State Nurses' Association, four years; President Oklahoma State Board of Nurse Examiners; Editor, *Alumnae Report*, five years. PRESENT ADDRESS: Norman, Okla.

EDITORIALS

A STANDARD LAW

THIS is the "off" year for the legislatures of many states but, since history tends to repeat itself, where legislatures do meet there will surely be some attempts by nurses or others to amend nurse practice acts. With the thought comes that of the crying need of a standard law to serve as a guide to those concerned with the improvement of nursing service through the medium of effective legislation.

Even a cursory examination of the present laws shows the amazingly wide variation between the laws of different states. Some of them provide for the inspection of schools, but many of them make no mention of it. A preliminary educational requirement is conspicuous by its absence from several acts, and where stated, ranges from an equivalent for grammar school to four years of high school work. The requirements of the law may be low but efficient machinery provided for its administration, and the reverse is also true.

Examining boards may be composed of nurses, of doctors and nurses, or of all medical men. They may operate independently or under some established state department. Some of the laws are compulsory but many of them are permissive. Reciprocity may be based on the qualifications of the individual or upon the requirements of the state or, still more disconcerting to the nurse who wishes to practice in another state, reciprocity may not have been provided for at all.

A national nurse practice act may be a Utopian dream, but there is no reason, other than our own inertia, why we

should not set a national standard for nursing legislation. Such a standard would make for better understanding between states. The results of such a standard would be a blessing to nurses who move about from state to state, whether driven by ambition, by wanderlust, or by the exigencies of their particular work.

Beyond all these lies the fundamental principle upon which all our legislative effort should be based. It would tend to elevate the standard of preparation for a profession that is of ever increasing importance in our community and national life—a profession of which more and yet more is being asked.

We should like to see the mass of data now available at National Headquarters put to use in formulating a national standard or at least in a series of regional standards that could be utilized and furthered by such organizations as the New England and the Northwestern Divisions of the American Nurses' Association. We need standardization of our laws if we are to send out from our many schools groups of young women who may claim, with equal justice, the title "Registered Nurse." That title should stand for quality—quality upon which the public may depend. Not until we have uniform laws under which suitable standards can be efficiently maintained will the public really know what to expect when a nurse is engaged because she is a registered nurse.

INSPECTORS OF SCHOOLS FOR NURSES

IN the article on Inspection, which is the first of a series she is preparing for the *Journal*, Miss Friend has stressed

the fact that the major function of inspection is that of *helping* the schools. We all know that it is sometimes necessary to recommend that official recognition of a school be withdrawn and that this is usually equivalent to saying that the school should be put out of existence; but this is not done without careful weighing of all the facts, after the school has been given suitable opportunity to meet the minimum requirements of its state.

A good inspector is a friendly visitor. She is not, like a policeman on his beat, looking only for infractions of the law. True, she must be alert to such infractions, but the infinitely larger responsibility is that of showing how weakness may be strengthened and how obstacles may be overcome. Criticism is child's play as compared with constructive suggestion.

Really effective assistance cannot be imposed; it should be sought. The successful inspector of schools is she who, after her initial visit, is a welcome guest. She gives credit where credit is due. Out of a rich experience and careful analysis of a particular situation she advises in a cordial but competent fashion. She measures her success by the number and kind of problems presented for her consideration at each visit. In other words, she coöperates with the busy superintendent of nurses or director of the school in the mutual enterprise of making a poor school good, or a good school better.

The position of inspector or educational director is one of grave responsibility, for the schools are still relatively few that are sending out young women, healthy of body and of mind, who are soundly prepared to render happy, effi-

cient, and constructive service in the communities to which they are called. It is an office not to be lightly assumed, for only educated and experienced women with the gift of democratic leadership can hope to give those who are making heroic struggles against the odds of apathy or misunderstanding, the assistance they need and which they will welcome when graciously offered.

SCHOLARSHIPS

SCHOLARSHIPS indicate a form of preparedness that is so fundamentally sound that we wish more institutions and organizations could provide them. Scholarships for the promising young women of today help to prepare the teachers and administrators for the next generation of nurses. The new American Child Health Association has set an example of this type of preparedness that we believe is unique in its manysidedness. Their program is dependent upon the combined efforts of more teachers, nurses, and doctors with special preparation than are available. Therefore scholarships have been offered for all three groups. It will be remembered that we announced last month, the distribution by this organization of ten thousand dollars in scholarships to twenty nurses,—two of whom will go back into schools for nurses.

There are other notable examples of scholarship funds available to nurses; the post-war generosity of the American Red Cross being a shining example. Many of the La Verne Noyes scholarships are available to ex-service nurses. Visiting nurse associations, such as that of Chicago, have seized upon this admirable method of strengthening their organization and not a few schools for

nurses have at least one scholarship that can be awarded at Commencement time.

Teachers, organizers, and administrators are not born—they are made. It is to the everlasting credit of the profession that many of our most successful women are self made in the sense that they have never had an opportunity to do postgraduate work. It is no argument, however, for delaying the ripening of the powers of the rising generation. A scholarship means preparedness. It means earlier fruition than would otherwise be possible. We would do well to persuade more organizations to follow the brilliant examples enumerated by giving in accordance with their means and in a fashion commensurate with their needs.

HEROISM AND THE RELIEF FUND

WHO has not thrilled to colorful tales of heroism, especially when told with the restraint of genius as in Barrie's vivid "Courage"? As we read, thoughts of the heroism of our own kind come to us. We think of Miss Nightingale in the Crimea and of martyred Edith Cavell. To each one come thoughts of some one nearer and, in the personal sense, dearer than these heroic figures. A name to conjure with is that of the woman who wrecked her health in a mighty effort, as is that of her who gave life itself for a cause she believed just. Courageous too, although unknown, are the deeds performed by many a nurse working in obscurity.

But we have in mind a different type of heroism. We would honor those whose names will never be widely known but whose daily lives are made up of acts of courageous fortitude. It is no light thing to face years of invalidism

on slender savings. It is particularly difficult for nurses. Their knowledge permits them to visualize, all too clearly, the sorry prospect of long continued or incurable disease. It takes courage to endure the treatments, the waiting for results, all the host of hopes deferred that accompany a long illness.

The women who are assisted by our Relief Fund are unknown to most of us and every effort is made to maintain their anonymity. The necessity for protecting our friends from needless scrutiny prevents publication of the stories of the battles fought, many of them to a victorious return to useful living but some, alas! only to meet with heroic defeat.

The information vouchsafed us tells of months, oft-times of years of such struggle. Our feelings are roused. Our sympathies are stirred. And with the mingled emotions comes boundless admiration for the women who write cheerful letters in appreciation of their Relief Fund checks. Some of these letters say "This help has meant life itself to me" or "You have made life possible in this institution by providing some of the comforts I should otherwise have been without." Still others report, oh so eagerly, that they can now, perhaps after many, many months, accomplish a little work each day or, best of all, that they are cured and ready for work! It is pleasant to dwell on the work these fortunate ones will accomplish, for made sensitive by their suffering, they will nurse as they have never nursed before. Fortunate will be the patients to whom they will minister. Heroic nurses? Ah, yes. We have many of them and the majority will doubtless forever remain unsung.

"A NURSE TOLD ME —"

"A NURSE told me" is a potent phrase. Were we not familiar with the integrity of purpose of most nurses we should be amazed at the unquestioning acceptance of so much of the advice given by them. Such advice covers a tremendous range, as it may have to do with such vital matters as the selection of a surgeon to take care of little Johnnie, of a suitable physician for pre-natal care, or with material things. We are here thinking of the enormous influence of nurses on those who purchase supplies for the care of the sick.

About 3,000,000 people in this country are at all times sick. Not all, unfortunately, can be cared for by nurses. But many thousands have full or part time nursing care. Nurses are with these patients and their families at a time when they are naturally suggestible or teachable. It is perhaps little wonder, then, that the phrase "A nurse told me" carries conviction, for the advice implied has been given in response to a definitely felt need.

The topic is a fruitful one and we wish to discuss it in its relation to our advertising pages. If an article is advertised in the *Journal* it is because the Managing Editor believes it to be exactly as represented. Every advertisement is carefully appraised.

If you habitually use and recommend appliances, surgical or pharmaceutical supplies, foods, books, apparel or anything else that is advertised in our pages, tell us or the advertisers about it. It will assure us that we are fulfilling one of our obligations. If you habitually use or recommend articles because you have found them to be of worth and

which are not advertised in our pages, tell us about them also. What is useful to you and your patients should be useful to other nurses and other patients. There is no better means of getting information over to nurses than through the appropriate *Journal* pages, whether text or advertising. You who read this are undoubtedly among those who are consistently and frequently quoted. The more frequently you pass on sound information the more meaningful will become the phrase, "A nurse told me." We should be glad if it could be expanded to "A nurse told me, because she saw it in the *American Journal of Nursing*."

THE SMALL HOSPITAL

THERE are in this country, 5000 hospitals of fifty beds or less. Some of them are special hospitals, some of them general hospitals with more or less acute services. Many of them provide the only and much needed hospital facilities in their communities. The problem presented for discussion in the *Journal's* prize offer on page 97 is therefore one of outstanding importance.

The problem of nursing in the small hospital is never local nor confined to the four walls of the institution. The nurse from a small hospital may have, frequently does have, very excellent technic. She has that priceless possession of the good nurse, an appreciation of the patient as an individual. Unless she is an unusual woman, once away from her small hospital, she finds it difficult to adjust to larger situations; the large hospital is to her a wilderness and the public health field a limitless thing which offers her little of the sense of security to which she is accustomed.

Because of these things, many times observed, because of our intimate knowledge of and sympathy with the smaller communities, we know that the problem of nursing the small hospital is not a hospital problem, but a nursing problem, and one requiring our best skill in its solution, in order that justice may be done the three concerned,—the hospital, the community, and the nurse.

AN ARTISTIC PRODUCTION

THE keynote sounded in the new Calendar of Nursing Leaders is the note of Progress. The foreword beautifully expresses the ideals which have animated the twelve women whose lives are epitomized in a charmingly written series of character sketches. Most of the twelve are far from having completed "the allotted span" of years and are held in affectionate esteem by many thousands of nurses.

Nursing is attaining professional

stature because its leadership is in the hands of women who are animated by "the spirit which leads one to seek ever for the better way, leads one to question, to search, to grope for the right solution to the difficult problem," whatever it may be. The new calendar has a rarely inspirational tone. Individual nurses, schools, and public health nursing organizations can not afford to be without it, for it is filled with loved and familiar faces.

The 1924 calendar is one of a valuable historical series. It is also one means, and an important one, of supporting the work of the National Headquarters. This work is still in its infancy. Its possibilities are enormous. It cannot be developed without suitable support. Every nurse is urged to purchase the calendars for her own use and for gifts, for it is in every way worthy of those who are pictured and of the cause it would present.

DISABLED EX-SERVICE WOMEN TO BE ADMITTED TO SOLDIERS' HOMES

The Secretary of War has authorized announcement of the action of the Board of Managers to the National Home for Disabled Volunteer Soldiers, in making provision for admission to these homes of ex-service women who have incurred disability.

At a meeting of the Board of Managers held at Dayton, Ohio, September 14, the following resolution was adopted: "Upon motion, it was ordered that a separate building be set aside at the Danville Branch, Danville, Illinois, for the care of ex-service women who are entitled to admission to the Home and in need of general hospital treatment or domiciliary care, and that separate facilities be set aside at the tuberculosis hospital at the Northwestern Branch, Milwaukee, Wisconsin, for such ex-service women as are in need of treatment for tuberculosis."

In the past, ex-service women have been entitled to the same compensation as men in cases of disability arising from service. They were not allowed any assistance, however, unless their disability was at least ten per cent and directly traceable to service. Efforts were made by organizations, such as the Women's Overseas Service League, to assist the Veterans' Bureau in handling cases. Sufficient funds were not available, however, to make this assistance very extensive. For some months this matter has been under consideration of the War Department and a decision was finally reached, subject to the foregoing confirmation of the Soldiers' Home Board, to extend the Soldiers' Home privileges to ex-service women on exactly the same status as men.

Tuberculosis cases will be accommodated in the Milwaukee home, other cases at Danville. The women's accommodations will be apart from the men as far as practicable with separate mess halls, gardens, and other features. Religious services, concerts, moving pictures and other recreational and educational features will be attended in common by both men and women.

It is desired to ascertain as soon as practicable the number of women who may desire to take advantage of accommodations at the Soldiers' Homes. At present the only basis for an estimate are the disability claims received by the United States Veterans' Bureau.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

A TENTATIVE SURVEY OF THE AMOUNT OF INSTRUCTION AND PRACTICE STUDENT NURSES ARE RECEIVING IN TUBERCULOSIS¹

BY L. GRACE HOLMES, R.N.

THE discussion of this subject today is really a continuation of a study that was presented last year at the annual meeting of the National Organization for Public Health Nurses in Seattle.

Last year, because I knew so little about the subject that I could not possibly spread out my ignorance before my audience without making a bad impression, I conceived the idea of securing some real information by means of that very popular questionnaire.

I sent a letter and questionnaire to the president of the Board of Nurse Examiners in each state and in the District of Columbia, making a total of 49. I received replies from approximately half of them.

Now when a questionnaire comes to my desk, and a good many of them do come, if I have the information on hand, or if I can secure it without a great expenditure of time, I answer that questionnaire. I believe most people do. So when only 26 states answered, I drew the conclusion that the other 23 either knew so little about what was going on in tuberculosis nursing in their own states that they could not answer, or cared so little that they would not answer. Nine states never have answered either year. Of the 26 that did answer, 10 frankly stated that they did

not know what was being done and could not find out in time to be of any help to me. We were left then with one-third of all the states in which the president of the Board of Examiners did know something about the subject and with two-thirds of the states in which she did not.

One thing that we had supposed a Board of Examiners to be for, was to know the content of the instruction received by the nurses whom they are registering, especially the new graduates as they come out year by year in their own state.

The material secured last year has been incorporated in this report. My questionnaire asked information on the following points:

1—Number of accredited schools of nursing in the state.

2—Number of these schools giving lectures on tuberculosis.

3—Number giving actual bedside nursing in tuberculosis.

4—Number affiliating with a sanatorium for this training.

5—Total number of graduates in the state in the past year.

6—Number of these graduates who had practical work in tuberculosis nursing.

I have handed each one of you a copy of the tabulated findings. I want to make it quite clear, however, that I do not claim that this information is either

¹ Read at the recent convention of the National Tuberculosis Association, Santa Barbara, California.

accurate or complete. I do say that it is the information that was furnished to me by the Board of Nurse Examiners or by the State Association in each case.

This year I addressed another letter to the states who answered last year, asking if they had been able to improve conditions within the year. Several answered, but the only net gain in actual numbers was the addition of one school in Ohio now affiliated with a sanatorium.

To those states that did not answer last year I addressed another questionnaire with an urgent appeal for information. Fourteen states answered. Of these 14 states, 10 reported at least one school giving tuberculosis nursing, rather a better proportion than last year.

Indeed, these letters of 1923 showed a certain amount of awakening to the importance of the subject. I think this may be due in part to the discussion of the subject at the national meeting last year, though a good deal also to some articles on the subject in the nursing magazines and I think this awakened interest is perhaps the most valuable result of our increased activity.

This year two states, California and Iowa, had sent out their own questionnaires to their own schools especially to get this data. I am of the opinion that some other states must have made some such effort, but they did not say that they had done so.

I want to take this opportunity to again express my appreciation of all the effort that has been contributed to this study by various people both last year and this.

This year several Boards,—California, Iowa, Ohio, Mississippi, Washington, Wisconsin, Montana, Oklahoma,

stated that they are definitely working on some plan for increasing instruction and practical work in tuberculosis nursing by affiliation with sanatoria in their states.

One of the things which surprised me most is that the far eastern states, the section of the country where we, and they, have supposed we were getting our leadership, could furnish but the most meagre data. Massachusetts is working on the whole subject of its affiliated schools, but had no data available on tuberculosis nursing. Pennsylvania has one school which gives four months of practical work, another which offers such work as an elective course, but in 1922 none of their students elected to take it. New York has 144 accredited schools, two of which give some tuberculosis nursing, but they stated that almost all of their students are graduated without it. They have, however, plenty of sanatorium material for affiliation if a plan were worked out. This scanty information from New York has left me gasping. New York, where the National Tuberculosis Association lives! Where the National Organization for Public Health Nursing lives! Think of it!

At the other extreme we find Arizona and New Mexico giving practical bedside training in tuberculosis to all of their students. But, of course, that is to be expected from these two states. And besides they have between them only five training schools.

California, which has a migratory tuberculosis problem, gives practical tuberculosis nursing in 12 out of its 69 accredited schools. I have failed both years to get any response from Colorado, where one would naturally expect

to find considerable interest in this subject. Sixteen schools in Minnesota give instruction and practical work in tuberculosis nursing to about 25 per cent of their students; North Carolina, to the students in 5 schools. Texas gives work in tuberculosis nursing in 17 out of 65 schools. These Texas schools, however, must be very small or the tuberculosis work must be elective, because a total of only 33 nurses had experience in tuberculosis nursing in 1922, an average of two to each school giving tuberculosis work. Twenty-eight out of the 40 schools of nursing in Iowa gave some practical work in tuberculosis nursing to a total of 113 students. This is the best showing of any state, excepting Arizona and New Mexico, being 45 per cent of its 1923 graduates. Nebraska and Alabama both claim that practical tuberculosis work is given in all of their schools of nursing. This is so extraordinary that I could not but wonder if my question were quite understood.

Some people certainly did not understand my question. I asked Washington, D. C., what training in tuberculosis work their student nurses receive. Washington, D. C., replied that by law tuberculosis patients were not permitted in the general hospitals of their city; that tuberculosis is all segregated in one hospital of 160 beds, and that this hospital employs graduate nurses. Washington, D. C., graduated all of its students last year with only "a few lectures" on tuberculosis. The writer of this letter expressed the hope that this report would be satisfactory. It was, at least, illuminating, for somehow her letter left me with the impression that she had even missed the purpose of my question.

The Secretary of a Board in another state wrote: "Personally, I do not believe in making tuberculosis nursing compulsory in schools for nurses, but consider affiliation for those nurses desiring to take the course essential." This woman was evidently not in the least concerned about having registered 143 young nurses within the year who knew nothing of tuberculosis.

However, there are other states that feel very different about it. One writes, "I am very sorry that our nurses do not get more tuberculosis experience." Another says, "Your questionnaire has set us thinking in our state, and we shall try to do better." Another, "I am so glad to know this question is coming up at Santa Barbara. I am tremendously interested."

California says, "We have just completed an important committee report in which we recommend that students be given a four months' course in tuberculosis." This was the result of California's shocked surprise on finding out that less than 20 per cent of its schools are giving practical tuberculosis work.

Mississippi writes, "Our new million dollar State Sanatorium is just now opening. We are going to try to arrange for an affiliation of six months for our accredited schools."

The Public Health Association in Ohio is taking the initiative in that state and is trying to arrange for sanatorium affiliation.² At the present time Ohio has only one school giving practical tuberculosis work.

Minnesota has 4 schools that give

² To the Ohio State Association of Graduate Nurses and the State League of Nursing Education may be credited the initiation of this movement.—Ed.

tuberculosis nursing to all graduates and 12 others are affiliated with these 4, so that in 16 Minnesota schools all students get some tuberculosis work, half of this number in the wards of a tuberculosis sanatorium.

According to the recent Rockefeller study, we have in our whole country about 1600 schools for nurses. Out of this number we have on record 304 that give some lectures on tuberculosis; 118 of these give also practical work to all or some of their students, but we have probably only a yearly average of 850 students from all of these schools that have had work in tuberculosis nursing.

These figures surely should make us pause. Knowing the desperate plight of the patient as I do, it is hard for me to keep my attention focussed on the need of the nurse for training, rather than on the need of the patient for care, for the patient does need us so desperately.

Personally I am entirely convinced that every general hospital should have a tuberculosis ward of its own if it has space enough, if it is not down town in a crowded quarter of some smoky city. Tuberculosis is not a menace to people who live half a block away, nor even to those who live in the next room, if it is properly managed, and every student nurse has a right to be taught that it is not; but chiefly she has a right to be taught how to take care of it so that it will not be a menace to herself and others. She has a right to this training.

She will take care of tuberculosis whether she knows it or not. She will take care of maternity cases and fractures and pneumonia and a dozen other things that are running concurrently

with tuberculosis. A city ordinance may forbid the care of tubercular patients in its general hospitals, a hospital may claim that it does not admit tuberculosis, all of which means to the student that she is not taking care of tuberculosis, yet in a recent study that our Association made, covering a five-year period in Portland, Oregon, where we have such an ordinance, we found that more cases of tuberculosis had died in the general hospitals in our city than in the sanatoria for tuberculosis, that a case of pulmonary tuberculosis had died in one or the other of our general hospitals on an average of about every two weeks, probably all taken care of by pupil nurses.

Given a carefully managed tuberculosis ward in each hospital, this would not be a menace to anyone; scattered around all over the house, it is.

Now while I am convinced that every hospital should have a tuberculosis ward, I am equally convinced that our best training field is the tuberculosis sanatorium. The care of tuberculosis is different from the care of other illnesses, and both for the sake of the patient and for the sake of the student nurse, the sanatorium regime is better. The nurse gets a better perspective in the sanatorium than in a hospital ward and perspective is worth much in the care of tuberculosis.

The sanatorium is always in the country where life is more leisurely than in the average hospital. There is time to think, and to see life as a whole, and one must be able to see life as a whole in doing tuberculosis work.

Any sanatorium with an average of 50 patients, even 25 patients, can be made a suitable field for student

training, if the right people are at the head of it. The medical care must be of a high order; the nursing service must be of a high order. The nurse in charge must be a teacher, a tuberculosis enthusiast, and a good disciplinarian, in short, the right person to administer a sanatorium and to teach nurses.

But the material is there, exactly as the material is there in any hospital. Whether any hospital can give good nursing education or not depends wholly upon the personnel of its medical and nursing staff, and a sanatorium for tuberculosis is exactly like all the rest.

I am well aware that probably the majority of sanatoria today would not make good training ground, exactly as they are, but neither did the majority of hospitals 25 years ago, or even now for that matter. But for those of us who want our student nurses to be ready to care for this very prevalent disease, it is for us to find a way.

There are a number of sanatoria at the present time conducting schools for nurses with pupils drawn very largely from their own recovered patients. Some of them do excellent work. The National Tuberculosis Association sent me a list of 17 such schools. Some of these schools are open to senior pupils from general schools of nursing. There are still other sanatoria that do not conduct schools, that do offer their wards as training ground for students from near-by schools. So far as I have been able to discover, only a total of 18 sanatoria are now being drawn upon for such experience, these 18 sanatoria being affiliated with 26 schools in 12 states.

Only a fourth of our states then are making any use of this wealth of ma-

terial: California, Indiana, Maryland, Minnesota, Missouri, Montana, North Dakota, Ohio, Oregon, Virginia, Washington, and Wisconsin. Iowa and Mississippi are working on a plan.

I hope representatives from these states will have much to say to us in the discussion of this subject, and give us the benefit of their experience, for right here it seems to me is our logical direction for development.

I have spent ten years of my life as head nurse or as superintendent of a sanatorium for tuberculosis. In several different institutions and in every instance it would have been possible, with adjustments, to have given three or four months' experience to a continuous stream of student nurses. I know, of course, that these adjustments would have to be made with the greatest care to get results that would be satisfactory both to the school and to the sanatorium, but I know it could be done, or rather I will say that I know it can be done, if we care enough. It is a vital subject.

We must always keep clearly before us that our reason for teaching nurses is not solely that we may have a group of trained nurses in our land, as we teach music and art for example in our schools, mainly that those of us who can never be musicians or artists may have an appreciation of music and art because it will add to our own happiness. We do not teach nursing for any such reason.

We teach nursing in order that we may have a group of nurses who will do health work all the time and who will take care of us when we are sick, who will bring trained hands and keen minds and sensitive hearts to the task of reducing the world's great load of suffering and sorrow.

What is there in the world that causes more suffering and sorrow than tuberculosis with which we are so ill prepared to cope?

Out of all the 18,000 to 20,000 nurses whom we are graduating each year, we have a record of less than 5 per cent, and allowing for the incomplete condition of this report I think it would be very safe to say that certainly not over 10 per cent are receiving any practical training for tuberculosis work, while in

the United States about 400 people die every day of tuberculosis. When a few hundred people were dying from influenza we were alert, eager to do something about it; when we were losing less than 400 soldiers a day, we sent hundreds of the best nurses we had to the front to try to save those precious lives. Are the lives of this great pitiful army of tuberculous patients less worth saving? Shall we longer withhold our best from them?

OUR CONTRIBUTORS

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DEPARTMENT OF RED CROSS NURSING

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SOCIAL EVENTS IN CONNECTION WITH THE INTERNATIONAL COUNCIL OF NURSING SESSION

ONE of the most delightful social occasions at the recent International Council of Nursing meeting in Copenhagen was a supper given by the Danish Red Cross Society to the delegates and guests at the Yacht Club, the President, Mr. Cold of the National Society, returning from his vacation for the purpose of presiding and welcoming the guests. It would be difficult to find a more beautiful environment for an occasion of this sort, the view from the windows of the Club being over the dancing waters of the Sound, where a passing panorama of sail boats, yachts and steamers presented a brilliant spectacle. The long summer evenings provide a wonderful opportunity for water sports for those who love the sea as do the Scandinavians.

The table, as usual, was covered with brilliantly colored flowers—in no country of the world are the flowers more beautiful—while the lobster patties and other food would satisfy the taste of the most critical epicure. Speeches from the officers and others as usual were in order. One of the most eloquent, if one can judge by the applause, was made by Bertha Wellin, a nurse from Sweden and a member of Parliament. After dinner the Danish nurses sang their National Hymn, and the American nurses, of whom there were several, sang the Battle Hymn of the Republic, which every one seemed to like. The evening

ended by all joining hands and singing "Auld Lang Syne."

Other social events, momentous in their character, were also held. The reception given by Mrs. Tscherning, Ex-President of the International Council of Nursing, on the evening preceding the opening session was one of these. All the guests were received and given an opportunity to become acquainted with each other before the business meetings. Delicious refreshments were served, speeches were made and various individuals toasted.

A delightful tea at the Bispebjærg Hospital was given on the afternoon of July 31. Here again were flowers in profusion, while dainty sandwiches, tea, and wonderful strawberries were served, after which the guests made a tour of inspection of this wonderful institution.

The final social event was a supper by the Danish Nurses' Council at Nimbs Restaurant. Upon this occasion every one relaxed, and in addition songs were sung and speeches of a lighter and more amusing nature were made, the event ending with national hymns. After the supper many of the guests visited Tivoli, a glorified Coney Island, where many of them indulged in frivolous diversions.

NURSING IN DENMARK

A word regarding the origin and organization of the Danish Red Cross Nursing Service would not be amiss at this time. It originated in 1876. The period of training at first was a year in length, and the experience was given in

the Deaconess Hospitals. Gradually the training was improved; the course was extended to three years; salaries were regulated; and provision was made for old age, partly by self-pensioning and partly by help from the Society.

In 1909, a woman was placed on the general board of the Red Cross and in 1912, a nurse, Cecilia Lutken, became a member and is still serving. She is now in charge of the nursing in connection with the military service. Miss Lutken has also been Secretary of the Danish Nurses' Association. The Red Cross allows its nurse members to wear the badge of the Danish Nurses' Council when on duty, though not in time of war or when abroad. The service is composed of but fifty nurses, but these are on a permanent staff and when not required for relief or emergency work, are engaged in private nursing, their earnings going to the Red Cross Society.

In no country in Europe does an enrollment of graduate nurses under the Red Cross as a reserve of the Army, similar to that of the United States, exist. The system is subject to great diversity, and for the most part Red Cross Nursing Services of the continent are composed of amateurs prepared for military duty by short courses.

The Danish Nurses' Council, corresponding to the American Nurses' Association, has several thousand members. It supports a National Headquarters office in Copenhagen where all of the activities are centralized. It maintains a registry of all graduate nurses which is recognized by the Government. This is essential in the absence of a State law requiring registration, but inasmuch as no school of nursing can be estab-

lished without Governmental authorization, there seems to be little difficulty in exercising supervision over the graduates. The Council owns and controls a beautiful rest and convalescent home at Vedbeck, which accommodates about twenty guests. They have also adopted a badge and an indoor and outdoor uniform, and each nurse needing it is given a special letter of introduction and identification signed by the President. The officers are continued for many years, and appear to devote the better part of their time to the development of the Association. Sick benefits are also maintained. The beautiful Rest House, to which a special motor trip was arranged for the guests, is about ten or twelve miles from Copenhagen via a most wonderful route skirting the sea, and lined by a succession of beautiful gardens and villas, including that of the Queen Mother Alexandra of England and the Dowager Empress Dagmar of Russia, also that of the Queen Mother of Denmark. The former is unpretentious but somewhat ornate, while the latter, a glimpse of which is caught at the end of a long avenue of trees, is more ample in its proportions.

The Nurses' Home is surrounded by extensive gardens, small fruit trees and bushes, flowers and vegetables, and shady lawns. The former grow to considerable size, large, juicy red currants flourish on bushes higher than one's head, and the flowers, flamboyant in color, are to be found in great profusion.

A delicious tea was served with the guests seated at tables where the usual abundance of delicacies was in evidence. The furnishings of the Home are of old mahogany, while rare prints and oriental rugs give an atmosphere of

comfort and culture which could hardly fail to bring rest to over-tired nurses.

THE NATIONAL RED CROSS CONVENTION

The Third Annual Convention of the American Red Cross which convened at Washington, D. C., September 24 to 27 inclusive, was opened by President Coolidge, who by virtue of his Governmental office is President of the American Red Cross. His address to the delegates is regarded at National Headquarters as one of the classics in American Red Cross literature.

This was the first time President Coolidge had presided at a public meeting since his accession to the Presidency of the United States, and the first White House reception held by Mrs. Coolidge was tendered the delegates of the Convention when several hundred Red Cross leaders from Maine to California were received by the new and most charming First Lady of the Land.

The Convention program was replete with interest from beginning to end. The sectional meetings of the various services covered, with well planned presentation and discussion, all phases of Red Cross activity, national and international, while the round tables supplemented the sectional meetings with detail for technical workers.

The Nursing, Public Health Nursing, and Home Hygiene and Care of the Sick sectional meetings were especially strong, and these were well attended by the many nurses present at the Convention, as well as by a high percentage of the Chapter delegates. Forty-two nurses attended the Convention, some as delegates and many as guests.

ROLL CALL

The American Red Cross will hold

its seventh annual Roll Call, November 11 to 29. Perhaps no other one group in the Red Cross appreciates as do the nurses the value of a well filled treasury, both when calamity strikes and when peace-time projects are to be considered. They have been strong financial supporters of the Red Cross in the past, and upon their activities the Organization has expended for its humane work, vast sums of money.

Said Sir Henri Dunant: "While I am known as the founder and organizer of the Red Cross, it is to an English woman that all the credit is due. It was the work of Florence Nightingale in the Crimea which inspired me to go to Solferino."

The support of this greatest Organization of Mercy the world has ever known should therefore be a matter of especial pride with all nurses, but particularly the 40,000 nurses who have enrolled under its emblem as Red Cross Nurses. As they have so splendidly contributed in many ways to its development in the past, there can be no question but that their response to the oncoming Roll Call, both in membership and service, will justify high anticipation upon the part of the Red Cross.

JAPANESE RELIEF

The Japanese earthquake which startled the world with its unprecedented horror has added a great chapter to the history of the American people and the American Red Cross.

Answering the call for an emergency expenditure of energy unparalleled in its history in time of peace, the American Red Cross, designated by President Coolidge as the channel for the expression of America's sympathy for the

victims of the gigantic disaster sprang to a task requiring the full strength of its perfected machinery.

A minimum of \$5,000,000 was established as the goal, and Red Cross Chapters from coast to coast set to work with war-time efficiency, in many instances before their quotas had been assigned to them by the Division offices.

Within one week of the launching of the great campaign the objective had been passed, and October 1st found the American Red Cross administering more than \$10,000,000 given by the American people for the relief of the sufferers of Japan. Despite the statement of President Coolidge issued ten days ago, indicating that no more money was needed, the funds are still coming in.

No personnel is being sent from the United States. The Philippine Islands Chapter of the American Red Cross, however, sent an emergency unit with all possible haste following the disaster. This unit contained a group of native Filipino nurses under the direction of Alice Fitzgerald, who has for the past two years been serving as advisor on nursing to Governor Wood of the Philippine Islands. Miss Fitzgerald served during the Messina earthquake disaster some years ago. Doctors and this nursing unit now in Japan will begin operation of a hospital which soldiers are now erecting in the palace grounds of Prince Takamatsu, at the request of the foreign office, the nursing unit having rendered such exceptional service that it is remaining at the request of the Japanese authorities in Tokyo, and the Japanese Ambassador to America.

Enormous shipments of supplies are being sent from the ports of San Francisco and Seattle, and a large portion of

the fund will be transmitted to the Japanese Emergency Relief Bureau which is the Governmental organization for the administration of such relief.

THE CONFERENCE OF DIVISION DIRECTORS OF NURSING

The National and Division Directors of Nursing of the American Red Cross met in a four-day session at National Headquarters immediately preceding the opening of the National Convention.

The entire Nursing Service was reviewed in detail, and the Conference was one of far-reaching value. Miss Noyes presided at the opening session which was devoted largely to the consideration of problems of enrollment and coöperation by the Nursing Service with the local Chapters.

The second day of the Conference was spent upon the problems of administration, instruction, and further extension of the Red Cross classes in Home Hygiene and Care of the Sick, Mrs. Baker presiding.

The third day of the Conference was devoted to Red Cross Public Health Nursing with Miss Fox presiding.

The fourth day was spent upon the consideration of miscellaneous problems, with addresses by the National Directors of the Governmental Services.

Judge John Barton Payne, Chairman of the American Red Cross, greeted the nurses and spoke upon the Japanese Relief situation. James L. Fieser, Vice-Chairman of the American Red Cross in charge of Domestic Operations conferred with the nurses upon questions of finance, while into practically all sessions there came for conference with the Nursing Service the National Directors of the other Red Cross Services.

DEPARTMENT OF PUBLIC HEALTH NURSING

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SUPERVISION IN PUBLIC HEALTH NURSING¹

BY MABEL W. BINNER, R.N.

WHILE supervision in the Public Health field is different in many respects from supervision in the hospital, nevertheless, in either the hospital or field, the supervisor must always bear in mind these two objectives; first, the welfare of the patient, and second, the development of the nurse.

In the hospital, a hundred nurses may all be working under the same roof at the same time, with not one, but several supervisors always within call, with probably both internes and attending men within reach in an emergency. The nurses are all working under pretty much the same conditions. In the Public Health field, the same number of nurses would have entered several hundred homes during the day, with conditions in no two homes exactly alike, having perhaps a different physician in attendance on every patient. These nurses must be prepared to meet any emergency, they must have good judgment, and they must be forceful and possess initiative. They must be able to adjust themselves to any circumstance, to have understanding and tolerance for different religious customs, for racial peculiarities. The nurse has much to contend with in the field. In the hospital, the physician has a general idea of what to expect of her; in the home, the physician on the case may

never have heard of her organization,—she must win him over.

In the hospital, baby feeding and care are simple matters. The baby is taken to the mother at regular intervals, or a formula is prepared and the nurse knows definitely what the baby is getting. In the home, the baby may be nursed every few minutes, with refreshments between feedings of condensed milk, pacifiers, and a variety of teas; it is swaddled or covered with a feather tick when the thermometer outside registers 90 degrees. All the detail of the care between the nurse's visits depends upon the instruction she gives that family. She cannot leave her patient, as she leaves her hospital ward, knowing that she may be reasonably sure that medicines are dispensed, diets prepared, and other necessary nursing care is given during her absence. She has little control over the patient's environment, she cannot be certain what influence the next person is going to have over her patient.

The Public Health Nurse must be familiar with the other agencies in her community, knowing the functions and limitations of each. She must understand how to work with them, how to consider carefully every plan which affects them in the slightest degree. She must know how to work agreeably with the private physician, with the dispensary. She must keep informed as to progress in medical work, in social work.

¹ Read at the Institute of the Illinois State League of Nursing Education.

It is conceivable that some unusual soul might step from her hospital ward into work of this kind, and be successful without having had adequate supervision in the field. She would, however, be a rare exception, and even if she should succeed, there is no question but that she, her patients and the community, might have been spared much, if there had been some one to guide her over the rough places, some one to point out the rocks ahead. Many of the successes or failures in Public Health Work can be traced directly to the supervision. Where the supervision is inadequate, where the supervisors are not well equipped for this responsibility, or where the inexperienced nurse without any supervision is attempting organization or even continuing work which has been started, we cannot hope for the best results.

As a rule, the nurse who is placed in the position of supervisor, is inspired with a deep love of nursing; she entered the profession with zeal and enthusiasm, with high ideals, and a desire for knowledge which would help her render a real service to the sick and helpless. Fortunately, the nurse to whom nursing is only a "job" is rarely promoted out of the ranks. How can the supervisor with her added responsibilities, with dozens or hundreds of patients, still render that service which, as a staff nurse, she found so much joy in giving? Quite obviously, she cannot care for each patient herself; she at once becomes dependent upon the members of her staff, as she can act only through them. Miss Day of Teachers College says of the supervisor:

She is one who accomplishes the ends of her own work through the effects she can produce upon the efforts and activities of others.

How often do we ask ourselves, "How am I influencing the behavior of this nurse, what reaction am I getting from that one?" Do we use the same method for one and all, or do we study each nurse individually? Why did she enter the profession, what does she hope to get out of it, what does she hope to give to it? What are her worries, her joys? How can I strengthen her weak points, how develop her strong points?

Only too often the supervisor has not been adequately prepared for the task at hand. In some cases, a woman because of her experience in one branch of nursing, is placed in the position of supervisor in a totally different type of work. That this is a mistake has been proven over and over again, and yet positions are being accepted daily by nurses who do not know the work from the ground up. A nurse cannot have deep faith in the judgment of a supervisor whose advice in the handling of innumerable difficulties is not founded on actual experience. This applies particularly to the Public Health field, for the hospital supervisor must have had her hospital training. Unfortunately, the Supervisor in Public Health often has not had adequate field experience. She frequently does not realize that this is essential. She does not know that her nurses feel the inadequacy of her preparation, and that they are seeking advice from others who know their difficulties through actual experience. The young inexperienced supervisor seldom realizes the unlimited possibilities of her work. She knows that she is responsible for definite routine work, for seeing that certain reports are properly filled out. The responsibility often is placed upon her before she is ready for it, doing a

great injustice to her as well as to the staff. What preparation has she been given for this position? What does she know of human behavior? Is she understanding and sympathetic? What is the attitude of her nurses toward her?

The nurse who is domineering, who regards her supervisory position as one of authority, who commands rather than leads, who believes that cold dignity is more to be desired than warm human understanding, will never get the desired reaction from her nurses. Outwardly they may conform to the pattern she has set up for them, inwardly they are not developing the best that is in them. Why are we so afraid of being friendly? intimacies are not necessary, but we do need to smile oftener; we need not be ashamed of a saving sense of humor; our nurses will not think less of us if we show that we enjoy life. How can we arouse real joy and enthusiasm in our nurses for their work unless we ourselves show that we enjoy every minute of the day? Not long ago, I heard a most inspiring sermon delivered by a splendid white-haired minister. During his prayer, which was stirring and uplifting, I was not a little startled to hear him say most earnestly: "Lord forgive

us for our long faces—" Most of us need forgiving. A smile is contagious, but it is a form of contagion which needs to be spread, not stamped out.

Friendliness, the cultivation of a cheery, pleasant expression and manner, is desirable in all forms of work,—in the Public Health field, it is an absolute necessity. This seems rather a strange thing to teach, and yet it is almost invariably one of the first lessons the new nurse must learn. She may be ever so skillful in her nursing care, her advice may be scientifically sound, her reports neat and accurate, but she will make little impression on her district families if her manner is cold and forbidding.

Several years ago I heard someone remark: "A smile is understood by all nationalities." I have passed that remark along hundreds of times, as it has helped me more than anything else, in working with the foreign-born. The new nurse who is utterly bewildered when people do not understand her, is reassured after using the formula, as it puts her at her ease, the family is more comfortable, and the tension is immediately relieved. It is a step in the right direction.

(To be continued)

CHILD HEALTH DEMONSTRATIONS

AFTER several months' survey of the child health conditions in twelve Southern states, the Child Health Demonstration Committee, representing the Commonwealth Fund and the American Child Health Association, has announced its decision to establish two demonstrations in the South, one in Rutherford County, Tennessee, and one in Athens, Georgia.

Rutherford County, a typical, fairly

prosperous Southern agricultural district, has high tuberculosis and typhoid death rates and unreliable infant mortality and morbidity figures. A new State Code of School Laws provides for physical education in the public schools in all state colleges, universities and normal schools giving teacher training. Murfreesboro, the county seat, is one hour from Nashville—the home of Fisk University, George Peabody

College, Meharry Medical College and School of Nursing, and Vanderbilt College—and it is the location of Middle Tennessee State Normal School and Tennessee College for Women. Every resource of these institutions has been pledged to the demonstration. The County Court on October 1st passed an appropriation for a full time county health unit, suitable quarters for the demonstration and the permanent carrying on of the demonstration program at the end of the five-year period. The demonstration is assured further by the coöperation of the State Departments of Public Health and Education and the State Medical Association.

The work of Maud Ferguson, the efficient Red Cross nurse, has long represented almost the entire health work of Rutherford County. In recognition of her unusual services, Miss Ferguson has been awarded one of the nurse's scholarships offered by the American Child Health Association. Her close connection with the problems of the community gives her a most significant point of view on the Child Health Demonstration. The following letter expresses her conception of the opportunities for improving child health offered to the community by the Demonstration:

The public health nurse working alone in her county, especially in the South, is to Public Health work as "the voice crying in the wilderness." She is a forerunner of some greater power and her eyes and her work are turned toward the future. Propaganda is her strong weapon, and always, in her varied rounds, she is seeking to build up a desire among the people for better conditions in all those things which bear on the health of the individual or community, and to give to them a knowledge that sooner or later broader and better work must be done.

In Rutherford County, Tennessee, during

these past weeks, the people have begun to understand the real meaning of Public Health work, and there is now much rejoicing among them, for the Child Health Demonstration Committee has chosen this community as the field for one of the Southern Demonstrations. From the visits of members of the Committee they have learned something of the value of organization in health work, and they have been given a glimpse of the vastness of this work throughout the world. They realize that Public Health workers, even those alone in the most obscure committees, are part of a great national organization which stands equipped and ready to extend suggestion and help.

The Demonstration will bring directly to our community, through the carrying out of its program in the interests of the mothers and children, unlimited benefits. Its development will serve as a pattern for the group work which must, as soon as conditions permit, be established in all counties of the South.

In addition, many indirect benefits will be evolved. The enthusiasm generated by the contact with experts who may be drawn here by their interest in the work will bring results of great value. One of the most important will be the development of a desire among the people for a wider, more intelligent application of measures dealing with sanitation and the control of contagious diseases. Citizens will work for better housing conditions, for proper inspection of food and water, for improvement in school buildings, and will build up in the community a better understanding of those attitudes of mind and habits of living which contribute most to happiness and comfort in the lives of children. * * *

To obtain the strongest support for the work of the demonstration and to insure its permanency, it is essential to have the coöperation of all the local groups, as well as that of the State from which, in the future, as in the past, help and inspiration must come. Perhaps only the workers have realized to the full extent what bearing efficiency and enthusiasm in the State Department of Health, or the lack of these, have to health work in the rural districts, and how necessary it is, if the work is to become strong and compact, that the County should do its part toward following State Direction. * * *

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE RELATION OF THE SUPERINTENDENT OF NURSES TO THE SUPERINTENDENT OF THE HOSPITAL ¹

BY ADA BELLE MCCLEERY, R.N.

IN discussing the question of the relation of the superintendent of nurses to the superintendent of the hospital, I have taken for granted that the superintendent of nurses is also the head of a school for nurses. I might clarify my own position a little, perhaps, if I explain that I was the superintendent of a hospital, in fact of two hospitals, before I was a superintendent of nurses, and after being superintendent of nurses for six years, I am again a hospital superintendent.

Who may be a hospital superintendent? Anyone whom the Board of Managers may appoint—man or woman, doctor or nurse, preacher or teacher, a good business man or a poor widow,—I think we have them all. The superintendent of a hospital may be a great executive, may be a diplomat, may be an untiring worker, may be both sympathetic and generous, may have a vision of the opportunities which a hospital presents to medical science in both experimentation and research, or the superintendent of a hospital may lack ability, may be miserly, may be selfish, may be indolent, may see only the work of the day. In either case he is chiefly concerned with the definite aim of the institution,—which is the care of the sick. To accomplish this end he has innumerable duties to perform as he is responsible for the cleanliness and state of

repair of all buildings, for the upkeep of the grounds, for the purchase of all supplies, for the approving and paying of all bills, for the admission and discharge of patients, for the settling of patients' accounts, for all decisions regarding discounts allowed, for the preparation of food, for the laundry, for the engine room, for the hiring of employees, for the upkeep of special departments, and for the supervision of the house staff. No matter how much he may delegate to others, he is the head of the institution.

Who may be the superintendent of nurses? At once we find ourselves restricted, as the superintendent of nurses must be a woman and must be a nurse. Latterly, we find that she should possess other qualifications, which in addition to those of the best hospital superintendents, include a knowledge of educational methods and of educational problems. In other words the superintendent of nurses faces two responsibilities: one, the care of the sick in the hospital; the other, the education of young women as nurses. Because of this two-fold position which she occupies, she is more than simply a department head in the scheme of hospital organization. The failure to understand, or to appreciate, the educational factor is the underlying cause of a large amount of the friction, in many institutions, between the superintendent of the hospital and the superintendent of nurses.

¹ Read at the Tri-state Meeting, La Crosse, Wis., 1922.

What is essential for a harmonious relation between these two? First is respect, each for the other. I mean by this that each regard or treat the other with honor. This respect must be founded upon character and upon ability. If one has respect, other things are added, such as loyalty and coöperation. This is a mutual affair and it is just as important for one, as for the other, to show consideration and to display judgment. There is nothing more deadly to all concerned than a series of "rounds," each trying to take advantage of the other. Unfortunately, this practice also reacts upon those in the ranks, and keeps the entire institution in a ferment.

Why is this question important enough to take the time of this group for discussion today? First, because we find that all over the country, fine, capable, educated, cultured women are leaving positions as superintendents of nurses, seeking other opportunities for usefulness where their authority will equal their responsibility. Second, because of the unhappiness and of the heart burnings of many others who suffer more or less in silence under the conditions which exist in many hospitals.

To any one who is cognizant of the advancement in medical science no explanation of, nor apology for, the advancement in the art of nursing is necessary. To practice medicine today, nurses are essential, not nurses in name only, but educated nurses, who have in addition to a cultural background, a technical knowledge which will enable them in reality to be the right arm of the doctor. Nursing is not confined to the giving of baths, to the serving of trays, to the reading of a thermometer,—but a nurse, a bedside nurse, if she be

more than a companion, must know enough about disease to recognize danger signals, and about instruments of precision to make accurate observations. It is unnecessary even to mention to this group the thirty odd lines of work open to nurses and for which they must be prepared. The point is that in order to meet this need, or demand, we must have the very finest of our women for the heads of our schools, and if other fields are proving more attractive, we must remove the handicaps of ours.

What are the handicaps of ours? It hardly seems necessary for me to mention as handicaps the petty annoyances to which a superintendent of nurses may be subjected and yet they are frequently like a "thorn in the flesh." Of course, she has a right to employ the members of her own staff; of course, she arranges for the social affairs of her school as she sees fit; of course, no orders are issued by the superintendent of the hospital which affect the nursing service without a conference; of course, she is permitted to issue orders to her staff through her own office; and of course, she is given living quarters in keeping with the position which she occupies.

But, probably, the greatest handicap of all is the lack of contact with the Board of Directors. There are active Board members who do not realize just the position which the superintendent of nurses occupies. They will sometimes say very frankly: "I have not met her," or "I have seen her once or twice," or "I think she is all right, she seems to be getting along." They have no sense of responsibility for the school. I wish it were possible to make every member of a Board of Directors of a hospital realize that he is, also, a member of a

school board. How long would any member of a Board of our public schools remain a member if he took as little interest in school affairs as some take in our schools for nursing? Do we ever find that the Board of Directors of a college do not know the name of the college president, or that the principal of the township high school has no contact with his School Board? The situation is no different. The superintendent of nurses has a grave responsibility, as she has all applications to pass upon of students entering the school,—and in these days she has, first of all, to secure the student, and the ability to do that is not to be despised. She has to decide upon the fitness of all probationers to become nurses; she has the assigning of all students to their practical duty, seeing that each has experience in all departments; she has a course of study to outline, and she must have a knowledge of the content of each course offered; she has her teachers to secure, her assistants and head nurses to engage; and her faculty meetings to hold. She has the nurses' residence to supervise, all matters of misconduct or inefficiency to discipline, and the oversight of all supplies used in the nursing departments. She is the buffer between the doctor and the patient, between the nurse and the patient, between the public and the hospital, and between all departments of the hospital. Very few things occur in the hospital which cannot be laid at the door of the nursing service. If the expenses are too high, the nurses are too wasteful; if the food is below grade, the nurse is careless in her manner of serving; if there is a shortage of linen, the nurse does not use judgment in the use of linen; if the hospital is

noisy, the nurse talks too loudly, or she does not move quietly enough. That is the story day after day, and in addition to pouring oil on these troubled waters, the superintendent of nurses must see that each patient has adequate nursing care.

Gradually, people are recognizing the fact that our schools of nursing are taking their place in the educational world as real schools. Some of them are of such high grade that colleges are giving college credit for courses completed, just as Dr. Beard has explained. Just a few days ago I sat on a committee composed of the president of a great university, the dean of a college of liberal arts, the head of a department in the university, the president of a hospital board, and two nurses. The consensus of opinion of that group was that ideas must undergo a greater change concerning nursing education and that colleges must plan for pre-nursing courses, just as they now plan for pre-medical courses.

I know of no better way to illustrate the situation as it exists today in many hospitals than by recalling to your minds the story which we all learned in our youth as the cause of the Revolutionary War. While there might be other causes, the one big cause was "taxation without representation." Although we had but a vague idea of its meaning, with the tolerance of youth we gloried in the courage of those early settlers demanding a voice in the spending of their taxes. As we have grown older we have learned that many other factors influenced that declaration of war, but the phrase has remained with us and illustrates the position in which the superintendent of nurses too often finds

herself. Burdened with responsibilities, working as did the children of Israel to make bricks without straw, she, like our forefathers, becomes discouraged and feels oppressed.

Why should she not represent herself or the work of her school to the Executive Board? Why should she have the superintendent of the hospital interpret her message? He might forget the message as given, or fail to realize the significance of it, as he is not primarily interested in education. Or why should her message be carried by a member of the medical staff? Is any doctor more interested in nursing education than is the head of the school? Can she not be trusted? Then she is not fit to hold the position she now holds in the institution, and the sooner the Board learns that fact the better it will be for both patients and students. Unfortunately, she is not always capable enough to present the needs of the school, but if the handicaps are removed, the difficulty of securing a suitable woman for a superintendent of nurses will disappear also.

If I may be pardoned for being personal, I would like to tell you that at the hospital which I have the honor to represent, for nearly three years the hospital superintendent and the superintendent of nurses have sat with the Hospital Board in executive session. The result is that the Board is beginning to be interested in nursing problems, and has made it possible for us to establish reforms which were badly needed. On the other hand, the superintendent of nurses now has a better understanding of hospital problems, which has not only resulted in greater economy, but also a spirit of coöperation has developed. I

know of no time when advantage has been taken by the superintendent of nurses of the privilege which has been given her. She has never made the mistake of presenting matters which might mean a change of policy without first discussing the matter with the hospital superintendent and the Training School Committee. On the other hand, she is not prohibited from presenting any matter she may desire to the Training School Committee. The hospital superintendent sits on this committee also. As this committee can only act in an advisory capacity and has no power to vote funds, it is important that she present her own problems, with the endorsement of the committee, to the Executive Board.

On the other hand, it is equally important for the superintendent of nurses to show consideration to the superintendent of the hospital. An unwise woman may sow seeds of discord by interfering in those departments which are strictly hospital departments, by offering unsought-for advice, or by the breaking of regulations which have been established.

In closing, I would like to pay a tribute to those fine women who have had the courage and the faith to remain as superintendents of nurses. We hospital superintendents can only stand in your presence with uncovered heads, for we are concerned with material things, almost like the Martha of old "cumbered with much serving," but you are molding the lives of young women, and for three years you are both an example and an inspiration to them. You are, also, sending out a never ending stream of women prepared to help make the world a better place in which to live.

STUDENT NURSES' PAGE

MORE NURSES FOR TUBERCULOSIS

BY GERTRUDE BEDELL

D. Ogden Mills Training School, Trudeau, N. Y.

WHERE are we to get enough nurses for tuberculosis work? This is the cry all over the land, of those doctors and workers who come in daily contact with the disease. In Saranac Lake, N. Y., at the present writing, it is difficult and almost impossible to get a nurse from the registry at the time she is most needed; they are all out on cases. Miss Groff, in her article, "An Appeal for Nurses in Tuberculosis Sanatoria," which appeared in the *American Journal of Nursing* some months ago, tries to persuade the graduates of general hospitals to enter tuberculosis work. But will they do it? Even among nurses there is a widespread fear of the disease. To those familiar with it, these fears are known to be groundless, but it is unlikely they can be removed until there is a more widely disseminated knowledge of tuberculosis.

Even when this happens, will the average graduate nurse answer the call to care for the tuberculous in sufficient numbers to meet the need? She is not particularly interested in tuberculosis (unless she has had it herself), she knows little about it, as Miss Groff states in her article, and if at the end of three years' work in a general hospital, she takes a postgraduate course in it, such as that offered by Sea View Hospital on Staten Island, she is looking for an executive position which will repay her for her time and effort spent in training, and while executives are needed, there is even greater need for

the specially trained nurse to do the actual nursing of the tuberculous, either at home or in sanatoria.

Where, then, is the recruiting of tuberculosis nurses to be done? The answer is, among the tuberculous themselves—those young women of good educational qualifications who have secured an arrest of an incipient or moderately advanced case of the disease, who do not wish to go back to their former occupations. Because they have had the disease themselves and have been treated in a sanatorium for it, these girls are peculiarly well fitted for the work, for they enter a training school with an advance knowledge of tuberculosis greater than that of many a graduate nurse, and they have besides, a sympathetic understanding of the mental processes that attend the disease that makes them valuable as comforters and companions. Moreover, they are not afraid of getting tuberculosis, for they have already had it.

The logical place in which to train these student nurses is in the sanatoria themselves. The time is not distant when such training schools will be far more numerous than they are now. The need is imperative; it only remains to make this need known and to provide the proper facilities for the training of tuberculosis nurses. This should include the best living and working conditions obtainable,—outdoor sleeping porches, nourishing food and a working day of not more than eight non-consecutive hours with two half days off weekly.

The training should cover the same ground in theory, and as far as possible in practice, as that which is taught in general hospitals, with special emphasis on tuberculosis. Nurses trained in the old school may think this program too luxurious, but these measures are merely means of safeguarding the health of the student nurses who, being arrested cases of tuberculosis, cannot be considered in the best physical condition. Girls will not take up the work if they find their predecessors have broken down under it.

It seems to have been proved that however desirable is a course of training in a general hospital with which the sanatorium training school may have an affiliation, there are few student nurses in tuberculosis who can stand it physically and the task of weeding out these few is fraught with difficulties. But if the sanatorium schools are modeled on the highest standards, they can give a specialized training which is entirely adequate for the type of nursing their graduates intend to do. It is desirable,

too, that the graduates of these training schools have legal recognition as trained tuberculosis nurses. Unfortunately, in New York State at present, the law provides that no graduate of a sanatorium training school without affiliation with a general hospital, can be more than a "trained attendant." This seems hardly designed to increase the number of intelligent young women who might take up the profession of tuberculosis nursing.

This is an age of specialization, likewise of a lack of tuberculosis nurses. Let us dovetail these two facts and provide a specialized training in tuberculosis. The raw material for nurses is present in every sanatorium; the tuberculosis specialist can put in his word in favor of the training; all that remains is to provide schools of the best quality to turn out enough nurses yearly to fill the breach. It is only a question of time when this will become an accomplished fact. Now what we want to know is, "How soon?"

PRACTICAL SUGGESTION

While caring for a "kidney case," my greatest worry was how to protect the patient's clothing when sitting up. I took a very thin piece of silk rubber, 8 by 12 inches, and turned in about one and one-half inch along each side, then turned in the corners, to form an envelope. The lower edge of the rubber was fastened with inch wide adhesive to the patient's hips, below the incision, thus forming a pocket. Pieces of bandage, fastened to the top corners, were brought up over the opposite shoulder, bringing the pocket of dressings snugly against the incision, catching all drainage. By changing the dressings two or three times daily, I could keep the patient in a chair most of the day and this added greatly to his comfort. (A rubber glove can sometimes be used for the pocket, to advantage.)

NELLIE G. SMALLWOOD, *Baltimore, Md.*

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

PROGRESS IN POLAND

DEAR EDITOR: Perhaps you will be interested in noting that a magazine, *Child Welfare*, is now being published in Poland, though Child Welfare work was started there little over two years ago. The Polish Committee has also started a sick relief fund for the workers in charge of the Health Centers, of which there are 85 functioning.

Missouri

M. E. S.

MISSIONARY NURSING

DEAR EDITOR: Through reading the letters published in the *Journal*, I became interested in missionary work and applied for work in China, but I was appointed to come to the Philippines. I am now waiting to sail.

Ohio

C. M. H.

THE JOURNAL FOR RELIEF FUND NURSES

DEAR EDITOR: As the Christmas holidays draw near, we are all beginning to think of what we can do to give cheer and pleasure to our friends and acquaintances. It has just occurred to me that there may be many nurses in the country who would like to send a cheery message to the nurses who are beneficiaries of the Nurses' Relief Fund. There are, I believe, thirty-five nurses on the list at the present time and it seems to me that a subscription to the *American Journal of Nursing* would be as acceptable and cheerful a gift as any, to each of these nurses. Only three of the total number are receiving the *Journal* at the present time. Those wishing to send a Christmas remembrance to our sick nurses may make the amount of subscription (\$3.00) payable to the *American Journal of Nursing*, stating that it is for one of the beneficiaries of the Nurses' Relief Fund, and send to the Managing Editor of the *Journal*, 19 West Main Street, Rochester, N. Y.

A. G. D.

WHAT THE JOURNAL MEANS TO ME

I.

DEAR EDITOR: You don't know how pleased I am to be able to subscribe

again to the *Journal*. I have been like a cat in a strange garret without it. Next time I shall pawn my clothes, if necessary, to renew my subscription.

Vermont

M. S. H.

II.

DEAR EDITOR: As I am separated from the profession in most every other way, I should be lost entirely without the *Journal's* contact, and I think it is growing better all the time.

Oregon

W. H. H.

JOURNALS WANTED

Margaret Brinton, Librarian, Mayo Clinic, Rochester, Minn., wishes a complete set of the *Journal* for the years 1914, 1915.

Rev. J. J. Sigstein, 1531 Van Buren Street, Gary, Ind., wishes back numbers of the *Journal* for use in house to house visiting and social service work among the poor.

A DESPERATE SITUATION

DEAR EDITOR: The German Nurses' Association, founded in 1903 by thirty nurses, has grown to a membership of 4000. In 1907, there were in Germany, as shown by the state statistics, about 75,000 professional nurses. Of these, 26,000 were Catholic nuns; 12,000 Protestant Deaconesses; 6000 in Red Cross mother houses; some hundreds in smaller organizations. All of these were subjects of their institutions, who could not decide by themselves which sort of work they preferred or could do best, but had to do what was ordered, the institutions taking care of their personal needs for their whole life. The larger their numbers grew, the more had to leave the institutions, to help their families by independent work. Out of these independent nurses the German Nurses' Association was founded. Not used to independent life, they needed a place to turn to and tried to get this from their own numbers. They had a committee formed of nurses only, from the beginning, and were so able to join the International Council of Nurses as early as 1904. The religious and worldly mother houses took no special interest in furthering this profession,

as nursing was only one of many sorts of work and their leaders, lay people. The German Nurses' Association was the only place where professional standards and training came before everything else. To show by statistics the overwork, the ruin of health, the defects in training, and to try to improve conditions were its all-important goals. The Prussian government had been working as early as 1902 for state registration. When it came into force in 1907, the German Nurses' Association was the strongest supporter of it, even in its defective beginning with only one year of theoretical training as a first step forward. Practical training had always been from 3 to 5 years in all those institutions. The German Nurses' Association has always asked for three years practical and theoretical training. Since 1921, only two years are granted and the fight for three years of training is going on. State registration is now in force in all German states. Social welfare work was from the beginning one of the great interests of the Association. In later years a number of social schools have been founded in all parts of Germany, with splendid theoretical teaching, but without a strong practical basis. The Association believes earnestly that this is a heavy fault and that nobody should do health work without a long experience in nursing. Besides the large group of different mother houses, and the small beginning of an independent professional association, there were many thousands of nurses of the type of attendants in hospitals, asylums, etc., untrained, uneducated, unorganized, and most of them without any ideals. Since the revolution, these people have been organized in two large unions. The smaller and weaker one calls itself "Christian," the larger one is quite socialistic, a branch of an enormous political body. Politics are a strong feature. They try to get more male nurses into the hospitals and in responsible places, while at the same time the directors want women in these places, because men are not able to do the housekeeping part of nursing in any way. In the time of revolution, all of them, men and women, asked for entrance into training, but when they saw that meant mental work, which they were not up to, they did not press the question. Now their union has made at least part

of them go in for it and tries to lower the standard of training and examination, to give their people a greater chance of passing. By political pressure they got state registration for many of them without real training, and as a new bill for nursing for the whole German empire is planned, they try to get much influence in that, to make it further their political ends,—the worst thing possible for the nursing profession in Germany. Their speakers are generally not even male nurses, but party journalists and secretaries without any professional foundation.

This is the situation of today in German nursing and just now the growing pressure of all the destroying influences is hitting the German Nurses' Association at the root. This small but always fundamentally strong body has been quite independent in money matters. The fees of members were, after the first few years, enough to support a large central office in Berlin and branches in different parts of Germany, most of the latter combined with homes for nurses on private duty. In the last years before the war, a few thousand marks were laid aside every year with thoughts of our own house in Berlin. One of the branches in Bremen had bought one for its private nursing home. In the first years after the revolution it was impossible to raise the salaries of the higher classes, only those of hand-working people were going up rapidly, often by strikes. During the past two years, by degrees, the salaries of most nurses began to be satisfying, so that the Association hoped to be able, after very hard years, at least to keep up its work on a small scale. But the fall of the mark ruins all such hopes. The journal that kept the 4000 members in connection with headquarters and with each other cannot longer be printed. It had gradually been shortened from twelve pages every fortnight to four pages every two months. Its cost, before the war, was only 300 marks; the last small number on the 1st of July was 2¼ million. The staff in the Central office is reduced from 14 to 7. Only with great overwork was it possible to keep things going on with so few people. Every one of the staff nurses was willing to do her best, but the salaries, this month about 225 million marks, just enough to keep only their life, can not

be paid for much longer, as the substance of it is not coming any longer from the fees of nurses working in Germany, but from the small number working in foreign countries. These members are paying their fees in foreign money and we also received gifts from a few foreign friends which should really go to the old and sick nurses of the society, who are not able to live on their state pensions, but must slowly starve without help of the Association. But if the Association breaks down, they have no chance to get any such help, and so we must try first to keep it alive. If the German Nurses' Association perishes, that means extinguishing the only party in German nursing which stands for *professional* ideals. It would mean not only the loss of twenty years of hard work of an independent body of professional women, but it would deliver the forming of the new bill to unprofessional leaders at the head of the mother houses (Red Cross) and the political unions. This would mean the greatest damage not only for nurs-

ing, but just as well for all social health work. Only this great danger touching the whole nation gives us the courage to ask for help. Nobody can help us in our own land, so we must turn to foreign countries, hard as it is. We must try every possible step, before we lose our years of hard but successful organizing work, not only for the welfare of our profession, but for the welfare of our whole nation.

SISTER AGNES KARLL,
President German Nurses' Association, Honorary President International Council of Nurses.

NOTE—This plea for help for the German Nurses' Association has the endorsement of the Board of Directors of the American Nurses' Association. The German Nurses' Association is a member in good standing of the International Council of Nursing. No campaign for funds will be made, but nurses who would like to help, voluntarily, are asked to send contributions to Headquarters, American Nurses' Association, 370 Seventh Avenue, New York.

A FRAME TO RAISE A HOME BED

I was called to a case where the patient was an old lady with paralysis of the left side. She weighed about 140 pounds and was in one of the lowest beds made. After making her as comfortable as possible, my first thought was for a different bed. I tried to get a hospital bed, but without success. I finally solved the problem of raising her bed by the aid of a carpenter to whom I told my ideas and he carried them out with wonderful satisfaction. He made four posts, 4 x 4 x 14, put good ball bearing castors in the bottom, and steel pins in the top which fitted into the old castor holes. The posts were held together by long strips of wood, outside the foot and head, and inside the sides of the bed, so that they would not interfere with me when I stood beside the bed. This raised the bed 16 inches, bringing it to a very good height so that I could work with greater ease. An old curtain rod was placed against the head of the bed, held firmly by brass caps fastened to the sides by three screws, each. The patient was able to help move herself by pulling on this. As the patient improved and became able to get to a chair, the posts elevating the bed were sawed off 6 inches at the bottom, enabling her to touch her feet to the floor. The frame was given a coat of shellac, so it was not unsightly.

A back rest made of wire screening, and a foot rest, made standing, like the pedals of an organ, were also part of the equipment for this patient.

NELLIE G. SMALLWOOD, *Baltimore, Md.*

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

4. In several years' experience in public health I have not been able to learn whether there is an instrument on the market for determining the degree of humidity of a room.

If you will write to the Taylor Instrument Companies, Rochester, N. Y., and ask them for their Tycos-Hygrometer Book, we think you will find the information you have been seeking. The Bridgeport Hospital, Bridgeport, Conn., has assured us of their satisfaction with this instrument.

5. Kindly let me know the exact date of Jane Delano's death and burial.

Miss Delano died in Savenay, France, April 15, 1919, and was buried there, April 18, 1919. Her body was brought to this country in the fall of 1920, and was buried in the National Cemetery at Arlington, September 18, 1920.

6. When may a graduate wear her school pin? When may the Red Cross nurse's badge be worn?

We know of no regulation covering the use of school pins, other than that of good taste. The principle set forth in the regulations for the use of the Red Cross badge seems to us

to hold good; namely, such pins should not be used for adornment nor should they be used because of their utility except when an accepted part of a uniform.

Regulations governing the use of the badge of the Red Cross Nursing Service, approved by the National Committee on Red Cross Nursing Service, April 23, 1921:

"First: It may be worn by an enrolled Red Cross Nurse only, and then as a badge and not as a pin.

"Second: When in Red Cross uniform it may be worn:

(a) With the indoor uniform to fasten the collar in front.

(b) With the outdoor uniform it may also be used to fasten the collar of the waist.

(c) It may be worn two inches below and three inches to the left of the lower left hand point of the collar.

"Third: It may be worn at a Red Cross function with civilian clothes or with evening dress. When worn in this way, it must not be used as a pin, but should be worn on the left of the waist, in relatively the same position as described in (c) above."

The Red Cross roll call will occur November 11-29. Nurses are part of the very body of the Red Cross and will not need urging to give it their loyal support, but in addition to personal coöperation, they may use their influence to make clear to others the need of the Red Cross for funds with which to carry on its world-wide benefactions.

TOO LATE FOR CLASSIFICATION

Delaware: The Delaware State Board of Examiners for Nurses will hold the next examination at the Homeopathic Hospital, Wilmington, on Monday, December 3, beginning at 9 a. m. Refer all applications to Mary A. Moran, Secretary, 911 Delaware Avenue, Wilmington, not later than November 24. Applications from nurses wishing to come in by reciprocity will also be considered on this date. Mary A. Moran, Secretary.

Ohio: The Nurses' Examining Committee of the State Medical Board will hold an examination for applicants for nurse registration on December 10, 11 and 12, Columbus. Applications should be made well in advance to Nurses' Examining Committee, Ohio Building, Fourth and Main Streets, Columbus.

WHAT TO READ

Nurses, especially operating-room nurses, should read an article in the August number of *American Journal of Obstetrics and Gynecology*, entitled, "Resuscitation in Obdominal Surgery," by H. Wayne Babcock, M.D., Philadelphia. This Journal is published by the C. V. Mosby Company, St. Louis.

"The Education of the Nurse in the Principles of Mental Hygiene," is a good summary of articles that have appeared in various magazines on this topic,—*Mental Hygiene*, July issue,—editorial office, 370 Seventh Avenue, New York.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

AMERICAN NURSES' ASSOCIATION

THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION held a meeting October 1-3, in New York. A general plan for the program for the 1924 biennial meeting was presented providing for the general meetings of the three organizations to be held jointly, and the business meeting of each organization arranged so as to give members of the other two organizations an opportunity to be present. The Chairman and the Secretary of the Legislative Section met for one afternoon with the Board of Directors to discuss the further development of the legislative work of the American Nurses' Association. Clara D. Noyes, who attended the Executive meeting of the International Council of Nurses in Copenhagen, gave a most comprehensive and detailed report of the meeting (see *American Journal of Nursing* for October). At the Executive meeting of the International Council of Nurses it was recommended that the American Nurses' Association be requested to appoint a Committee on Revision, also one on Eligibility and Program to work with Christiana Reimann, Honorable Secretary of the Council, who is to come to the United States the first of the year to attend Teachers College. As the subjects of Revision and Eligibility are so closely related, it was decided that one Committee might serve in a dual capacity; Clara D. Noyes was appointed Chairman, with Sarah E. Sly and Agnes G. Deans. Those appointed on the Program Committee for the meeting to be held in Helsingfors, 1925, are Isabel M. Stewart, Elizabeth G. Fox and Agnes G. Deans. A special committee was appointed for the purpose of watching Federal legislation relating to nurses and nursing. Lucy Minnigerode was made Chairman of this Committee, with power to select the other two members, residents of Washington, D. C. Jane Van De Vrede, Chairman of the Special Committee on Publicity presented the following recommendations in developing publicity for the American Nurses' Association:

1—That the Committee be a joint committee of the three nursing organizations.

2—That the Committee be composed of the secretaries at Headquarters of the American Nurses' Association, and the National League of Nursing Education, the Publicity Secretary of the National Organization for Public Health Nursing, the Editor of the *American Journal of Nursing*, the Editor of the *Public Health Nurse*, and the local Chairman of Publicity at the biennial meeting.

3—That all publicity go through the National Chairman but be sent out from the Headquarters office.

4—That a Publicity Committee be appointed in each state which will centralize the interest in the three branches of nursing.

The Publicity Committee was also authorized to be responsible for securing abstracts of papers for the 1924 Convention. The W. B. Saunders Company offered to print the programs for the 1924 meeting. The offer was accepted with appreciation. It was decided to call a meeting of the Advisory Council of the American Nurses' Association for June 14, 1924, just prior to the opening of the Convention. The report of the Treasurer follows. The Finance Committee was authorized to call a meeting not later than October 31st to prepare a budget. As the Secretary of the American Nurses' Association was appointed as representative of the Board of Directors at the Headquarters Office for one year only, through December 31, a resolution was adopted that she continue in this office until such time as the Board of Directors take further action. The membership of the American Nurses' Association up to October 1, 1923, is 46,070.

AGNES G. DEANS, *Secretary*.

REPORT OF THE TREASURER

January 1, 1923, to September 15, 1923

Receipts

Balance for 1922	\$ 1,806.73
Dues	22,337.05
Sales of Accredited Lists	279.97
Contributions to Headquarters from individuals and organizations	55.00
Interest on bonds	23.75

Interest on bank balance-----	119.68
Bonds redeemed -----	1,000.00
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Total -----	\$25,622.18

Disbursements

Expenses of delegate to Hospital Conference -----	17.77
Expenses of Board of Directors from January 1 to August 1-----	742.62
Expenses of Committees-----	130.67
Postage -----	15.00
Printing and stationery-----	86.00
Express (Sending trunk, typewriter and material to Headquarters)---	25.42
Headquarters fund -----	6,750.00
Bonding treasurer -----	12.50
Bonding fiscal officer at Headquarters -----	25.00
Transfer Jane A. Delano bond-----	23.75
Dues to affiliated organizations----	35.00
Telegrams -----	21.12
Publicity -----	13.33
Auditors -----	75.00
Safety deposit box-----	5.00
Expenses, delegate to Copenhagen---	700.00
Refund to Arizona State Nurses' Association -----	4.00
Exchange on checks-----	2.51
Stenographic service -----	6.82
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Total -----	\$ 8,691.51
Balance on hand-----	16,930.67
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	\$25,622.18

V. LOTA LORIMER, *Treasurer.*

NURSES' RELIEF FUND
REPORT FOR SEPTEMBER, 1923

Receipts

Balance on hand-----	\$20,730.10
Interest on bonds-----	40.00
Interest on Liberty bonds-----	299.63
California: District 5, \$10; Dist. 9, \$82; Dist. 12, \$22; Dist. 18, \$144--	258.00
Connecticut: Meriden Hosp. Alum., \$5; three individuals, \$5-----	10.00
Illinois: Dist. 1, \$10; Dist. 5, \$86.18; Dist. 7, \$5; Dist. 8, \$20; Children's Memorial Hosp. Alum., Chicago, \$40 -----	161.18
Michigan: Dist. 1, \$8; Dist. 5, \$2;	

Dist. 6, Farrand Training School, Detroit, 75 cents-----	10.75
Minnesota: Two individuals -----	3.00
Missouri: Kansas City General Hosp. Alum., \$38; Bethesda Hospital Alum., St. Louis, \$10; Protestant Hosp. Alum., St. Louis, \$10; St. Joseph's Hosp. Alum., St. Joseph, \$10 -----	68.00
New Hampshire: Hillsboro County Hospital Alum., \$20; Notre Dame Hosp. Alum., Manchester, \$9; Littleboro Hosp. Alum., Littleton, \$6; one individual, \$1 -----	36.00
New York: Dist. 7, St. Luke's Alumnae, Utica, \$20; Little Falls Hosp. Alum., \$12; Broad St. Hospital Alum., Oneida, \$5; Dist. 13, one individual, Mt. Sinai Hosp. Alum., \$7; three individuals, \$12-----	56.00
Tennessee: Knoxville Registered Nurses' Association -----	101.00
Washington: Dist. 1 -----	55.00
Wisconsin: St. Joseph's Alum., Milwaukee -----	25.00
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Total receipts ----- \$21,853.66

Disbursements

Paid to 37 applicants-----	\$560.00
Exchange on checks-----	.45
Postage -----	11.52
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Balance September 30, 1923-----	\$21,281.69
Invested funds -----	57,050.00
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	\$78,331.69

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

A TRIBUTE TO MISS DOCK

"The Executive Committee of the International Council of Nurses desires to express to Miss Lavinia L. Dock, late Hon. Secretary of the Council, its regret that she is unable to be with them on this occasion, and to assure her

that her great interest, and the personal touch of her work for the professional advancement of nurses will be kept forever in the memory of all those whose interests are closely allied with those of the International Council of Nurses."

ARMY NURSES SENT TO JAPAN



REBA C. CAMERON

The U. S. Army Transport *Somme* sailed on September 8, 1923, for Japan, carrying Army Medical personnel and supplies for the relief of victims of the earthquake. The medical personnel which could be spared from the posts in the vicinity of San Francisco were sent on the *Somme*. Six members of the Army Nurse Corps sailed, with 1st Lt. Reba Cameron in charge of the detachment from the Letterman General Hospital. The personnel is as follows: 1st Lt. Reba Cameron, 2nd Lts. Dorothy Proske, Betty L. Stevenson, Sarah I. Stevenson, Zora N. Ballard, and Mary I. Carney. All of these nurses with the exception of Miss Cameron are to proceed to the Philippine Department for duty when they have completed their relief work in Japan. Miss Cameron has been directed by War Department orders

to return to the Letterman General Hospital upon the completion of her duties in Japan. Information has just reached this office that Medical officers, six members of the Army Nurse Corps, approximately one hundred enlisted men, and fifty-one Filipino nurses have been ordered from the Philippine Department.

CLASSIFICATION OF NURSES IN GOVERNMENT SERVICE

The Superintendent of Nurses of the Public Health Service was appointed to the Personnel Reclassification Board for the purpose of classifying the questionnaires of nurses, physiotherapy aides and dietitians. It came to her something of a shock that it was the intention of the Personnel Board to place nurses either in a group to themselves or in a sub-professional grade. It was not, however, the intention of the Personnel Board to classify nurses as professional personnel nor as a part of the medical service. It is now understood that a definite classification in a grade known as Nursing and Attending has been decided upon. This action of the Personnel Board places nurses in practically the same position in which they were placed in the Lehlbach Bill, where they were rated with the housekeepers' assistants and head orderlies and other attendants in a hospital. Every effort is being made by the Public Health Service to induce the Personnel Board to change this classification. The sixteen officers detailed to the Bureau for the purpose of working out reclassification for the Public Health Service have gone on record as stating that it is their belief that nurses should be placed in the professional grade. Whether their action will have any effect upon the final reclassification is not as yet known. The question is one of great importance not only to nurses in Government Service, but to nurses throughout the country that the Government of this country shall not go on record as placing nurses in a non-professional classification. The Immigration Law of 1917 and an Abstract of Occupation Statistics of the Census Bureau both place nurses in the professional service. The Rockefeller Report recognizes this as do the majority of civilian organizations and it is believed if an entire knowledge of the issues involved can be presented to the

Personnel Board that they will in justice to the nurses of this country change the decision which has already been made. It must rest largely with the nurses themselves whether they are willing to accept a non-professional classification in case the Personnel Board does not recognize the justice of their request for professional recognition.

ARMY NURSE CORPS

During September, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieutenants Mabel B. Williams, Jennie A. Smith; Station Hospital, Fort Banks, Mass., 2nd Lieutenants Julia B. Sherman, Mary A. Muldoon; Station Hospital, Fort Bragg, N. C., 1st Lieutenant Lucy W. Holden, Chief Nurse; Columbia University, New York, 1st Lieutenant Angeline L. Staples, Chief Nurse; Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenant Nettie H. Erdenberger; Japan (temporary duty), 1st Lieut. Reba G. Cameron, Chief Nurse, 2nd Lieutenants Zora M. Ballard, Mary L. Carney, Dorothy Proske, Betty L. Stevenson, Sara I. Stevenson; Station Hospital, Fort Leavenworth, Kas., 2nd Lieutenant Ethel K. Mellor; Letterman General Hospital, San Francisco, Calif., 1st Lieutenant Mary M. Broaddus, Chief Nurse, 2nd Lieutenants Margaret Donohoe, Ida M. Shelvin, Dora M. Askew, Mabel M. Ford, Nettie R. Jenkins, Mary M. Morgan, Ethel F. Carson; Philippine Department, 2nd Lieutenant Ruby E. Nichols; Station Hospital, Fort Riley, Kas., 2nd Lieutenants Elizabeth H. Crothers, Marie Jedamus; Station Hospital, Fort Sheridan, Ill., 1st Lieutenant Bessie S. Bell, Chief Nurse, 2nd Lieutenant Evelyn Hardy; Walter Reed General Hospital, Washington, D. C., 1st Lieutenant Ruth I. Taylor, Chief Nurse, 2nd Lieutenant Elizabeth M. Aldridge.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A. N. C.: Frances D. Troutman, Signe E. Holme, Rose Allison, Frances E. Van Voast, Freda Hess, Marie Holman, Pansie Arbaugh, Ruth E. Garbe, Marguerite Norton, Susie Dotson, Elizabeth Shockley, Ida Lange, Mary MacDonald, Margaret Moss, Louise P.

Furueker, Elsie M. Smith, Fidelia E. Barber, Eleanor Peart, Gertrude Mangan.

Arrangements for special courses for members of the Army Nurse Corps are now being made. Of the seventy-eight applications for such courses only a few can be granted because of the difficulty of effecting the necessary replacements. First Lieutenant Angeline L. Staples has commenced her year's course in the Department of Nursing and Health at Teachers College, on full pay and allowances, and First Lieutenant Edna M. Beyrer is soon to begin a four months' course in psychiatric nursing at the Illinois State Training School of Psychiatric Nursing, under the same circumstances. Courses in the administration of anesthesia, and laboratory technic are being conducted for nurses in various Army hospitals, but additional courses in other institutions cannot be arranged until later in the year.

The dedication of the bronze tablet in memory of the officers, nurses, and enlisted men of the Medical Department of the Army, who died in the World War, which has been erected at Carlisle Barracks at the Field Medical School, took place on October 4th. The ceremony was held in connection with the 31st annual meeting of the Association of Military Surgeons of the United States. The dedication took place after the formal parade and review of the troops, which was conducted for the visiting officers by the Surgeon General of the Army. At the parade the representatives of the Government nursing services who were present were invited to take the review with the Surgeon General and with the group of foreign officers who were present. The dedicatory address after the unveiling of the tablet was made by Brigadier General John M. T. Finney, Medical Reserve Officer. In his address General Finney paid a most touching tribute to the work of the nurses during the war. It is hoped that his entire address, which as a memorial was full of deep feeling, and as an appeal for personal responsibility in present day world problems, was an inspiration, may be printed in full in an issue of the *Journal*. The Superintendent of the Navy Nurse Corps and the Superintendent of the Nursing Service of the Veterans' Bureau, and three officers from the office of the Army Nurse Corps were present.

ARMY SCHOOL OF NURSING

The new class of the Army School of Nursing consists of thirty-eight students. The school is having the privilege of entertaining Mademoiselle Mignot, Assistant to Dr. Hamilton, of the Florence Nightingale School at Bordeaux. Mademoiselle Mignot has been sent to this country to observe methods of practical nursing procedures. She will stay in the Army School for several weeks, but will also visit other schools before her return to Bordeaux.

Mademoiselle Marguerite Oelker, Assistant to Mademoiselle de Joannis of the Rue Amyot School in Paris, returned to Paris on the second of October. She was sent to this country by the American Committee for Devastated France to take the summer course at Teachers College, and to visit a number of training schools. She had the great privilege of being entertained at the School of Nursing of the University of Minnesota, the School of Nursing of the University of Cincinnati, the Lakeside Training School, and the Philadelphia General Hospital Training School for Nurses. She also spent several weeks in Washington at the Army School of Nursing.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.*

U. S. PUBLIC HEALTH SERVICE NURSE
CORPS

Transfers: Erma G. Morrison, Acting Chief Nurse, from U. S. Marine Hospital No. 18, St. Louis, Mo., to Acting Chief Nurse, U. S. Marine Hospital No. 8, Evansville, Indiana; Lucile Watkins, New Orleans, La., to Key West, Fla.; Laura Sneed, Evansville, Ind., to Louisville, Ky.; Gladys Brock, New Orleans, La., to Memphis, Tenn.; Agnes Lally, Savannah, Ga., to St. Louis, Mo.; Dora Bransfield and Annie R. Bransfield, St. Louis, Mo., to Ellis Island, N. Y.; Edna Bachelder, New Orleans, La., to Ellis Island, N. Y.; Bernice Redmond, New York City, to Boston, Mass.

Reinstatements: Emma M. Ryan, Gertrude Camors, Ina M. Burney, Luella Soliday, Helen Spruill, Cicely Hunt, Anna Pape, Mary O'Toole, Ruth C. Henning, Minnie Fahlman, Ruth Fix.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSE
CORPS

HOSPITAL SERVICE. Transfers: Lucille Ellsmere, Carolyn Glickley, DeAlva Frazier, Myrtle Crutchfield, Edna F. McKinney, Hannah Brandt, Rue M. Dibble, Kate V. Grubbs, Adeline P. Boren, Alice L. Dunbar, to Ft. Bayard, N. Mex.; Grace Cashman, to Kansas City, Mo.; Ruth E. Metcalfe, Bess L. Petty, to New Haven, Conn.; Ida LaPorte, Anna P. Kelly, R. May Kennedy, Mellie L. Barnes, Susie I. O'Neill, Mrs. E. D. Bryan, to Muskegee, Okla.; Abbie Purvis, to Ft. Lyon, Colo.

Reinstatements: Mary Weir, Elsie Hottel, Freda Grutzmacher, Mrs. Alice T. Gayer, Ruie B. Ginn, Elizabeth Lehman, Vera W. Shanks, Julia Lyons, Mary Izatt, Ethel Replinger, Leona M. Snyder, Mrs. Edna M. Long, Margaret T. Cassidy, Lisetta Kerb, Madeleine I. Johnson.

DISTRICT MEDICAL SERVICE. Transfers: Josephine Hughes, to Cincinnati, Ohio, Dist. 7; Nell Boyd, to St. Louis, Mo., Dist. 9; Genevieve C. Jones, to Evansville, Ind., Dist. 7; Grace M. Engblad, to Dallas, Texas, Dist. 14; Alice A. Rowe, to Pittsburgh, Pa., Dist. 3; Irene Kober, to Erie, Pa., Dist. 3.

The Director has approved a conference of Chief Nurses from the hospitals and the fourteen regional districts in the Service, to be held at Central Office, Washington, D. C., beginning November 5, 1923. There will be approximately sixty Chief Nurses in attendance at this conference.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER announces its regional campaigns which are to be carried out in six districts, beginning in the Northwest on October 15 and closing in the New England States, May 14. The plan calls for a month's activity in each region rather than a single week's intensive work throughout the country. The nurse, whether she be engaged in public health or in general nursing, can assist in several specific ways in this program. It is planned to deliver lectures before all manner of clubs and organized groups. As a member of a woman's organization, as well as of her own nursing organization, she is in a position not only to

suggest that a doctor be invited to address their group, but to stimulate interest and follow up the request by helping in all suitable ways to make the arrangements. In some cities nurses have even been added to the cancer committees' lecture bureau, provided with the Society's standardized lecture syllabus and given some special training in the presentation of the subject for the special purpose of giving short talks before women's clubs which may prefer a woman speaker. The Society points out that the gravest duty rests upon those nurses whose lot it is to attend the sick suffering from cancer. Cancer is not contagious and those afflicted are often in the greatest anguish of both body and mind. Humane attention is therefore necessary and the nurse should acquaint herself definitely and accurately with the danger signs and early symptoms of the disease, and then, with all the energy at her command disseminate this knowledge to those with whom she is brought in contact. The fact that cancer is curable is not known by many patients; that to be cured requires early recognition and prompt action is the message which this Society is promulgating and in which it asks the coöperation of the nursing profession. The nurse is often the confidant of women suspecting cancer and she should therefore be in possession of all the latest facts and be a constant disciple of early treatment. Pamphlets on the subject specially prepared for nurses will be sent upon request to the Society's office at 370 Seventh Avenue, New York, N. Y.

Resolutions adopted by the Board of Directors of the American Nurses' Association:

Whereas, Nurses are classified as part of the Medical Service of the United States Army and have been given by law rank as officers of the Army, and nurses of the Navy have a similar designation; and whereas by an act of Congress the Nursing Service of the American Red Cross has been designated as the reserve of the Army and Navy; and nursing has been recognized as a profession by civilian organizations, schools and colleges, and under the immigration law of 1917 nurses are listed as professionals, and the Census Bureau has also listed graduate nurses as professionals; and a deviation from this classification will react unfavorably to the best interest of the sick in

times of peace and the wounded in times of war and will inevitably result in poorer and fewer nurses in Government Service, and whereas during the World War, the nurses of America because of their professional standing and efficient service established a record for the nursing of the world and rendered a service which has gone down in history as unparalleled; and whereas in the report of the Rockefeller Foundation nurses are accepted as professionals; and whereas the American nurses as a memorial to their comrades who made the supreme sacrifice during the World War, have established a training school for nurses on American lines in France, be it resolved, that the nurses of America express through their national organization, the American Nurses' Association, their belief that the Personnel Board will consider carefully the issues involved and will make their classification of nurses in accordance with the generally accepted professional classification.

UNITED STATES CIVIL SERVICE EXAMINATION

An examination will be held throughout the country on December 5 to fill vacancies in the Panama Canal Service. Information and application blanks may be secured from the U. S. Civil Service Commission, Washington, D. C.

At one of the meetings of the MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS, held in Evansville, Ind., a nursing section was held with Harriet Fulmer presiding. Subjects discussed were: The Migratory Consumptive Problem, Ida Spaeth, Colorado; Tuberculosis in a County Nursing Program, Virginia Lewis, Ohio; Nutrition Work, Mary E. Murphy, Illinois; Stabilizing County Nursing, Nellie Van Kooy, Wisconsin.

PICTURES OF EDITH CAVELL

The Edith Cavell Homes of Rest for Nurses, 32 North Audley Street, London, W. I., England, announces that they can supply reprints of Edith Cavell's photograph, 8 by 10 inches, for one shilling plus postage of six pence. The picture is in colors in a white uniform with bonnet and veil. Copies of these can be secured by communicating directly with the above address and for the price mentioned.

Arkansas: Pine Bluff.—THE DAVIS HOSPITAL ALUMNAE held its first meeting after the summer on September 19 and arranged the program for the winter. An effort is being made to get the District up to 100 per cent. in *Journal* subscribers before the State meeting.

California: Sanitarium.—ST. HELENA SANITARIUM AND HOSPITAL held commencement exercises on September 4, for a class of 25, the largest ever graduated. The address, *The Great Call*, was given by Dr. George Thomason of Los Angeles. The diplomas were presented by Dr. George Knapp Abbott. A reception was given in the gymnasium, following the exercises. On September 6, the Alumnae Association gave the class an all day picnic at Dillon's Beach. Alumnae came from long distances to join in the commencement events. **Stockton.**—THE TENTH DISTRICT ASSOCIATION held a regular meeting, October 4, in the Martha Washington Club Rooms. Miss Hawkins, Executive Secretary to the Camp Fire Girls, gave a most illuminating talk on the work she was doing, also a short resumé of the history of the Camp Fire Girls' movement in America. \$50 was donated to the Japanese Relief Fund to be used for the nurses in that stricken country. The second payment of \$20 to the College of the Pacific was paid. In 1922, \$100 was pledged as the nurses' contribution to the Weber Memorial Fund. Captain Weber was the founder of Stockton.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 11, 12, and 13, 1923, to examine nurses for a license to work in Colorado. Apply to Secretary, Louise Perrin, Capitol Building, Denver Colorado. **Denver.**—THE MOUNTAIN STATES CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION held its third annual meeting at Mercy Hospital, September 10 and 11. A wonderfully successful meeting was held, presided over by Diocesan Director Rev. Jos. F. Higgins. The following officers were elected for the ensuing year: President, Sister Mary, Glockner Sanitarium, Colorado Springs; vice-presidents, Sister Marcella, St. Joseph's Hospital, Denver; Sister Elnora, St. Anthony's Hospital, Denver; Mother M. Ignatius, Mercy Hospital, Denver; secretary-

treasurer, Sister Necasia, St. Anthony's Hospital, Denver. It was decided to hold the next annual meeting at St. Anthony's Hospital, Denver. **Pueblo.**—The Intermediate Class of MINNEQUA HOSPITAL gave an informal banquet in honor of the Senior class on the evening of September 12, at the Beulah Country Club, thirty miles away in the foothills of the San Isabel forest. The trip, made in motor cars, was a pleasant feature of this delightful occasion. Toasts were given by members of both classes and of the faculty, and the class will and prophecy were read. Dancing was enjoyed before the return trip was made.

Connecticut: Hartford.—THE HARTFORD HOSPITAL held graduating exercises for the class of 1923 on September 28 in the South Park Methodist Church, followed by a reception at the Nurses' Residence. **New Haven.**—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held a regular meeting on October 4 at the Nurses' Home. All officers were present. After the transaction of business, Professor Irving Fisher of Yale University spoke on Health Conservation, with emphasis on early treatment of cancer. The President was chosen as a delegate to the convention of the American Child Welfare Association.

District of Columbia: Washington.—THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION held its annual meeting at the Gallinger Municipal Hospital, September 23. The election of officers resulted as follows: President, Elizabeth Melby, Walter Reed Hospital; vice-president, Minnie Goodnow, Children's Hospital; secretary and treasurer, Catherine E. Moran, Gallinger Municipal Hospital. Various topics of interest were discussed, among them the Central School of Nursing project, which was given to the Committee for final action. It was decided to extend an invitation to the Graduate Nurses' Association to attend the meetings and become members of the League so as to form a closer relationship between these associations. Following the meeting a luncheon was served.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting in Jacksonville, November 26 and 27. **Tampa.**—DISTRICT 4 met on October 1 at the Gordon Keller Hospital Nurses' Home. Miss Johnson

resigned as secretary and Mrs. H. Ryland Cox was appointed to fill the vacancy. A social hour followed.

Georgia: THE GEORGIA STATE NURSES' ASSOCIATION will hold its annual meeting in Atlanta, November 26-28. Lucy Minnigerode of Washington, D. C., will be the main speaker of the convention. The local chairman of arrangements is Jessie Candlish, 20 Ponce De Leon Avenue. The Chairman of the Program Committee is Mrs. Eva Tupman, Macon Hospital, Macon. **Athens.**—ST. MARY'S HOSPITAL held commencement exercises on September 28 at the First Baptist Church for a class of five. The address was given by Col. H. Abit Nix. The diplomas were presented by Dr. H. M. Fullilove. **Forsyth.**—Mrs. Arzaner Jackson, graduate of Grady Hospital, Atlanta, has opened a private home for epileptic and abnormal children and for the aged who need good nursing care. **Savannah.**—THE FOURTH DISTRICT ASSOCIATION held its September meeting at the Park View Sanatorium. Reports were given by the committees on Education, Relief Work, and Board of Trade. A social hour followed.

Illinois: THE INSTITUTE held under the auspices of the State League in Chicago, in September, had an enrollment of 116, but attendance at various sessions was often over 200. Evelyn Wood has been appointed Executive Secretary of the Central Council for Nursing Education, succeeding Carol L. Martin. **Chicago.**—Four Scholarship students of the Visiting Nurse Association returned in September to their work,—one from a year at Teachers College, one from a summer course in the same place, one from a six months' psychiatric course at Johns Hopkins, and one from a course in Physiotherapy of the Harvard Medical School. Members of the staff of the Visiting Nurse Association gave a demonstration, "When the Visiting Nurse Calls" at the Chicago State Hospital, on September 14. Violet J. Curtis of St. Mary's Hospital, Kansas City, Mo., has taken a position in St. Francis Hospital, Blue Island, Ill. MERCY HOSPITAL graduates are reported as follows: Florence Canavan, Olive Daly and Mary Langdon have joined the staff of School Nurses. Nell Kimmel is employed as Industrial Nurse with Armour & Company.

Esther Schobinger is Supervisor of Obstetrical Department at St. Anthony's Hospital. Antoinette Morrissey has accepted the position of Surgical Nurse at Mercy Hospital. Teresa Murphy is doing School Nursing in Detroit, Michigan. Irene Niland has accepted the position of Instructress of Nurses at Mercy Hospital, Toledo, Ohio. **Decatur.**—R. Helen Cleland has resigned her position as Superintendent of the Decatur and Macon County Hospital. **Peoria.**—THE JOHN C. PROCTOR ALUMNAE had a concession at the Greater Peoria Exposition. A lunch stand, checking booth, first aid, and day nursery were conducted by the nurses and a nice sum of money realized for the Student Nurses' Home Fund. Erma Rhea Broun of Bethany Hospital, Kansas City, has been appointed Superintendent of Nurses at the Methodist Hospital of Central Illinois.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION held its twenty-first annual meeting, and the INDIANA STATE LEAGUE OF NURSING EDUCATION, its sixteenth annual meeting at the Hotel McCurdy, Evansville, October 5, 6 and 7. The 4th was given entirely to League meetings, Mrs. Albion Fellows Bacon giving the address of welcome and Mary M. Peterson, the response. Lizzie L. Goeppinger gave a report of the meetings of the National League at Swampscott. Josephine Mulville gave a most interesting address on Coöperation or Coördination of Training School Departments. Carolyn E. Gray of Cleveland gave the principal address of the day, A Resumé of Recent Developments in Nursing Education and a Prospectus of the Future. League officers elected are: President, Josephine Mulville, Indianapolis; vice-president, Sister Rose, Indianapolis; secretary-treasurer, Edna L. Hamilton, Indianapolis; directors, Mary Peterson, Lizzie L. Goeppinger. The meeting of the State Association was opened on the morning of the 5th with prayer by Rev. A. L. Craig. The address of welcome was given by Mr. Hollands, President of the Welfare Federation of Evansville. Ina M. Gaskill in her President's address enumerated the accomplishments of the year and expressed her pleasure because of the spirit of coöperation which had existed. Carolyn E. Gray of Cleveland gave a stimulating address on Are We Giving Satisfaction? Other addresses were: Tracoma Work in

Kentucky, Linda Neville; The Survey of Nursing in Indiana, Florence Blazier; The Value of Story Telling, Flora Dutcher; Outside Interests for the Private Duty Nurse, Bessie Patton; Summer Activities in a Country Public Health Nursing Service, Isabel Glover. Julius Doerter, Physical Director of the Evansville Schools, gave an excellent address on Physical Education, demonstrated by a class. Dr. Caldwell demonstrated late methods of blood transfusion and the taking of throat cultures. Mary F. Horn conducted a round table on Maternal and Infant Hygiene. Though the business meetings were full, not all the time was given to work. The Senior class of St. Mary's Hospital took the delegates for a ride about the city on the evening of the 4th; on the 5th, the local associations gave a boat ride and a picnic lunch. On the 6th, there was a waffle breakfast, followed by another ride. Officers elected are: President, Ina M. Gaskill, Indianapolis; vice-presidents, Mrs. Della Ingle Smith, Evansville, Grace Harvey, Lafayette; secretary, Eugenia Kennedy, Indianapolis; treasurer, Mary M. Peterson, Indianapolis; directors, Mrs. Mabel Scott Huggins and Lula Cline.

Iowa: Council Bluffs.—Anna Wheeler, graduate of the Jennie Edmundson Hospital, has a position in Chicago as Supervisor of Obstetrics at the American Hospital. **Creston.**—Two nurses from Creston have been sent to San Francisco to the American Legion convention. DISTRICT 9 held a regular meeting on October 8. Three delegates were chosen to attend the State meeting. **Davenport.**—ST. LUKE'S ALUMNAE met at the home of Fannie Smith on September 27, a social hour following the business meeting. Clara Craine, Supervisor of the Visiting Nurse Association, is recovering from a severe illness. **Des Moines.**—DISTRICT 7 met on September 14 for dinner in Harris Emery's tea room. Four delegates were chosen for the State meeting at Waterloo. Two new members were elected to the Association. **Fairfield.**—DISTRICT 2 held one of the most interesting meetings of the year on September 29. Beatrice Short, Supervisor of School Nurses, Des Moines, and Adah Hersey, Superintendent of Public Health Nurses, gave very interesting talks. Dinner was served at the Leggett House by the Jefferson County

Hospital Alumnae Association. **Grinnell.**—Mrs. Lutie B. Larson, Superintendent of Grinnell Hospital, has accepted the Superintendency of the Greater Community Hospital at Creston.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct semi-annual examination for State Registration November 20-21, 1923, at the J. N. Norton Memorial Infirmary, Louisville. For application and information apply to Flora E. Keen, R.N., Secretary, 115 N. Main Street, Somerset, Kentucky.

Louisiana: THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold its next examination in New Orleans and Shreveport, December 10, 11, 12, 1923. For further information, address Dr. J. S. Hebert, Secretary, 27 Cusachs Building, New Orleans, La.

Massachusetts: Boston.—THE MASSACHUSETTS GENERAL HOSPITAL celebrated the fiftieth anniversary of the founding of the training school by exercises held on October 15 and 16. (A report will appear next month.) THE BOSTON ALUMNAE ASSOCIATION will meet on November 6 at Vose Hall. An address will be given by Dr. Paul W. Emerson on Work on the Boston Floating Hospital. **Leominster.**—THE GRADUATE NURSES' CLUB has given a subscription to the *Journal* to the student nurses at the Leominster Hospital. **Lowell.**—ST. JOHN'S HOSPITAL ALUMNAE is planning for the annual dance to be held at the Highland Club, and also for the annual banquet which will be held at Marie's restaurant on the evening of November 24. The members are earning money to be used toward the new nurses' home. **Tewksbury.**—THE STATE INFIRMARY held graduating exercises for a class of 20 on September 26. As in the past, the procession was formed at the nurses' home and marched to the chapel. A class song composed by a member of the class was sung during the exercises. Afterward, the class picture was taken, a collation was served, and dancing followed in the evening.

Michigan: THE EXECUTIVE BOARD OF THE MICHIGAN STATE NURSES' ASSOCIATION held a meeting at the Y. W. C. A. Building, Lansing, September 15, with seventeen members present. Miss Welch, the President, was given a warm welcome after her absence from the State for more than a year in Florida. A delegate was

appointed to the State Federation meeting. **Detroit.**—The meeting of the FIRST DISTRICT was held September 5 at the Club rooms, with 35 members present. The event of the evening was the report of the National Convention of Business and Professional Women, held at Portland, Oregon, in June, given by Jane Couzens, vice-president of the National Organization of Business and Professional Women's Clubs. It was a great pleasure to have Miss Couzens as the guest of the District. Refreshments were served by the tireless and friendly refreshment committee. THE FARRAND TRAINING SCHOOL ALUMNAE held its regular monthly meeting at McLaughlin Hall, October 9. New members were received into membership, reciting the Florence Nightingale pledge. Topics discussed were the forthcoming biennial conventions for 1924 in Detroit and also a short report was given of the National League of Nursing Education held at Swampscott in June. A social hour followed the meeting. Eva A. Gregg, Superintendent of the Isabella Hospital, Tientsin, China, and President of the Nurses' Association of China, gave a talk to the nurses of the Farrand Training School on the work in China and the need for more nurses there. The other schools of nursing of the city were guests of the Farrand School for this meeting. Florence N. Crane, class of 1917, Farrand Training School, who has been doing missionary nursing in the Belgian Congo, has given up her post temporarily because of ill health. THE ALUMNAE ASSOCIATION OF THE GRACE HOSPITAL TRAINING SCHOOL held its annual meeting at the Helen Newberry Nurses' Home on October 9. The attendance was large and refreshments were served at the close of the meeting. The following officers were elected: President, Zade Ives; vice-presidents, Emma J. McDonald, Minnie McGregor; recording secretary, Georgina Reid; corresponding secretary, Katherine Neely, 3954 Second Blvd.; treasurer, Mabel White; directors, Ella Mally, Hilda Cox, Ida Harland, Jessie O'Harrow and Melvina Johnson.

Minnesota: Duluth.—THE ST. LOUIS COUNTY PUBLIC HEALTH ASSOCIATION issues a very attractive booklet as its annual report, containing names of officers, their reports, and many interestingly-told bits of health information. **St. Paul.**—Mrs. Ruth Montgomery has

resigned her position as anesthetist at Bethesda Hospital. Olive Hamburg is now filling the vacancy. Signe Wahlstrom has accepted the position as record clerk at Bethesda Hospital.

Missouri: Kirksville.—The annual meeting of the A.S.O. Nurses' Alumnae Association was held September 29 at the Nurses' Home. The following officers were elected for the year: President, Cora E. Gottreu; vice-president, Edna Morris; secretary-treasurer, Jeanette P. Carley. **Springfield.**—Frances Rowe, graduate of Johns Hopkins Hospital School for Nurses has accepted the position as Instructor at Springfield Hospital. Edith Burch, graduate of Springfield Hospital, School for Nurses, has accepted the position as Assistant Superintendent. Nellie Geiter has resigned as Operating Room Nurse and is doing Private Duty. Louise Mahl, graduate of Sparks Memorial Hospital, Fort Smith, Arkansas, has accepted the position vacated by Miss Geiter.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination in Omaha and Lincoln, November 19, 20, 21. For information and applications write to Superintendent of the Department of Health and Welfare, State House, Lincoln, Nebraska. **David City.**—THE THIRD DISTRICT NURSES' ASSOCIATION held its fourteenth regular meeting September 14. An address, My Work, was given by Rev. Mr. Bader, Dr. Meyers spoke on Mouth Hygiene; Dr. Beede spoke on Feeding and Care of Children; and Newton W. Gains, on Recreation or the Need of an Avocation. Luncheon was served at noon. **Lincoln.**—Lila Margaret Keenan, president of the St. Elizabeth Hospital Alumnae Association, has accepted the position of Superintendent, School of Nursing, at St. Joseph's Hospital, Mitchell, S. D.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION will hold a meeting in Orange on November 2. THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING is to hold its fall meeting on November 10, at the Johnson & Johnson plant, New Brunswick, by invitation of the firm. The morning session will be devoted to business which includes the adoption of a new Constitution and By-laws, to meet the requirements for Branch membership in the N.O.P.H.N. Members are invited to be the

guests of the Johnson & Johnson Co. for luncheon at the Hotel Klein. Dean Douglas of the Woman's College (Rutgers) of New Brunswick, will be the luncheon speaker. The afternoon session will include addresses on Rehabilitation Surgery, by Dr. Fred Albee and on The Problem of the Foot, by Dr. Robert E. Humphries, Surgeon in Chief of The New Jersey Orthopedic Hospital, Orange.

New York: Amsterdam.—THE AMSTERDAM CITY HOSPITAL held commencement exercises for a class of seven on September 28 at the Elks' Club. **Auburn.**—DISTRICT 4 held its regular meeting at Auburn City Hospital on October 11. Routine business was transacted. Eight delegates to the State Convention were elected and authorized to pledge \$100 to the Relief Fund for Nurses. Five new individual members were accepted. One delegate was chosen to the convention of the American Nurses' Association in Detroit next June. **Buffalo.**—THE BUFFALO CITY HOSPITAL was formally opened by exercises held from September 30 to October 7, beginning on the 30th with dedication of the Ernest Wende Hospital Building. On October 1-7, clinics were held, medical and scientific meetings, inspection by the public, with public health talks and movies. A reception was given to Senior high school girls. On the evening of the 6th, a special meeting was held of the Buffalo Council of Social Agencies and the Social Workers' Club. **New York City.**—ST. LUKE'S GRADUATES are reported as follows: Nettie Thomas, class of 1920, has a position at St. Luke's Hospital, New Bedford, Mass. Byrd McGavock, class of 1922, is doing social service work in Chester, Va. Eliza Scott, class of 1921, is Assistant Directress of Nurses at the Staten Island Hospital. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its September meeting at the Tuberculosis Sanitarium, Miss Wells and her assistants being hostesses. Dr. Lloyd gave one of his delightful talks. Anne Forgie, class of 1903, Rochester General Hospital, has resigned her position as Superintendent of Nurses, Woman's Hospital, Cleveland, and has returned to her home in Guelph. She is succeeded by Louise Odam. Miss Gorton and Miss Jennings have transferred to the National League of Nursing Education the copyright of

the pageant, History of Nursing, so that the text may be more widely available. All proceeds from the sale of the text in the past have been given to the Nurses' Relief Fund. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT 8, held its regular meeting in the Trudeau Memorial room on October 2. A delegate to the State convention was chosen. Mrs. Joseph L. Nichols, chairman of the General Hospital Building Fund Drive, talked on the plans for the drive and how it might affect the annual Donation Day which the Association always holds for the Free Bed Fund. A compromise program was evolved and approved. **Syracuse.**—THE HOSPITAL OF THE GOOD SHEPHERD has acquired Colonial Hall for a Nurses' Home and has remodelled it to accommodate 56 students. Beulah Crawford, graduate of the University of Iowa, has been appointed Superintendent of Nurses. Mary Rogers, Assistant Superintendent of Nurses, has resigned and is returning to her home in Warwick. Winifred Rooney has resigned as Instructor; Emma Morrison, as X-ray technician; Genevieve Burton, as operating-room supervisor; and Mrs. Rae McManus, as supervisor of the infirmary. THE ALUMNAE ASSOCIATION resumed its meetings on September 27. Because of the absence of the President, Mary Rogers, Mrs. Clara Cummings Truesdell was chosen to fill the vacancy until January. The class of 1908 held a reunion at Brewerton, with seven members present, and many husbands and children. The class of 1920 held a reunion at Skaneateles with ten of the fourteen members present. Arvilla Everingham is Directress of Nurses at Faxon Hospital, Utica. Eulalia Dexter is on duty at the Cornell Infirmary. **Utica.**—DISTRICT 7 held its annual meeting in September at the Nurses' Home of St. Luke's Hospital. Officers elected are: President, Mrs. Lena Clarke, Little Falls; vice-presidents, Mary Murphy of Rome and Sarah Burns of Utica; secretary, Laura Soder; treasurer, Lena Kranz; directors for two years, Anna O'Neil and Bessie Tibbetts. The November meeting will be held at the State Hospital, when talks will be given by Harriet May Mills of the State Hospital Commission, and Ida Cannon, social worker of the Massachusetts State Hospital. **Watertown.**—DISTRICT 6 held its quarterly

meeting at the House of the Good Samaritan, October 3, thirty-three attending. Dr. W. W. Hall, pathologist of the House of the Good Samaritan, gave a short talk on The Use of Insulin and Intarvin in the Treatment of Diabetes.

North Carolina: Asheville.—DISTRICT 1 held a meeting in September. After the business session, the Public Health nurses took charge of the program. Miss Stockton, Red Cross county nurse of Buncombe, and Miss London of Caldwell County, gave most interesting talks, on the different phases of their work. The meeting was largely attended. Several visitors were welcomed. A delegate to the biennial meeting of American Nurses' Association in Detroit was chosen. The October meeting was in charge of the League. Miss Laxton, of the Biltmore Hospital, gave the history of the League. Miss Andrews, of the Mission Hospital, spoke of the work in the State. Both talks were greatly appreciated. The November session is to be devoted to the American Red Cross. In June, the Private Duty nurses had the honor of hearing Frances M. Ott, the National Chairman. The Program Committee has worked faithfully to interest every nurse in the different sections of the State Association.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINER: will hold its next examination in Grand Forks, November 20 and 21, 1923. All applications must be returned to the Secretary at least ten days prior to the date of examinations. For further information, address M. Clark, Secretary, Devils Lake, N. D.

Ohio: THE PUBLIC HEALTH SECTION OF THE STATE NURSES' ASSOCIATION held an institute in Columbus, October 10 and 11. **Cincinnati.**—DISTRICT 8 held its first fall meeting out of doors on the beautiful grounds of the Bethesda Medical Hospital. Blanche Pfefferkorn gave an interesting report of the League convention at Swampscott, Mass. Miss Waln, Instructor at Christ Hospital, gave an enthusiastic account of the Principals' and Instructors' meeting held at Cleveland. Several important measures of more than local interest were acted upon. The sum of \$50 was voted upon for the Japanese Relief Fund. The salary of the Registrar of the Central

Registry was increased so as to be in proportion to that paid other Registrars. The flag which accompanied the Nurses of Base Hospital to France and had been given to District 8, was returned to the Jane A. Delano Post of the American Legion, as requested by them. Mabel McCullough is the recipient of the first scholarship given by the Alumnae of the Jewish Hospital. She is studying at Teachers College, New York. **Cleveland.**—ST. JOHN'S HOSPITAL held graduating exercises at the Chamber of Commerce on September 12 for a class of 16. The address was given by Rt. Rev. Msgr. Francis T. Moran, D.D. A reception followed. A Scholarship Fund for the benefit of the School of Nursing has recently been started. The Alumnae Association gave \$800 as a nucleus and this is being steadily increased by proceeds from entertainments and other student activities. When completed it will provide for an annual scholarship of \$450 to Columbia University to one student from each graduating class. THE ALUMNAE ASSOCIATION held its annual election on October 2: President, Mrs. J. Avellone; vice-president, Mary Lombard; secretary, Loretta Henry; treasurer, Genevieve Morgan. **Elyria.**—THE SCHOOL OF NURSING OF THE ELYRIA MEMORIAL HOSPITAL held open house one evening, with this year's class and the alumnae as guests. THE ALUMNAE ASSOCIATION met at the Nurses' Home, October 3, and enjoyed an address on Alumnae by Muriel Anscombe, Principal of the School of Nursing. Miss Anscombe has been for ten years Assistant Principal of the School of Mt. Sinai Hospital, Cleveland; she is secretary of the State League. The alumnae feel that the school is fortunate in securing her for its head. The Association is planning a definite program for the winter. **Kenton.**—Ruth Lunney has been appointed city health nurse. **Tiffin.**—Mae L. Tisdale is school nurse. Mrs. Clementine Tuthill is city health nurse. **Trumbull County.**—Anna E. Lewellyn has been appointed county nurse. **Youngstown.**—Clara Hedberg, class of 1919, Youngstown Hospital, has gone as a missionary under the Presbyterian Board to the Philippine Islands for a period of five years.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold examination

for applicants, December 13 and 14, at the State Capital. Applications should be in six weeks before the date of examination. Bess Ross, Secretary-treasurer, Soldiers' Memorial Hospital, Muscogee.

Oregon: THE OREGON EXAMINING BOARD has new officers: President, Grace Phelps; secretary-treasurer, Jane V. Doyle, both of Portland. Emily Sanders, graduate of the Good Samaritan Hospital, Portland, has been made a member of the Board. **Portland.**—MULTNOMAH COUNTY HOSPITAL has been moved to new quarters. Emily Loveridge, Superintendent of the Good Samaritan Hospital, will attend the meetings of the American Hospital Association in Milwaukee and those of St. Barnabas' Guild in Cleveland. She will visit hospitals in New York and other eastern cities before returning. Grace Phelps, of the Eye, Ear, Nose and Throat Hospital, has been appointed chairman of the Welfare Department of the State Federation of Women's Clubs.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF NURSE EXAMINERS has elected the following officers: President, S. Lillian Clayton; vice-president, Margaret Dunlop; secretary-treasurer, Roberta M. West. The other members are Harriet Frost, Edith E. Yingst, and Dr. George Becht, Superintendent of Public Instruction, *ex officio*. Re-registration in the State is governed by the following extract from the Act of Assembly:

"On or before the first day of November of each year after the year one thousand nine hundred and twenty-three the Secretary of the Board shall mail to each registered nurse and licensed attendant in the State of Pennsylvania a blank application for re-registration addressing the same in accordance with the post office address given at the last previous registration. Upon the receipt of such application blank which shall contain space for the insertion of his or her name, office or post office address, date and number of his or her license and such other information as the Board may deem necessary, he or she shall sign same with his or her name in his or her own handwriting and fill out the address and other blanks in his or her own handwriting, after which he or she shall forward such statement and application for renewal of his or her registration cer-

tificate to the Secretary of the Board together with the fee of one dollar (\$1.00) for registered nurse and fifty cents (\$.50) for licensed attendants. Upon receipt of such application and fee and having verified the accuracy of the same by comparison with the applicant's initial registration statements, the Secretary of the Board shall issue a certificate of registration which shall render the holder thereof a legally qualified registered nurse or licensed attendant, as the case may be for the ensuing year. Said application and fee must reach the Secretary on or before the first day of December following the adoption of this statute." Roberta M. West, R.N., Secretary, 34 South 17th Street, Philadelphia. **Allentown.**—THE ALLENTOWN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its first fall meeting, September 8, at the Nurses' College. Ida Kern is chairman of a committee to plan programs for the meetings to be held during the coming year. **Erie.**—ST. VINCENT'S HOSPITAL held graduating exercises on October 15 for a class of 11. **Oil City.**—Clara B. Peck has resigned her position as superintendent of the Oil City Hospital to take a trip through the west. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL held its annual meeting September 25, in the Nurses' Home. The meeting was largely attended. Election of officers: President, Mrs. Kathryn Lewis Wilson; vice-president, Edna Moore; secretary, Jessie M. Rowe; assistant secretary, Catherine Botthof; treasurer, Martha Wannemacher. The Endowment Committee announced that on September 18 the final agreement for the Alumnae Room was signed; the room is now permanently endowed except for a small sum for which the Association gave its note. Payment on this note is due December 18. A play will be given by the Wakefield Players on November 9 for the benefit of the fund. The Bazaar will be held December 6-7-8, in the Nurses' Home. With those two affairs, it is hoped to fully pay off the indebtedness and start a maintenance fund. Four delegates to the State Convention were chosen. A special meeting was called for October 2, when committees were appointed for the Play and for the Bazaar. Several of the former active members were present and have decided to return and take an active part

in Association activities. **THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL** celebrated its twentieth anniversary in May. A gift of \$25 in gold was presented to Mrs. Walter Pullinger, who has served continuously, first as secretary-treasurer, and later as treasurer. Officers for the year are: President, Mary Randel; vice-presidents, Carolyn B. Schweriner, Mrs. Laura D. Thomas; secretary, Mrs. E. Wharton Rath; treasurer, Mrs. Irene K. W. Pullinger. The annual meeting of the **ALUMNAE ASSOCIATION OF HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA** was held June 4 at the Emergency Aid Building. Officers elected for the following year are: President, Elizabeth Keller; vice-presidents, Grace Heatley, Lucretia Guss; secretary, Mrs. Sylvester Bonaffon; treasurer, Emma K. LeVan. Directors, Anna L. Hawkins, Elois Smith, Mary Grey Newlin, Louise Warner, Anna Goff, Mrs. Joseph Bird-sall. The outstanding events of the year were, the First Reunion of the Graduates of the Training School; the establishment of the beneficial fund for sick nurses; the realization of the rest cottage for nurses; the purchase of a club house at 4015 Baltimore Avenue, for the use of all graduates of the Training School, the yearly dues to be five dollars; Nurses' Quarterly Publication, 50 cents per year. The membership of the Alumnae Association stands at 315, an increase of over 100 members since last year. **THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA** are indeed gratified to know that their school is accredited by the Regents of the University of the State of New York, making them eligible for admission to examination for state registration in New York. **Pittsburgh.**—**THE SIXTH DISTRICT ASSOCIATION** held its regular meeting, September 20, at the Congress of Women's Clubs, Pittsburgh, and the Auditorium was entirely filled. Dr. Wedd of Pittsburgh gave an interesting illustrated lecture on Heart Diseases and the Electro-cardiograph. Nell Quinn presided during the business session. Delegates to the State convention were elected. Jessie Turnbull read the program for the Convention and Instructors' Institute. **York.**—**THE YORK HOSPITAL ALUMNAE ASSOCIATION** entertained District 4 at its regular meeting at a dinner at the Colonial Hotel. Lois Ford, who spent two years as a mission-

ary nurse in Liberia, Africa, gave a very interesting talk on her experiences there. Forty-four nurses attended the meeting. **Wilkes Barre.**—**MERCY HOSPITAL ALUMNAE** met at the Nurses' Home on October 1 and decided to send the President as a delegate to the State meeting. A luncheon followed the meeting.

South Dakota: Chamberlain.—Graduation exercises were held at the **CHAMBERLAIN SANITARIUM AND HOSPITAL** on the evening of September 30. The large gymnasium was well filled with friends and guests from the city and vicinity. **THE ALUMNAE ASSOCIATION OF THE CHAMBERLAIN SANITARIUM AND HOSPITAL** gave a reception October 1 in honor of the graduating class, in the gymnasium at the Sanitarium, which had been decorated by members of the Junior and Senior classes and the Alumnae. After the guests were made welcome a very pleasing program was given. All expressed themselves as having spent a very enjoyable evening.

Virginia: Richmond.—Rose Z. Van Vort is resigning the position she has held for ten years, Superintendent of Stuart Circle Hospital, and Principal of the School of Nurses. On January 1 she will go to St. Elizabeth's Hospital to organize a school for nurses; following the completion of this work, she will do organization work in other hospitals.

Washington: Seattle.—A correction—The item on page 1068 of the September *Journal* regarding the arrangements made with the University of Washington by the Seattle General Hospital, should read, Arrangements have been made with the University of Washington whereby the Freshmen from the Seattle General, the Minor, and Swedish Hospitals, may take special subjects there during their preliminary course, fifteen hours a week.

West Virginia: **THE WEST VIRGINIA STATE NURSES' ASSOCIATION** held its seventeenth annual meeting at the Hotel Farr, Huntington, September 27-29. The sessions opened with prayer by Rev. W. M. Sheffer; address of welcome, Hon. Floyd S. Chapman, Mayor of Huntington; response by Mrs. H. C. Lounsbury; president's address; reports by officers, the State Board of Examiners, and the secretaries of sections. A number of interesting round tables were held by the sections. On September 28 at 5 p. m., a tea was served at

the Chesapeake and Ohio Hospital. At 8 p. m., the members were honored by a banquet given by the Cabell County Medical Society. Distinguished visitors present were: Frances M. Ott of Elkhart, Ind.; Marie T. Phelan, Washington, D. C., and Theresa Kraker of New York. Officers elected are: President, Mrs. Susan Cook, Wheeling; vice-presidents, Anna M. Trimble, Ella B. Lindsey; secretary-treasurer, Mrs. R. J. Bullard. Charleston was chosen as the place of the next meeting.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION held its fourteenth annual meeting in LaCrosse, September 25-28, jointly with the Wisconsin League of Nursing Education; registration 165. The State responded with 100 per cent representation in reports from officers, Districts, Chairmen of Committees, and Sections. These reports were very interesting and showed a considerable amount of work accomplished throughout the year. One-half day was given to Public Health Nursing, one day to the State League of Nursing Education, and one-half day to Private Duty. The following papers were presented: The Patient,—the Responsibility of the Hospital and the Responsibility of the Training School to Him, Elizabeth H. Meyers, Superintendent of Nurses, St. Luke's Hospital, St. Paul, Minnesota; Modern Health Crusade, Dorothy Hood, State Director, Modern Health Crusade, Wisconsin Anti-Tuberculosis Association, Milwaukee; Some Phases of Tubercular Work, Anna Thompson, Field Worker, Wisconsin Anti-Tuberculosis Association, Milwaukee; Public Health Nursing, and the Benefits of a State Branch Organization of the National Organization for Public Health Nursing, Frances Brink, Field Secretary, National Organization for Public Health Nursing; Supervised Recreation for Student Nurses, Rose Neuman, Instructor, Mount Sinai Hospital, Milwaukee; Nursing Procedures, Miss Odegard, Instructor, Madison General Hospital, Madison; Lesson Plans and Their Preparation, Faith Collins, Superintendent Kenosha Hospital and School of Nursing; The Registrar's Viewpoint of the Private Duty Nurse, Helen W. Kelly, Registrar of the Wisconsin Nurses' Club and Directory, Milwaukee; The Private Duty Nurse and Her Duty to the Registry, Elvira Neubauer, Milwaukee. The nurses of

the Seventh District were well prepared for the business, and the guests will ever remember the beautiful auto ride to St. Joseph's Convent, along the Ridge, and the delightful dinner dance. The following officers were elected: President, Agnes Reid, Bradley Memorial Hospital, Madison; vice-presidents, Shirley Titus, Columbia Hospital, Milwaukee, Clara Lewis, Eau Claire; secretary, Erna Kowalke, 85 Oneida Street, Milwaukee; treasurer, Margaret Pakenham, 808 Jackson Street, Milwaukee. The 1924 Convention will be held in Milwaukee, date to be decided by Board of Directors. **Racine.**—THE FIRST DISTRICT held a meeting at St. Mary's Hospital, September 4. A delegate was elected to the State Convention. Plans are under way to form a class for the study of Parliamentary Law. **Milwaukee.**—The regular monthly meeting of the FOURTH AND FIFTH DISTRICT: was held at the Wisconsin Nurses' Club, September 4. Delegates were elected to the State Convention. After the regular business meeting, a social time was enjoyed. The entertainment was in charge of the Hanover Hospital Alumnae. THE WISCONSIN NURSES' CLUB held its regular monthly meeting September 4. The members were entertained by classical dances. Alice Schaffer (class of 1906, Columbia Hospital) who has been connected with the Milwaukee Health Department, has gone to California for an indefinite stay. Mrs. Pearl Van Kirkhove has resigned from the Health Department and has accepted a position with the Milwaukee Continuation School. The Milwaukee County Hospital Training School Alumnae held its regular meeting September 21. Jessie McDonald, a former graduate, addressed the meeting. The following positions have been accepted by members of the school: Catherine Zahorik, class of 1920, assistant surgical nurse at the hospital; Alice Nolan, class of 1917, for six years night supervisor at the hospital, assistant superintendent; Elsie Fieldler, class of 1920, for the last two years superintendent of a hospital in St. Louis, Superintendent of the Jewish Maternity Hospital, Pittsburgh. ST. JOSEPH'S ALUMNAE held its regular meeting in the lecture room, September 20. Twenty-five dollars were voted to the Nurses' Relief Fund. Mt. Sinai Hospital Alumnae notes: Clara Gilgerst, class of 1923,

was the successful candidate for the \$100 scholarship presented by the Alumnae, and is now taking a postgraduate course in pediatrics at Bellevue Hospital, New York. A similar scholarship has been offered to the best student of the 1924 class. The Alumnae entertained for four members whose marriages will take place in the near future. **Wausau.**

—THE EIGHTH DISTRICT ASSOCIATION held its regular meeting, September 4, at Mount View Sanitarium, twenty-two members being present. Drs. E. M. Macauley and Vern Eastman and Mary Hughes addressed the meeting, concerning tuberculosis. Delegates were appointed to the State meeting. Refreshments were served and a very pleasant time was enjoyed. **Fond Du Lac.**—The Fond Du Lac nurses have formed a club for social intercourse and welfare work. The last meeting was in the form of a picnic at the Longdin cottage at Lakewood Beach, at which eighteen Probationers and Junior nurses of St. Agnes Hospital were guests. The afternoon was devoted to games and walks. A campfire was enjoyed in the evening, with songs, stories and a marshmallow roast. During the year the club visited the local children's home and part of the Christmas work is to provide toys for the youngsters. The county home for women and the homes for the aged are also remembered and special attention is given to seasonable gifts for the inmates.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examinations December 3, 4, and 5, 1923. Applications are to be filed with the Secretary prior to those dates. Mrs. H. C. Olsen, Secretary, 3122 Warren Avenue, Cheyenne.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Clifford Sippell (**Margaret Becker**, class of 1919, St. Luke's Hospital, New York), a daughter, July 26.

To Mrs. Richard Lyman (**Pauli Bissell**, class of 1922, Johns Hopkins Hospital, Baltimore, Md.), a daughter, July 3.

To Mrs. Marjorie Drake Boyd (Mercy Hospital, Des Moines, Iowa), a son, August 15.

To Mrs. John Hemstead (**Elizabeth Buck-**

nell (class of 1918, Albany Hospital, Albany, N. Y.), a daughter, September 4.

To Mrs. John Cooley (**Janet Dennis**, class of 1921, Rochester General Hospital, Rochester, N. Y.), a son, August 29.

To Mrs. Clayton Entwistle (**Esther Fellows**, Memorial Hospital, Roxborough, Philadelphia, Pa.), a son, Clayton Ross, Jr., August 5.

To Mrs. Frank Hankstrefer (**Marian Gagan**, Mercy Hospital, Chicago), a son, September 6.

To Mrs. Wm. J. Van Den Berg (**Amelia Griffiths**, class of 1916, Methodist Hospital, Des Moines, Iowa), a son, September 10.

To Mrs. Harry Lyons (**Alice Hane**, class of 1919, Bethesda Hospital, St. Paul, Minn.), a daughter, September 22.

To Mrs. Archibald Alexander (**Frederica M. Hanks**, class of 1911, Metropolitan Hospital, Welfare Island, N. Y.), a son, September 15.

To Mrs. Winifred McCann Hayden (Creston, Iowa), a daughter, Margaret Loraine, August 18.

To Mrs. Harold L. Burmeister (**Ethel Hoffman**, class of 1922, Ashland State Hospital, Ashland, Pa.), a son, Harold Louis, Jr., October 1.

To Mrs. Lucille Mardahl Johnson (class of 1921, Lutheran Hospital, Des Moines, Iowa), a son, September 2.

To Mrs. E. B. Kingman (**Clara A. Link**, class of 1918, St. Vincent's Hospital, Billings, Mont.), a daughter, Katherine Marie, August 20.

To Mrs. Edward Norman (**Mildred MacBurney**, class of 1919, Albany Hospital, Albany, N. Y.), a son, August 15.

To Mrs. George M. Walton (**Dorothy Mackelcan**, class of 1915, St. Luke's Hospital, New York), a daughter, in August.

To Mrs. William J. Loftus (**Irene McGinty**, class of 1916, Mercy Hospital, Wilkes-Barre, Pa.), a daughter, Rita Mercedes, September 21.

To Mrs. Alexander McRae (**Lydia McLaughlin**, class of 1918, St. Luke's Hospital, New York), a daughter, Helen Isabel, August 3.

To Mrs. V. B. Laurence (**Florence McRay**, class of 1916, Methodist Hospital, Des Moines,

Iowa), a son, Charles Robert, September 17.

To Mrs. Warren Grim (**Helen Manning**, class of 1908, New York Medical College and Hospital for Women, New York), a son, August 13.

To Mrs. Euen Van Kleek (**George Mavety**, class of 1912, St. Luke's Hospital, New York), a daughter, Marguerite, July 13.

To Mrs. Paul Graaf (**Marie Merrow**, class of 1920, Youngstown Hospital), a son, September 6.

To Mrs. Walter Lundberg (**Edith Olson**, class of 1916, Bethesda Hospital, St. Paul, Minn.), a daughter, September 25.

To Mrs. Caleb H. Weston (**Marie Ouillette**, class of 1914, Waterville Hospital, Sisters of Charity, Waterville, Me.), a daughter, Jane Marie, July 21.

To Mrs. E. J. Sterner (**Ethel Perkins**, class of 1913, St. Luke's Hospital, Bethlehem, Pa.), a son, September 12.

To Mrs. Ellis B. Patton (**Eva Pilling**, class of 1915, Butler Hospital, Providence, R. I.), a daughter, Beatrice Louise, August 24.

To Mrs. George Detmold (**Mabel Porter**, class of 1912, St. Luke's Hospital, New York), a son, in September.

To Mrs. Joseph Boger (**Fannie Reynolds**, class of 1918, York Hospital, York, Pa.), a son, Donald Reynolds, August 18.

To Mrs. H. Crounce (**Mae Ryder**, class of 1920, Albany Hospital, Albany, N. Y.), a son, September 5.

To Mrs. Robert Neal (**Anna D. Schuyler**, class of 1918, Rochester General Hospital, Rochester, N. Y.), a son, in July.

To Mrs. E. Langley (**Ellen Standard**, class of 1921, Sts. Mary and Elizabeth Hospital, Louisville, Ky.), a son, in August.

To Mrs. Garretson (**Betty Stendel**, class of 1919, Youngstown Hospital), a daughter, in August.

To Mrs. Harry Baird (**Margaret Stoffell**, class of 1916, Youngstown Hospital), a son and a daughter, September 7.

To Mrs. Clayton Royce (**Augusta Stolte**, class of 1919, St. Luke's Hospital, Bethlehem, Pa.), a son, September 8.

To Mrs. Fred Melvin (**Eva Strode**, class of 1921, Deaconess Hospital, Great Falls, Mont.), a son, July 26.

To Mrs. Creighton Cruse (**Hildur S.**

Swanson, class of 1919, Metropolitan Hospital, Welfare Island, N. Y.), a daughter, Nancy Warhurst, July 28.

To Mrs. George Kurtz (**Laura Van Buren**, class of 1909, John C. Proctor Hospital, Peoria, Ill.), a daughter, in September.

To Mrs. W. F. Wilke (**Christine Van Lier**, Augustana Hospital), a son, William Frederick, Jr., September 6.

To Mrs. Royal A. Young (**Rose E. White**, class of 1914, Minnequa Hospital, Pueblo, Colo.), a son, Royal Amos, September 5. Little Royal passed away on September 21.

To Mrs. C. B. Rush (**Bernadine Wirtz**, class of 1916, St. Luke's Hospital, Davenport, Iowa), a son, John Arthur, in July.

To Mrs. Chalmer Blair Miller (**Gladys Zerbe**, class of 1918, J. C. Blair Memorial Hospital, Huntingdon, Pa.), a son, Chalmer Blair, October 6.

MARRIAGES

Lillian H. Althof (class of 1921, Lanke-nau Hospital, Philadelphia), to Arvid H. Anderson, September 15. At home, Erie, Pa.

Josie I. Anderson (class of 1921, Red Wing Hospital, Red Wing, Minn.), to George R. Kolberg, September 1. At home, Red Wing, Minn.

Claudine Armstrong (class of 1920, St. Luke's Hospital, New York), to Herbert Lord, September 8.

Vera Mae Bills (class of 1920, Sts. Mary and Elizabeth Hospital, Louisville, Ky.), to Wallace Standard, M.D., September 21. At home, Louisville.

Eva Brae (class of 1919, St. Joachim Hospital, Watertown, N. Y.), to William Perkins, August 20. At home, Watertown, N. Y.

Harriet D. E. Brown (class of 1923, House of the Good Samaritan, Watertown, N. Y.), to Frank Hedgers, September 8. At home, Pierrepont Manor, N. Y.

Ruth R. Brown (class of 1915, Allentown Hospital, Allentown, Pa.), to George F. McCauley, September 1.

Matilda Teresa Brummel (Mercy Hospital, Chicago), to Richard Francis Woods, September 15. At home, Los Angeles, Calif.

Jennie Bryant (class of 1919, Springfield Hospital, Springfield, Mo.), to Robert Jones, September 20. At home, Trinidad, Col.

Martha Bucher (class of 1920, St. Luke's Hospital, New York), to Raymond Lease, M.D., September 22.

Ella Mercedes Canavan (Mercy Hospital, Chicago), to William J. Neeson, September 25. At home, Minneapolis, Minn.

Isabel Burr Case (class of 1921, Children's Memorial Hospital, Chicago, Ill.), to Charles Jerome Tippet, September 26. At home, Chicago.

Gertrude Casper (class of 1921, Sts. Mary and Elizabeth Hospital, Louisville, Ky.), to George Salm, October 3. At home, Okeene, Okla.

Jessie H. Chesney (class of 1923, Rochester General Hospital, Rochester, N. Y.), to Vern B. Walker, July 12. At home, Rochester.

Margaret G. Coyne (class of 1916, Elizabeth General Hospital, Elizabeth, N. J.), to Vincent Jesse, September 6. At home, Elizabeth, N. J.

Mildred Dean (Mercy Hospital, Des Moines, Iowa), to Mr. Cunningham, in August. At home, Des Moines.

Elizabeth M. Dewey (class of 1923, St. Francis Hospital, Hartford, Conn.), to Arthur F. Walsh, September 5. At home, Detroit, Mich.

Mayme C. Flannagan (class of 1913, St. Francis Hospital, Hartford, Conn.), to Joseph Abucci. At home, Waterbury, Conn.

Sara D. Glasgow (class of 1911, Passaic General Hospital, Passaic, N. J.), to Harry A. Pfeffer, September 15. At home, Newark, N. J.

Kathryn Grabey (class of 1920, St. Luke's Hospital, Bethlehem, Pa.), to Stanley Achenbach, August 31. At home, Pine Grove, Pa.

Elma Hawkins (class of 1923, Youngstown Hospital, Youngstown, Ohio), to Thomas Draper, in July. At home, Youngstown.

Marie Lillian Hladky (class of 1921, St. Elizabeth Hospital, Lincoln, Neb.), to Clarence A. Mack, October 2. At home, Wymore, Neb.

Arvilla Hutten (Mercy Hospital, Chicago), to Harry Harmon, September 3. At home, Chicago.

Essie Ingram (class of 1921, Springfield Hospital, Springfield, Mo.), to Leonard G. Hood, August 16.

Anna Johnson (class of 1921, Deaconess Hospital, Great Falls, Mont.), to Walter Knobb, August 19. At home, Sidney, Mont.

Blanche Kelly (class of 1919, St. Joachim Hospital, Watertown, N. Y.), to John Smith, Jr., September 25. At home, Watertown, N. Y.

Mary E. Kennedy (class of 1912, Metropolitan Hospital, Welfare Island, N. Y.), to John Stanley, September 16. At home, Rye, N. Y.

Mary E. Kissane (class of 1917, St. Francis Hospital, Hartford, Conn.), to Edward P. Reilly, September 5. At home, Union City, Conn.

Bessie H. Klock (class of 1919, House of the Good Samaritan, Watertown, N. Y.), to Canice J. Denny, October 3. At home, Watertown, N. Y.

Ida M. Langenbach (class of 1905, Allentown Hospital, Allentown, Pa.), to Thomas Graver, in August.

Teresa Lauber (class of 1921, St. Joachim Hospital, Watertown, N. Y.), to William Weeks, September 1. At home, Watertown, N. Y.

Margaret Gertrude Laws (class of 1913, University Hospital, Baltimore, Md.), to Richard Temple Walker, September 4. At home, Gastonia, N. C.

Sophia Lightner (class of 1922, Rochester General Hospital, Rochester, N. Y.), to Edward Donovan, August 16. At home, Buffalo.

Florence Lusk (class of 1920, Youngstown Hospital, Youngstown, Ohio), to William Skipp, M.D., September 18. At home, Youngstown.

Catherine McCord (class of 1921, Milwaukee County Hospital, Wauwatosa, to Harry Sargeant, M.D., Superintendent of Milwaukee County Hospital.

Bessie Miller (class of 1922, General Hospital, Grand Island, Neb.), to Robert Lannin, September 12. At home, El Paso, Texas.

Wyna L. Miller (class of 1922, Children's Memorial Hospital, Chicago, Ill.), to E. J. Ryan, in August. At home, Chicago.

Elsie Moore (class of 1919, St. John's Hospital, Yonkers, N. Y.), to Delwyn Gerard Russ, October 5.

Eunice Morgan (class of 1921, Kenosha Hospital, Kenosha, Wis.), to Frank Fenker, August 4. At home, Kenosha.

Mary Mulvaney (class of 1916, J. C. Proctor Hospital, Peoria, Ill.), to Harry F. Bryant, September 26.

Mabel Neilson (class of 1922, Bethesda Hospital, St. Paul, Minn.), to John Ranger, September 4. At home, Cedar Rapids, Iowa.

Olive Nelson (class of 1922, General Hospital, Grand Island, Neb.), to Harold A. Bryant, September 15. At home, Ontario, Calif.

Beatrice Olsen (class of 1915, Connecticut Training School, New Haven, Conn.), to Fred W. Chesson, September 27.

Nola Magdaline Peake (class of 1918, St. Vincent's Hospital, Toledo, O.), to Hampton Pharr Cushman, M.D., August 23. At home, Detroit, Mich.

Nell Perry (class of 1910, John C. Proctor Hospital, Peoria, Ill.), to J. O. Amos, September 30. At home, Terre Haute, Ind.

Mildred Remdahl (class of 1921, Lutheran Hospital, Des Moines, Iowa), to D. Roy Schwendeman, M.D., August 21. At home, Nevada, Iowa.

Helen Roth (class of 1919, St. Luke's Hospital, Bethlehem, Pa.), to Earl Fredericks, October 6. At home, Fullerton, Pa.

Julie Russell (Army School of Nursing), to Samuel S. Holmes, September 20.

Frances Margaret Schneider (class of 1923, St. Elizabeth Hospital, Lincoln, Neb.), to Thomas Bermaster, July 24. At home, Aurora, Neb.

Lillian Sill (class of 1921, J. C. Proctor Hospital, Peoria, Ill.), to Jesse Mace, in August. At home, Pekin, Ill.

Alma Smith (class of 1918, Christ's Hospital, Topeka, Kansas), to William Hess, August 20. At home, Topeka.

Elsie May Smith (class of 1908, Milwaukee County Hospital, Wauwatosa, Wis.), to Herbert Edward Smith, September 11.

Eva Smith (class of 1922, Davis Hospital, Pine Bluff, Ark.), to Robert J. Stegmann, September 8. At home, Pine Bluff.

Rachel Smith (class of 1920, Kenosha Hospital, Kenosha, Wis.), to Lancelot Bufton, August 8. At home, Salem, Wis.

Olive Steers (class of 1921, Greater Community Hospital, Creston, Iowa), to Merrill Gripp, October 1.

Rachel Taylor (class of 1917, Youngstown Hospital, Youngstown, Ohio), to Karl

Pasech, September 17. At home, Youngstown.

Gail E. Tracht (De Kalb Public Hospital), to Edgar L. Knodle, August 14. At home, De Kalb, Ill.

Agnes Van Buren (class of 1923, St. Joachim Hospital, Watertown, N. Y.), to Albert LaPlant, October 6. At home, Watertown, N. Y.

Clara Wagner (class of 1917, John C. Proctor Hospital, Peoria, Ill.), to Ray Coppage, in August. At home, Peoria.

Bernice Watkins (class of 1921, Mary Lanning Hospital, Hastings, Neb.), to Fred Taggart, August 28. At home, Hastings.

Ethel R. Weegar (class of 1920, Rochester General Hospital, Rochester, N. Y.), to L. Elmer Gardner, August 11. At home, Rochester.

Angeline C. Willoughby (class of 1922, House of the Good Samaritan, Watertown, N. Y.), to Richard Hodge, September 11. At home, Watertown, N. Y.

Ariel Winslow (class of 1920, Hospital of Good Shepherd, Syracuse, N. Y.), to Robert McGuire, M.D., September 1.

Emolene N. Yohe (class of 1917, Cleveland City Hospital, Cleveland, O.), to James McKay, September 26. At home, Detroit, Mich.

DEATHS

Mrs. Hollis Cheney Clark (Mary Barkley), on October 1, at the Walter Reed Hospital, Washington, D. C. Burial was at Arlington National Cemetery. Mrs. Clark was a member of the Spanish-American War Nurses' Association and an active enthusiastic worker.

Mrs. Charles R. Fox (Helen Behringer), class of 1919, Allentown Hospital, Allentown, Pa.), at Northampton, Pa., September 5, after an illness lasting several months. Mrs. Fox was an excellent nurse, loved by all who came in contact with her. She is mourned by her family and many friends.

Mrs. Karl Theile (Mary Conley), graduate of Providence Hospital, Seattle), on July 17, at St. Ann's Hospital, Juneau, Alaska, of post partum hemorrhage, leaving an infant son. Miss Conley had been a brave and indefatigable nurse in government service in Alaska, going by dog team or open boat to her patients

among the Indians. She was so well known and loved that she was called the Florence Nightingale of the North. She was an untiring worker, tender, and a friend to all. She will be greatly missed. Flags on public buildings were at half mast, and all business in Juneau was suspended at the time of her funeral. She was buried in the uniform of a Red Cross nurse.

Mrs. Franklin G. Percival (**Ruth Jane Emerton**, class of 1916, Pasadena Hospital, Pasadena, Cal.), in Colorado Springs, on September 6. During the World War she served in the Navy Nurse Corps and was stationed at Annapolis, Philadelphia, and Leith, Scotland. Influenza and overwork during the last days of the war brought on an illness from which she never recovered. The last four years of her life were full of great suffering borne with courage and sweetness. Her memory will remain an inspiration to many who knew her.

Anna Ennis (a student nurse at the Rochester General Hospital) at the Hospital, July 28, as the result of injuries received in an automobile accident.

Martha Johnson (class of 1911, Milwaukee County Hospital, Wauwatosa, Wis.), at her home, Pine Rivers, Wisconsin.

Gertrude Lofthouse (class of 1921, Farrand Training School, Detroit, Mich.), on July 23, at the University of Michigan Hospital, Ann Arbor, of brain abscess. Since graduation, Miss Lofthouse had done private nursing in Detroit. She was much beloved by those she cared for and devoted to her profession. She gave the full measure of service with a fine spirit. She chose to nurse patients in their homes where she was always a friend as well as a nurse. There are many homes where her presence will be missed. Burial was in London, Ontario.

Helen Jane Lowe, on September 16, at the Baptist Memorial Hospital, Memphis, Tenn., following an operation. Miss Lowe had been a nurse for the city board of health for the past two years. Burial was at Columbus, Ohio.

Frances E. McClellan (student nurse, Rochester, N. Y.), at the hospital, April 26.

Belle Walsh Murphy (class of 1903, Mercy Hospital, Wilkes-Barre, Pa.), in Los Angeles, California. Burial was at Los Angeles.

Mrs. Emma Buckwalter Noel (graduate of the Hospital of the University of Pennsylvania, Philadelphia), recently, in Pittsburgh.

Jenny B. Ryen (class of 1921, Bethesda Hospital, St. Paul, Minn.), at St. Luke's Hospital, Fergus Falls, Minn., on August 14, after an illness of one week. Miss Ryen's health had been failing for sometime, due to a nephritic condition, complicated with heart trouble, following acute gastritis. She was assistant superintendent at St. Luke's Hospital when taken ill.

Katharine M. Schwartz (class of 1920, St. Luke's Hospital, New York), at Poughkeepsie, July 16.

Alice A. Stitt (class of 1919, Springfield Hospital, Springfield, Mass.), on July 27, at her home, North Weymouth, Mass., of pulmonary tuberculosis, after an illness of over three years. Miss Stitt was a faithful nurse, loyal to her profession and true to her friends.

Mina Young (class of 1912, Farrand Training School, Detroit, Mich.), August 31. While serving during the World War with Harper Base Hospital 17, Dijon, France, Miss Young contracted pneumonia and her health since then has been such that she returned from France on a hospital ship and was sent to Camp Sheridan Hospital. Later she was transferred to Ford Hospital so that she might be near relatives and friends. She recovered sufficiently to take a course in Dental Laboratory Technic and was engaged in that work prior to her death. Services were held at her home by the well-beloved Chaplain of Base Hospital 17, the Rev. Mr. MacWallace. Miss Young was buried with full military honors. Leading the procession was Commander Clem Woodbury, First Division Post, Veterans of the Foreign Wars. Accompanying him were several nurses who served with her in France. Next in the procession came the Marines from the local recruiting and reserve station. Many of those in the line of march had been nursed by Miss Young at Base Hospital 17, six years ago, and still bear the scars of the battle. Miss Young was one of those whose spirit flowed out to the injured and dying with loving care. She gave of herself freely in her compassion for others. In turn she was much beloved by all. A bugler from the Marine Corps sounded taps.

BOOK REVIEWS

ANATOMY AND PHYSIOLOGY FOR SCHOOLS OF NURSING, NORMAL SCHOOLS, AND COLLEGES. By Jessie Feiring Williams, M.D. 523 pages. 369 illustrations, 25 of them in colors. W. B. Saunders Company, Philadelphia. Price, \$3 net.

"To help the teacher help the student" is the expressed keynote of this new text-book and it would seem that this aim is very well realized.

The book comprises 500 pages of material, clearly and simply stated, with 369 illustrations, 25 of which are colored, all well chosen and many of them new. At the end of each of the 19 chapters there are teaching helps, including laboratory exercises, pointed questions, and references for further study. Foot notes are frequently used to give added emphasis or to mention supply houses for slides, charts, and other aids.

The first three chapters present the biology of the cell, embryo and tissues, with a number of references to allied subjects, as effects of heredity upon the cell development or disease upon coagulation time of blood. Through the next four chapters the skeletal and muscular systems are considered, with emphasis laid upon the differences found in the child and in old age to an extent seldom found in textbooks of this character, yet of especial value to the nurse. Numbers of forceful diagrams materially aid a clear comprehension of these often difficult systems by giving their relationship to surface markings.

Next in order are three chapters upon the nervous system, beginning with its evolution and development from lower animal forms, to prepare the student for

better understanding of the human organism. The practical exercises suggested for these chapters include some that emphasize the functions of the autonomic system and of powers of coördination and equilibrium; while there are both psychologic and educational references for further study.

While the arrangement of the text, placing the study of the nervous system so early, would seem difficult, it does prepare the student for better understanding of the visceral systems. Preceding these the circulatory system is presented, beginning with its embryonic development and general arrangement and followed by study of the blood and lymph systems. The practical exercises accompanying this study are not difficult to arrange and would prove especially absorbing.

The other biologic systems follow, with the closing two chapters briefly discussing the endocrine and special sense organs at sufficient length to afford the necessary foundation for later study of pathological conditions.

Throughout the book, there is close enough alignment of the normal structure and functions with the abnormal to unite scientific facts with practical application and to compel interest of the student without the confusion that might arise from too free use of such material. The author has already proven the worth of his contributions to nursing literature in his recent volume upon personal hygiene and this later work is certain to meet with prompt and increasing demand.

HELEN FARNSWORTH, R.N.,
Kansas City, Mo.

WHAT TO EAT IN HEALTH AND DISEASE.

By Benjamin Harrow, Ph.D. E. P. Dutton & Co., New York. 203 pages. Price, \$2.

Relating to a subject of such special interest at the present time this book conveys important and valuable information in a clear, non-technical and wholly readable manner which will be greatly appreciated by those whom it may reach.

While containing much that is interesting and instructive to the general reader it will prove particularly helpful to the busy nurse and might be used to good advantage as a reference book for nutrition classes. Its special value is, perhaps, that it presents a simple, direct and scientific account of our present knowledge in regard to foods and nutrition, based on the leading facts which have already been established and the most important theories which have been advanced during recent years.

The arrangement of the chapters divides the subject in a convenient manner and the index makes readily available any information to be found in the text. Included in the table of contents we find such topics as: What to Eat, The Planning of Meals, Infant Feeding, Overweight and Underweight, Disease Due to Faulty Diet, Diet in Some Common Diseases, etc.

The last chapter which is devoted to the Digestive Tube will be of especial assistance to those desiring information on the subject or who wish to refresh their minds in regard to it, as they will here find outlined in the clearest possible manner the structure and functions of the various organs forming the tract, and description of the processes by which the food ingested is changed, ab-

sorbed and assimilated for body repair and building.

This is a book for frequent use and will be gladly welcomed by those who, in the midst of many technical and weighty volumes on this important subject, have looked for just such a guide which in simple, concise terms not only tells them what to eat, but why.

MARIA L. DANIELS,
New York.

NUTRITION OF MOTHER AND CHILD.

By C. Ulysses Moore. Including Menus and Recipes by Myrtle Josephine Ferguson, B. S. J. B. Lippincott Company, Philadelphia. Price, \$2.

If a doctor, a dietitian and a nurse all say "It is good" it probably *is* good and if it is a book, it is worth reading. Nutrition of Mother and Child, by C. Ulysses Moore has passed that test and is without doubt a book from which much help can be gained by the mother who wants to know and by the nurse who wants points to help her teach convincingly.

By saying, "It is good," one does not mean that there may not be disagreement on the part of doctor, dietitian or nurse with some of the content of the book. The doctor may not entirely agree with all the advice in regard to diet in pregnancy, or the emphasis on diet in connection with Rickets, almost to the exclusion of other factors; the dietitian may not agree with all that is said about vitamins; the nurse may not agree with the balance of subject matter, and yet all say that the sum total is excellent, clear cut information given in such a way that those who read may get practical help, and the book which

gives that, is worth writing and deserves to be read.

Enthusiasm and faith in the possibility of breast milk for practically every baby are qualities which need every bit of publicity that they can get. The lesson needs to be taught over and over again, but the zealous advocate of breast feeding may perhaps err in underestimating the need for consideration of artificial feeding as an individual problem which calls for medical skill and individual attention. It is not a subject which can be covered in one chapter in a book unless the whole chapter is devoted to urging the mother to seek the advice of a physician if her baby must be artificially fed. As the author says, "The majority of infants who are subjected to bottle feeding are the ones least able to thrive upon it. They are often the ones who for some reason have failed to make satisfactory gain on mother's milk and who already have acquired a lowered food tolerance because of digestive disturbances." True, too true! How vastly important then, if artificial feeding is the alternative, that the mother should seek skilled advice in this situation and not attempt to feed her baby after reading one short chapter with general rules on infant feeding.

Books are too apt to be taken as gospel truth and the dangers and pitfalls of bottle feeding do not receive the emphasis they should in this book. Without doubt the mother who reads the book intelligently would nurse her baby if she possibly could, but she might easily attempt the bottle feeding, if it became necessary, by consulting page 152 of Dr. Moore's book, instead of having a physician prescribe for her own

special baby who may be having a very special digestive disturbance.

WINIFRED RAND, R.N.,
Boston, Mass.

THE INFANT AND YOUNG CHILD. A Manual for Mothers. By John Lovett Morse, M.D., Edwin T. Wyman, M.D., and Louis Webb Hill, M.D. 271 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$1.75, net.

The Infant and Young Child by Morse, Wyman and Hill is a most complete "Manual for Mothers," as the authors call it. It covers in detail the development and care of a child from birth to the sixth year. Tables of foods and menus are arranged and recipes given including the special preparations sometimes necessary. There are excellent chapters on the value of breast feeding, but too much emphasis has been placed on the wet nurse being brought into the home, an arrangement seldom possible. Manual expression of the breasts is only mentioned, whereas more space might have been devoted to this technic so valuable in stimulating the supply of breast milk. The frequency of feedings, the omission of cereals and vegetables during the first year, and the large quantity of milk advised in the general diet, are contrary to the teachings of most pediatricians outside eastern states, including such cities as Chicago, Minneapolis and St. Louis. The authors' complicated formulae for use of gravity cream in artificial feedings are very different from those now used by the majority of pediatricians.

The development, physical and mental, of the child is carefully discussed

and emphasis laid on the great necessity for the proper training and understanding of children and early formation of good habits. Mothers should find these pages most helpful. More space might have been given to this subject, so little understood by most parents.

As a whole, the book is interesting as well as instructive and should prove of value to any mother provided she realizes that the methods of feeding given are not those generally used outside eastern states. Nurses will find it excellent reference reading although much is not according to theories and methods practiced in the central and western part of the country.

HELEN C. PECK, R.N.,
Minneapolis, Minn.

FOOD FOR THE DIABETIC. By Mary Pascoe Huddleson. Introduction by Nellis Barnes Foster, M.D. The Macmillan Company, New York. 75 pages. Price, \$1.25.

A thoroughly practical little book which not only tells what the diabetic may eat, but why he may eat it. Diet prescriptions are given not only in grams and ounces, but also in terms of household measurements. Almost one-half the book is given to recipes. The final chapters are devoted to directions for nurse examination and to suggestions for the prevention of diabetes.

THE HOSPITAL LIBRARY. By Edith Kathleen Jones, General Secretary, Division of Public Libraries, Massachusetts Department of Education. American Library Association, Chicago. 190 pages. Price, \$2.25.

In 1904, the first hospital library was organized at McLean Hospital for mental patients in Waverley, Mass., and

though several hospitals followed this example the hospital library movement did not come into being until the War when the American Library Association with its work in hospitals awakened interest in this type of library. As a result, where there used to be rather melancholy collections of little used, broken-backed books, now there are libraries with trained librarians in charge, and the idea of books as an aid to therapeutics is gaining general acceptance. In current magazines there have been articles on the work and its development, but this collection, edited by Miss Jones, is the first book on the subject. In 1913, *A Thousand Books for the Hospital Library*, and in 1916, *What Can I Find To Read Aloud*, were published for the use of hospital librarians. The editions were exhausted, but the demand for them continued. As the editor states in the preface, it was decided to issue, instead of revisions of these lists, a larger work including the aim and accomplishments of hospital libraries. The editor, who was librarian at McLean Hospital, knows her subject thoroughly and has selected articles on the various phases of library work applied to hospitals which bring out very clearly the aim and the methods by which this may be accomplished. Chapters on organization, administration, book selection, valuable lists of books for children, books to read aloud, books for nurses, etc., form a readable as well as informative book which should be on the personal shelf of every hospital librarian and would be valuable for doctors, nurses, and hospital board members.

ISABEL L. TOWNER,
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PRACTICAL DIETETICS. By Alida Frances Pattee. Fourteenth Edition. Completely Revised. A. F. Pattee, Publisher, Mount Vernon, N. Y. Price, \$2.60.

As a text book for nurses, this strives to meet the need of covering a voluminous subject in too brief a space.

The content of the course is good. The emphasis placed on the various phases of the subject matter, however, would be questioned by a good many teaching dietitians who are now putting more emphasis on normal dietetics, food composition, and its normal physiological function.

The order in which the subject matter is given needs more unity in classification. For instance, under the discussion of proteins, give: Definition, classification, distinguish between complete and incomplete protein, sources available of proteins, cookery in general and cooking applied to specific classes of protein foods, such as: eggs, meat, fish, milk, cheese, etc., nutritive value and economy in the diet. By this means, the student better grasps the scope and significance of that food principle.

Unfortunately, the subject matter is too much interspersed with recipes which, after all, are a minor consideration and should be classified in one section at the back of the book.

The section on Diet in Disease lays too much emphasis on specific informa-

tion regarding the treatment of disease for such a rapidly changing science.

To develop more original thinking in the nurse, dietitians are teaching more from the standpoint of diet, founded on a few general principles regarding food composition. A very few diets may thus be formulated, which with slight modification will have extensive application.

This text while including a lot of valuable material still finds us not entirely satisfied in solving the problem of "better dietetic instruction for the nurse."

R. S.

TEXTBOOK OF NURSING PROCEDURES, BELLEVUE SCHOOL OF NURSING. By Carrie J. Brink, R.N. Compiled by Dorothy Dix Hill, R.N. The Macmillan Company, New York. Price, \$1.40.

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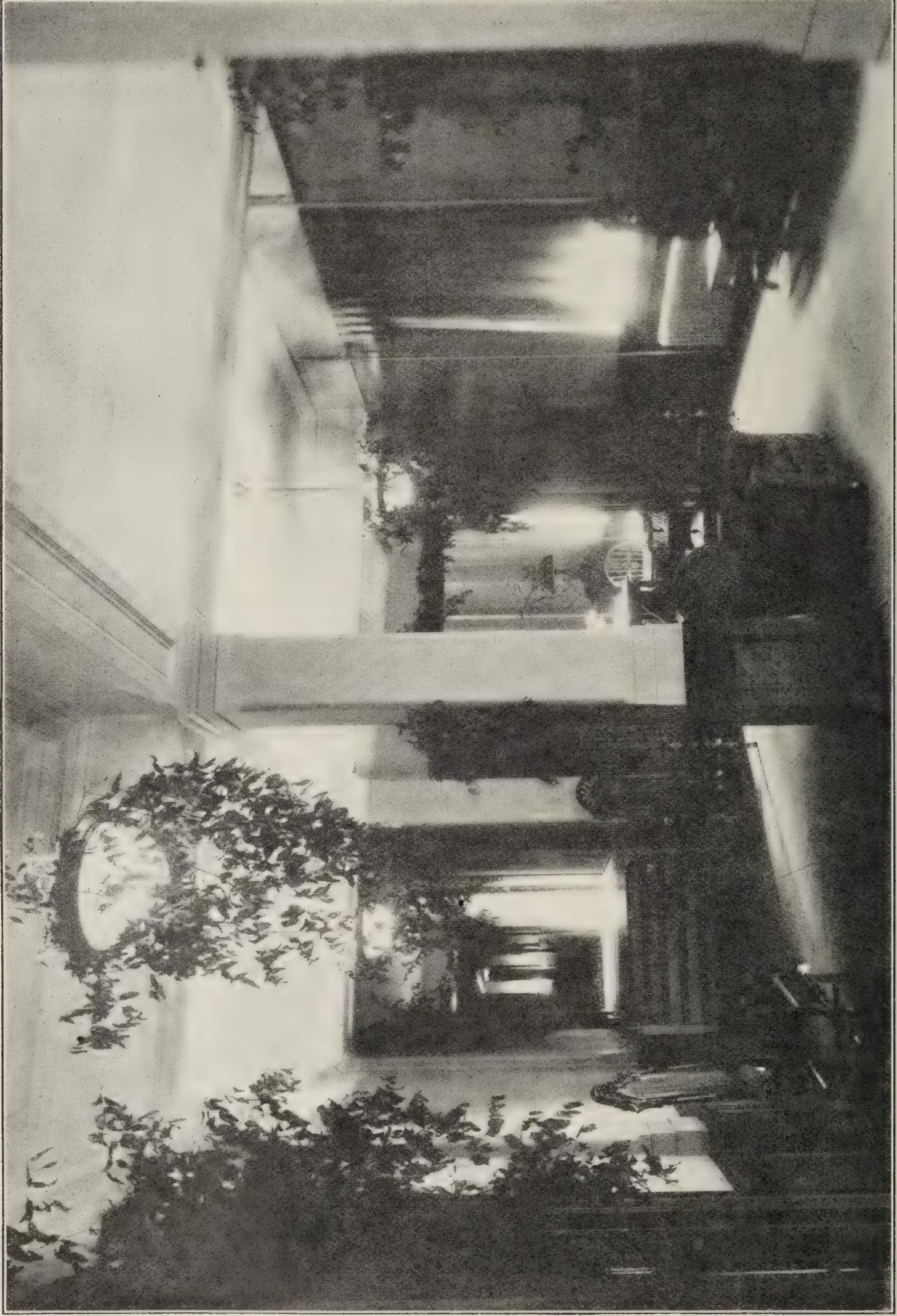
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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

DECEMBER, 1923

No. 3

ON DUTY AT CHRISTMASTIME

HOW we hate to be on duty at Christmastime! We try to plan our engagements so that we may be at home, or with friends, at this happiest of seasons, as all registrars can testify. But sometimes fate is against us,—what then? Well, there are compensations. Let me tell of a few that have come to me.

Once I was in the country, just before Christmas, with a pneumonia patient. The people were foreigners and they were very ignorant of the laws of health, but they were also teachable and coöperative, so it was an interesting case, and combined with my ordinary duties, I had a great deal of public health and preventive work.

There were several children in the family; who could resist talking to children of Santa Claus at Christmas time? They had evidently never heard “‘Twas the Night before Christmas” and after my first recital, I was constantly urged to repeat it. The father overhearing it and seeing the children’s big eyes and eager faces, said to me: “I wish you wouldn’t tell the children about Christmas; with the additional expenses of sickness, we can’t give them any Christmas presents this year.”

Children, and no presents, at Christmas time? Preposterous! I begged

him not to be offended if I played Santa Claus and presently he, too, was growing eager and expectant.

All I had to do was to write to my mother at home. She passed the story on to our neighbors and friends, and soon a box was on its way to the little farmhouse. I didn’t have the fun of seeing it opened, and for once I almost regretted leaving my patient just before Christmas. But he was better and I could be spared; so the box arrived, and I left, just before the 25th.

Part of my Christmas joy that year lay in imagining the happy faces of the children when they awoke and found their stockings had been filled. A letter in broken English and misspelled words came to me later. It did not contain as many details as I should have liked, but it did assure me that there had been joy in the farmhouse, for the parents, the invalid, and the grandmother, as well as for the children. What fun to have a chance to “press the button,” which is all I did.

Another Christmas found me on duty in a wealthy home; a wearily wealthy one. There were a dear new baby, an unimaginative mother, a practical minded father, a little two-year old, and the servants.

The Christmas tree and the Christmas

dinner were to be at the grandparents', my patient would celebrate the day in bed, the servants would be given time off, and that was all there was to it. What a truly dreadful Christmas! I couldn't stand it.

Little by little I fired the mother's slow nature to a mild enthusiasm in the thought of hanging the baby's little sock by the fireplace in our room, and her sister's too. I would get some trifles at a neighborhood store; there should be a bright new dime in the toe of each. Were there to be no gifts for the maids? Yes, money. Well, let's give them some little personal thing beside. What would they like? Verily, the atmosphere grew Christmassy as we planned, and we went so far as to hang wreaths in our own windows as well as in those down stairs. It was a nice Christmas after all.

My pleasantest Christmas on duty was spent with people who had mental and spiritual wealth, though they had to count their pennies carefully. Here it

was easy to share my plans with my patient and for her to share hers with me,—we were so used to the same method of celebration,—“making something out of nothing and a quarter of a yard of ribbon,” while joy bells ring in the heart. It was not hard here to see the Madonna in my dear patient, nor to thank God for His greatest gift as I held the Christmas baby in my arms.

But there must be a surprise! What is Christmas without one? When the baby awoke in the blackness of early Christmas morning, I put a tiny package in her arms as I carried her to her mother. How we laughed softly together, that mother and I, as she received the baby and the package together. Not less astonishing, however, was what I found when I picked up the baby at the conclusion of her Christmas breakfast, for tightly clasped in her arms was a little package addressed to me.

Yes, one can have a happy Christmas, even when on duty at Christmas time.

WORK—THE CURE

BY WILLIAM H. MATTHEWS

A few days ago I answered a telephone call from a hospital social service nurse. She requested that I see “an old lady who was just being discharged from the hospital and who wants to get some sort of light work.” In the same week an old man had come into my office, bringing a note from a doctor, which read:

I have known Mr. ——— and his wife for more than fifteen years and can hardly find words to properly express my regard for them. In all that time I have never heard one word of complaint from either of them,

not even during the periods of enforced idleness due to illness nor when he had lost several positions through lack of strength, which I know was the result of lack of nourishment. I trust you will find some way to help them.

To me it was quite plain that neither of these fine old people had one chance in a thousand of securing work in any of the regular channels of industry. In fact, they had both lost their last positions, each held for only a short time, on account of slowness and feebleness due to advanced years. The average business house “cannot be bothered” with



THE PAINT SHOP

such people. I remember well the abrupt question hurled at me over the phone by an employer to whom I had referred an elderly woman. "What do you think we're running over here,—an Old Ladies' Home?" My only answer could be an apology for having troubled him, for the old lady was, to use her own expression, "well along in years." I venture to say that those having to do with cases showing depressive tendencies would find more actual recoveries through the use of the work cure than through any other medium. The thought that one is cast aside, of no further use in the world, is one of the surest producers of "the blues"; make no mistake about that.

Over in a three-story building at 505 East 16th Street may be seen, every day, a group of some seventy old men and women who at one time or another have

found themselves in positions pretty much like those referred to above. They came, or were referred to the A.I.C.P.¹ with one request—a chance to work, an opportunity to go on earning their way. And for most of them, no one could be found who wanted them. What was to be done? Send them to the almshouse? The mere suggestion of it strikes terror to their hearts! Let them ask for alms on the streets? Most of those of whom I write will not even ask assistance of kindly conducted private relief organizations until reduced to most distressing circumstances. Only by giving them opportunity for work can this fine feeling of pride and independence be preserved. This, the Old Men's Toy Shop and the Women's Work Room provide.

¹ Association for Improving the Condition of the Poor.



As indicated by the name, the men's department specializes on toys—all sorts of things that are the delight of children. In one room you will find the old men sawing, sandpapering, fitting, nailing; in another these plain, wooden shapes take on color and character at the hands of others who have been taught to paint. At first, this part of the work was most crude. The eyes of the cats did not match, the zebra's stripes ran together, chickens and ducks had a queer resemblance. Teaching and practice brought results and today the old men's products are sold on their merit. In the Women's Department, the task of deciding on the nature of work to be done was a bit easier. Most women can sew after a fashion. The specialties are two,—clothing and gowns for institutional use and, as an offset for these more austere articles, the daintiest of rompers and little dresses for young chil-

dren. At Christmastime, particularly, many of the women join the "rag-doll brigade," as it is known in the shops, and the demand for these popular young ladies is ever in excess of the supply.

Many of the shops' products find their way into some of the 5,000 red stockings that go every year into the tenement homes of families in which A.I.C.P. nurses and visitors are interested.

It is true, I dare say, as I have been sometimes told, that there is nothing particularly "constructive" in what is done at these shops, at least in the sense of the word as generally used in social work and public health vocabulary. Yet I know of many people, sons and daughters, who count it their greatest joy to shower affection upon fathers and mothers or other elders in their families. To them, any other course would be thought of as most destructive to their own hearts and characters, a rare quality

lost from their lives, for which no other attainment in life could make compensation. Personally, I believe any child welfare program should somewhere give emphasis to that high quality.

The favorite song of the old ladies at the Shops (they often sing it as they work) is "There's Sunshine in My Soul

Today." That may seem a bit sentimental, yet I never hear it without going back in thought to the times when many of these same old people came to the A.I.C.P. offices discouraged, depressed, almost spirit spent because they felt no one wanted "to be bothered" about them.

RADIUM THERAPY

BY ANNA L. GIBSON, R.N.

THE use of radium as a therapeutic agent is now so common in institutions and by physicians in private practice, it is very important that all nurses should have some knowledge of the fundamental facts regarding this agent, and the care of patients receiving treatment.

Physics of Radium.—Radium is a metal of the alkaline earth family. Its atomic weight is 226. The metal radium has been isolated in very minute quantities, but it has no use in therapeutics. It occurs in nature in the salts, radium sulphate, radium chloride and bromide, which are in combination with uranium compounds in the form of pitchblende and carnotite. The extraction of the radium from pitchblende and carnotite is a very laborious process.

From one ton of ore, five tons of chemical products, and fifty tons of water, it is possible to obtain two to five centigrams of radium, an amount about the size of the head of a pin. Macroscopically, it appears as a fine, white powder. If one could look at radium under the microscope he would see that it is always scintillating, and this scintil-

lation is due to the fact that radium is constantly giving off minute particles of matter and discharging rays of electrical energy.

In radiotherapy we are dealing with three kinds of radiation:

1. *Alpha Rays.* The alpha particle is the nucleus of a helium atom with two + charges of electricity. The alpha rays are the least penetrating, being usually absorbed by the glass walls of containers. Where they come in contact with the skin they produce a superficial reaction without being of any therapeutic value. A thin sheet of writing paper or rubber is sufficient to absorb these rays.

2. *Beta Rays.* The beta particles are negative electrons of enormous velocity. These rays vary from those which barely penetrate thin-walled glass containers, to those that are absorbed only by several millimeters of brass. They are made up of short and long rays, all of which are more penetrating than alpha rays. They have a very powerful effect on the surface but little on the deeper structures. If the glass container is placed inside a hollow steel

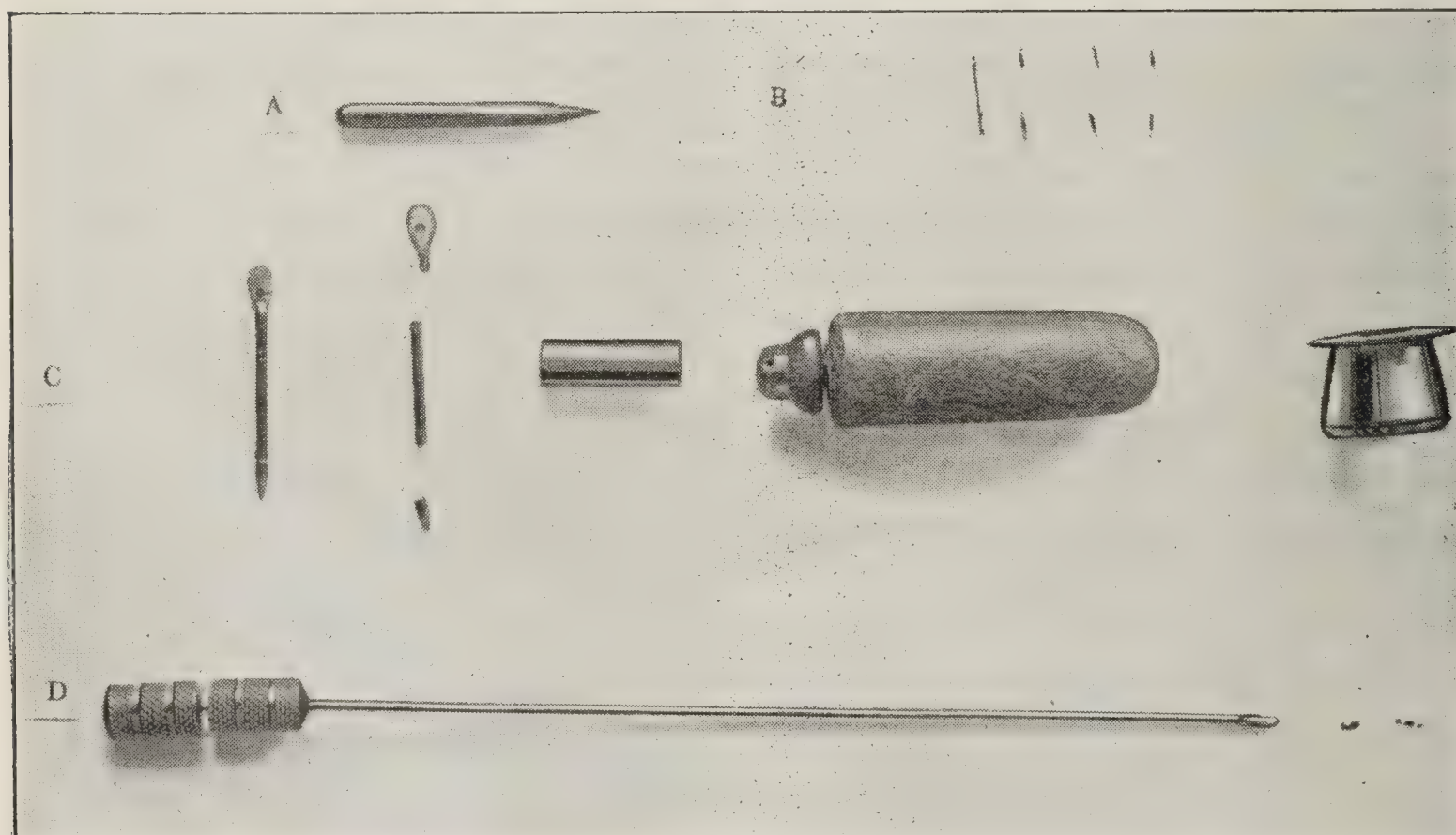
tube one-fourth of a millimeter in thickness, the more caustic, soft beta rays are absorbed. These rays are of service therapeutically in certain superficial conditions.

3. *Gamma Rays.* Gamma rays are the most highly penetrating rays of radium. They are similar to X-rays, but they are more penetrating; they are not particles of matter as are alpha rays, but are pulsations of the ether. This type of radiation is the most important in radium therapeutics. Substances capable of absorbing all alpha and beta rays are interposed between the diseased tissue when the gamma rays are used. These substances are called filters. A filter of two millimeters of lead cuts off practically all the beta rays and allows only the gamma rays to pass through. Doses of this type are given over glands, the spleen, or deep metastases. A filter of

silver, one millimeter in thickness, may be used to cut off beta radiation. Such an applicator is used for the treatment of naevi.

Applicators.—The applicators used may contain either radium salts or radium emanation (gaseous radio-active product of radium bromide in solution); the effectiveness of the emanation is no greater than when the radium salts are used. The emanation method has certain advantages. These advantages are: there is less danger of losing the radium; a greater flexibility is obtained; and a large quantity of radio-activity of long life, like radium, cannot possibly get lodged in the patient's system by accident.

Tissue subjected to radiation becomes somewhat altered and has less resistance to bactericidal invasion, therefore tubes and filters should be surgically clean.



KEY TO FIGURE 1

A—Radium in glass container.
B—"Seeds" (radium in tiny glass containers).
C—Filters: steel needles with detachable eye and point; silver and lead jackets; cone

for elevating radium tube, thus producing uniform radiation over certain areas.
D—Trocar used when inserting radium "seeds" into tumor masses.

Radium emanation in steel jackets, metal, and rubber screens should be boiled. Radium salts in silver tubes should be placed in carbolic acid solution or alcohol.

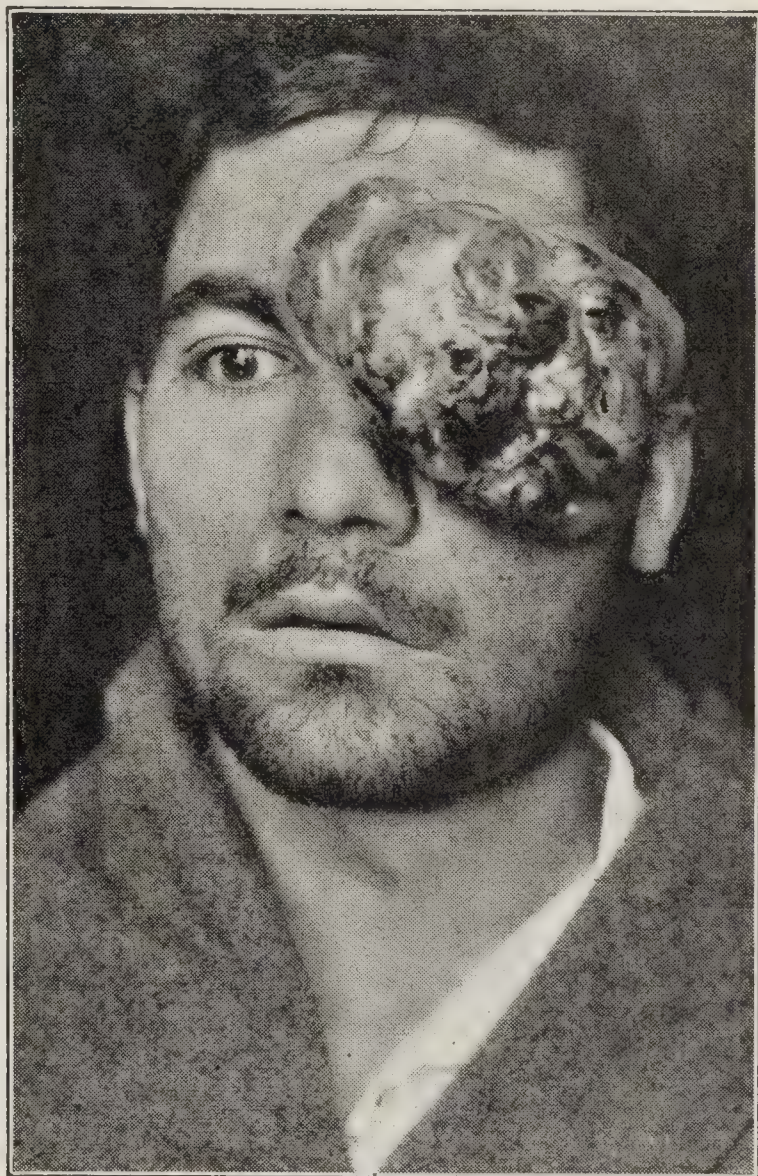
The curie (so called in honor of Madame Curie) is the unit in which quantities of radium emanation are expressed; the gram is the unit used when the radium salts are employed. A curie equals a gram; a millicurie equals a milligram.

Action on Cells.—The effect of radium irradiation upon any living cell, if of sufficient intensity, and permitted to act for a sufficient length of time, shows three clearly established phases: increase of cell activity, with possible associated proliferation; arrest of cell activity; degeneration and destruction of the cell. A pathological cell is much more susceptible to irradiation than is the normal one.

Symptoms and Treatment.—When radium is applied locally we expect to see certain anatomical and physical changes. We hope to see the activity of the growth checked, the tumor being decreased in size, either without any apparent breaking-down of its structure or by degeneration of the mass and a general sloughing off of its substances. Under successful treatments the classic results show a disappearance of the growth entirely. Sometimes it is not possible to obtain such results, due to the uncontrollable activity of the cancer cell, and there is little to be hoped for in the way of a cure, but radium may be applied in such cases as a palliative measure, because we know that it will largely control hemorrhage, reduce the odor, and relieve the symptoms of pain.

Superficial lesions are the most favorable for treatment. The malignant cases are more difficult. The earlier a case can be treated, the greater the chance of a successful result. Surgery offers in nearly all cases a better prospect than radiation, so it should be given the first place and radiation should be used after operation in the hope that recurrence may be delayed or prevented. In many cases combined treatment is considered better than either alone.

Insufficient dosage of radium at times tends to increase the growth and activity of cancer cells, so it is extremely



KEY TO FIGURE 2

Sarcoma of the Orbit. Routine treatment after radiation; removal of crusts and slough; cleansing with 4 per cent boracic acid solution; application of boracic acid ointment or white vaseline to excoriated areas; dry sterile dressing. (A drop of Oil of Bergamot added to the ointment makes an excellent deodorizer.)

important that a proper dosage be applied.

Although normal tissue is many times more resistant to radium than is cancerous structure, it should be carefully protected during the treatment; therefore, it is possible to apply very heavy dosage, destructive in type, to the cancerous growth and not do serious damage to the adjoining tissue. It is most important for the nurse to understand this and to see that the applicator remains in place, or if there are to be successive applications, not to overlap, as a doubling of dosage produces severe burns. At times a troublesome burn occurs where a heavy dose of radium has been given and screened with most careful technic. Patients are warned that a burn will probably develop. There is no danger from such a burn other than penetration. These burns heal slowly, sometimes taking weeks and months to heal.

The physician usually gives instructions for the care of those burns, such as applications of white wash to reddened areas, and removing of crusts from ulcerated portions, cleansing with 4 per cent boracic acid solution, followed by application of white vaseline or boric ointment. Nausea and vomiting often follow heavy doses of radium. This discomfort can be greatly relieved by giving the patient small amounts of iced ginger ale or sodium bicarbonate. The effect may be mechanical, due to the presence of a foreign body, in which case relief will not be had until the radium is removed. It must be remembered that the cancer patient is ill, sometimes desperately ill, and he should be given the benefit of anything that will build up resistance, such as rest, diet,

fresh air, and proper care of the local lesion.

Dangers to Workers.—One of the most common and pernicious habits of radium workers is to play with radium applicators. They should leave them severely alone except when in actual preparation for a patient, and then handle them only with the greatest of care. Nurses find it difficult to understand that these innocent appearing little radium tubes in metallic containers have any potency for harm until their fingers begin to show characteristic trophic changes, and they experience discomfort from other constitutional disturbances—lassitude, painful and profuse menstrual periods—which are not accountable to other causative factors.

A nurse who was accustomed to carry radium each morning from one room to another, suddenly developed a severe burn on the hand. This was accounted

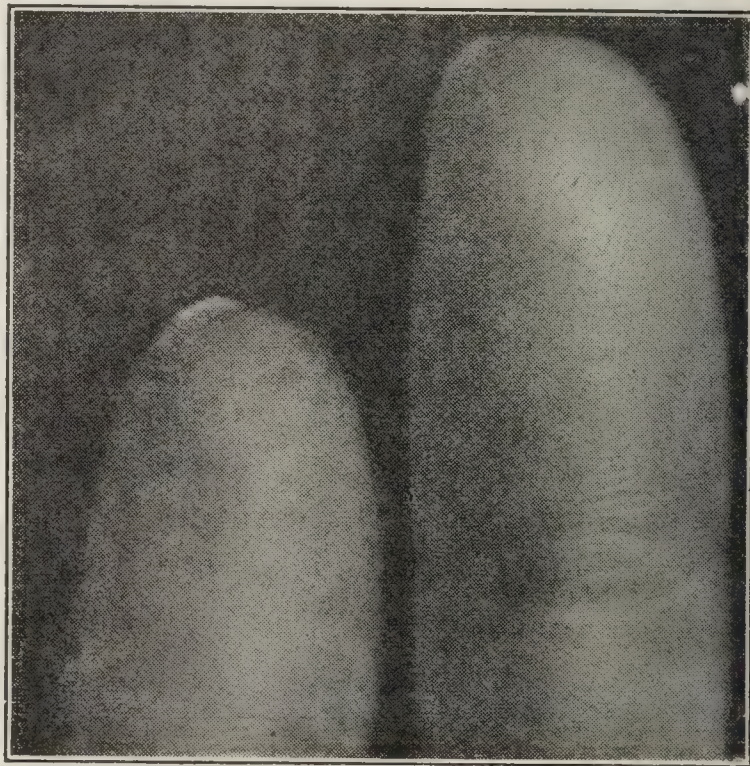


FIGURE 3

Photograph showing the flattening of the ridges of the tips of the fingers; thickening of the horny layer of the epidermis with scaling. Note how the free ends of the nails stand away from the fleshy part of the finger tips, also cracking of nail.

for by the discovery that a few days previously she had had a long conversation with another nurse in the passage between the two rooms. Nurses must be taught the importance of protection and how to take advantage of it. They must be taught to keep at a proper distance from all unscreened radiation, and to handle all applicators with long-handled forceps. The making-up of applicators—putting the radium tubes in lead jackets, affixing the gauze rolls and adhesive strips—should be done behind a body screen lined with lead 5 cm. in thickness. All the accessories should be prepared in advance so that the actual time period of the radium contact may be as short as possible. Adhesive strips may be quickly removed by dropping the applicator into a cup of benzine.

Radium needles should be placed in a lead container, leaving only the eye exposed for threading. The screening of the applicators (placing the tube of radium in lead and silver jackets, etc.), which is the manipulation causing the largest amount of exposure, is generally done by the nurses in radium clinics, and

nurses engaged in this work should be changed every month.

Blood examinations should be made on all workers before they are subjected to exposure, then periodic examinations should be made. The red cells are not as sensitive to radiation as are the leukocytes; therefore, an anemia must be looked upon as a grave departure from the normal and will indicate a serious over-exposure. Undue exposure is associated at all times with a moderate leukopenia, a relative lymphocytosis, a relative polycythemia, and an occasional eosinophilia.

Complete protection can undoubtedly be obtained. It requires not only means, but continual caution on the part of the individual. A dental film carried in the pocket for two weeks will give a quick index of excessive exposure; if it is definitely fogged or blackened, protection should be increased.

Nurses should be thoroughly instructed in the proper manipulation of the applicators, and in the precautions necessary to avoid serious effects from careless handling.

DONALD'S CHRISTMAS

BY MARY F. SCOTT

ALTHOUGH Christmas was fully a month away, Donald Rea was obsessed with thoughts of it. It made no difference how adroitly mother and nurse tried to turn his thoughts into other channels, they would return to it, and always with a groan. For Donald was ill, so ill that at one time the flickering spark of life seemed to have been extinguished, but at the point where the slightest deviation either way meant life

or death, it swayed a fraction of a point to the life side, and the poor, pain-racked body started waveringly to pick up again the threads of life. Curvature of the spine the doctors called it, but to poor Donald, lying there, it seemed a curvature of the world. Scrofula had preceded the spinal complaint. Youth and his former excellent health were his greatest assets, but his limbs were painful and utterly useless. Donald had

lived life fully, every minute of the twenty-four hours, when good health was his portion, but now, when active sports were cut off and sickness claimed him, he chafed under it, and its attendant evils. He was, however, blessed with a mother who knew boys, and a nurse who had insight into matters of vital moment where a boy was the central figure.

Fresh air and plenty of it was the doctor's instruction, and the nurse saw to it that this was carried out to the letter. Donald was wrapped warmly, the windows were thrown open, and a delightful view of the skating pond was given.

"Look, Donald, look, at Tad Flint, making the figure eight," cried the nurse. "Isn't that fine? Watch him closely, and get ideas. You know you have a much better place here to observe him than if you were skating, and then when you fasten your skates on, you may go him one better. You see how he does it, don't you think you could improve on it?" "I might," answered interested Donald. "Tad is fine at that, you know, Miss Graham, but I think his lines are not bold enough. May I have a piece of paper, and a pencil, and see if I can improve on it?"—"on paper," he added, with a grim smile. Then began the drawing problem, a curve here, a curve there, and Donald spent a happy quarter of an hour, looking, absorbing, sketching. A new light came into his eyes, the creative spirit was aroused, and after the fresh air period was over, a restful, contented sleep followed.

Then came the joy of watching his chums rolling the snow into balls, larger and larger the balls grew, puffing, pant-

ing and laughing were the boys who rolled them up and down. "Mom, I bet on Jack Grime, who do you bet on?" cried the excited youth. "I bet on Tad," was the answer. "Mother, you're losing, you're losing, you've lost!" With a sigh of ecstasy he lay back.

"Miss Graham," he said, turning to the nurse, "I'll try to do what you tell me, so I can be with the boys soon. But, gee! it's hard. You don't know a boy's feelings, exactly, being a woman, but at that," he added, as an afterthought, "you're better than some men I know. You'd never think they'd ever been kids. But maybe they were sissy boys. I don't like sissy boys, do you? Mother doesn't." "No, I don't either, but when a boy is ill, and rough sports are not for him, and his active hands long for something to do, a little work bordering on a girl's doesn't hurt him." "No?" doubtfully. "No, and to prove it, a short time before Christmas, I am going to have a certain young chap, by name, Donald, help a young woman, meaning me, fix up this room in a regular Christmassy manner. You see, Donald," she added, confidentially, "I have so much to do, preparing my chart for the doctor, and attending to your medicine, etc., that I am going to leave the bulk of the work to you. Will you help me?" "Sure. I'll do the best I can." "That's settled then, and I am so relieved. It takes a load off my mind."

The weeks passed; some flew, others dragged, still they passed, until just one week to Christmas. Donald had had fresh air and sunlight, in abundance, a strengthening diet, and under the skillful physician's directions he was gaining day by day. Then the wonderful plan was unfolded to the eager boy, by

the no less eager nurse. Her own childhood days were not so far behind that she could not remember them vividly.

It was to be a real Christmas celebration, in the boy's room. Five boon companions of Donald's were to be invited and Donald, the host, made six, all the doctor would allow. Ground pine and cedar were brought to the room, a little at a time, and the girl's deft fingers, assisted by the halting work of Donald, accomplished wonders. Little bunches were made and tied to a rope, which later was to festoon the room, popcorn was strung, and figures of various descriptions were cut out of gay colored paper, to accentuate the festive tone of the room. Presents were wrapped and labeled, ready for the tree. Yes, a tree, a Christmas tree! right in Donald's room!

Miss Graham knew that in the treatment of no disease was it more necessary to consult the temperament of the patient, than in this one, and nobly was she responding to that knowledge. At the first signs of fatigue, work was suspended, and rest, full and complete, followed.

The night before the great day was spent quietly by Donald, and the morning following, but when nourishment had been administered at noon, and Donald had been looked over carefully by Dr. Joy and declared fit, the merriment began. Two hours was the limit,—but into those a lifetime seemed crowded. The boys came, cautioned a little to curb their naturally high spirits, the shades were drawn, the lights turned on, shining on bright, expectant faces. Mother, father and nurse effaced themselves and youth held sway.

Refreshments were served, all the

good things boyhood delights in, the cream being fashioned in the shape of a snowball, with a sprig of holly in the top. The presents were handed out by Donald, and were received with subdued shouts by the boys.

Donald's present, from "the bunch," was a beautiful pair of skates, presented by Tad Flint, who had prepared a brilliant speech, and had even type-written it on his father's machine, but—when he came to read it, something happened to his eyes, and the characters jumped up and down so, he could not make them out, so he improvised: "Gee, Donald, we kids are mighty sorry you're sick; we miss you, Donald, for" with magnanimity, "you could always lick the bunch. But we've had a bang-up time, and thanks for the knife; gee, how I wanted one; and thanks, also, for the bunch."

To the consternation of himself, and the huge enjoyment of the boys he made a profound bow, as he was taught when finishing his piece at school. A howl of merriment greeted him; he flushed, and stepped back sheepishly.

Miss Graham stepped into the breech. "Now, Mr. Host," bowing elaborately to Donald, "the whole bunch will sing one Christmas Carol, and then I'll wave my wand, and the sand man will come." The boys sang "Holy Night," with gusto. The spirit was infectious. Mr. and Mrs. Rea joined in, and last, but by no means least, Donald, in a little piping voice, at which, in health, the boys would have roared, but now it was passed by without comment.

Then, "Shoo! Shoo!! Shoo!!!" laughed Miss Graham, waving her white apron, "chicks, go to roost, and let my bantam rest."

METHODS OF INSPECTION

BY HARRIET L. P. FRIEND, R.N.

IN the inspection of schools of nursing there are several factors to be considered. Briefly these may be summarized as living and teaching conditions. Under teaching conditions would be considered provision for practical as well as theoretical teaching. This article will consider briefly methods of determining whether or not each of these conditions is satisfactory.

Taking up first the living conditions,—a complete tour of the nurses' hall or residence must be made. In the bedrooms note the dresser and closet space for each student, whether there are double beds (that is, two students sleeping in one bed), whether comfortable chairs for each student, and the provision for quiet for night nurses. Note the order of the rooms, corridors, lavatories, and how much care of the home is required of the student nurse. If the student is obliged to use her bedroom for preparation of her class work, notice the character of the lighting, whether good or not, and if there is provision of a table for writing. Laundry, sewing room and kitchenettes all show that considerable thought is given to the comfort of the student. The standard for the number of baths and toilets, as a minimum, is set forth in *The Standard Curriculum for Schools of Nursing*. Make a note of the linen supply for the beds. Look at the recreation rooms, see what provision is made for visitors, for parties, and for amusement, as piano or victrola, space for dancing. Note whether or not there is a gymnasium and, if so, for what purpose it is used. If the dining room is

in the residence hall, see what the accommodations are and the service, as well as the character of the food. Ask about chaperonage in the home and if there is a social director or committee responsible for social activities; also take up the matter of student government.

Under the teaching conditions, several factors would be considered, as experience given is divided under two headings,—theory and practice.

Under theory, note the class-room facilities. It is well to have an inventory of its contents and that of the library. The subjects in the curriculum should be listed, with the number of hours, the name and qualification of the instructor. To get an idea of a course it is well to see an outline. The student's note book will also give an idea of the course. The time of day in which instruction is given is also to be noted. Look particularly to see at what hours, and how often each week, night nurses are required to get up for lectures and classes. The number of full time paid instructors is a fact to note, and the time given in conference with students, provision for study periods, places and lights for study. The average student nurse is obliged to do most of her studying at night. The dietitian as well as the nurse instructors should have an opportunity for conference with the inspector of schools of nursing.

To survey the conditions for practice would require a visit to the patients' rooms or wards, including the service rooms, linen closets, diet kitchens, etc. For instance, what is the equipment for

the bedside care of the patient? Where and how is it kept? How often is it used? How is it cared for after use? A question as to routine care of patients is helpful in providing this information. Good service rooms show utensil and water sterilizers, provision for disposal of wastes, good storage for equipment, and places to wash and care for such, provision for disposal of soiled linen, etc.

The student nurse primarily has her experience in care of patients so that she may learn to do all nursing procedures with ease and learn accurately to observe a patient and be able to determine how best to regulate the conditions under her control for his benefit. It is well to notice whether the student is being taught to care for each patient as a unit or whether one student does all the treatments for the group of patients while another gives all the medicines, etc. See if the student keeps a case record. The make-up of the patient's bed side record, of the day and night order books and reports, will show to what extent the student nurse really observes the patients she cares for. For instance, if medicines are ordered and recorded as prescription number so and so, or if the temperature or other reaction is not recorded after a sponge, the student is not likely to be getting much application of the principles which she has had expounded to her in the class room.

It is essential to note the correlation of theory and practice and the place which the head nurse has in this correlation, realizing of course that assignment to practice usually comes from the office of the principal but that the head nurse of each ward plays an im-

portant part as a teacher because of her close association with patient and student nurse. It is a good practice to list the name of each head nurse with a department, also the heads of departments, such as the operating room.

There are certain types of practice aside from the regular medical, surgical, obstetrical and pediatric services, that not all student nurses obtain, but a place should be made on the inspection report for these and such noted, as experience in the drug room, X-ray room, etc. Asking about special experiences will sometimes develop information as to exploitation of a student in practice that is not educational.

With the constantly increasing importance of nutrition in prevention and care of disease, inspection of a school of nursing should include a careful survey of the dietetic facilities. Particular note should be made of the various types of diets being prepared by student nurses, the supervision of these diets and the opportunity the student has for observing the results of feeding.

The place and length of affiliations will of course be noted.

It is necessary to acquire certain statistics during inspection and a typed or printed form should be prepared. Valuable hints may be gained by obtaining and studying the forms used by boards of nurse examiners in other states. Also a study of the Standard Curriculum notes on training schools for nurses is an invaluable help. Briefly, the form should give a concise physical description of the hospital plant, of its organization, endowment, funds for maintaining the school, and of its services. It is sometimes necessary to assist hospitals to prepare a census form

that will show the number of days of each kind of service. This is one basis for determining the practice given the student nurse. Next the form should show a summary of ward facilities, of nurses' residence and teaching facilities, hours of duty and recreation, noting exceptions, length of vacations, illness, provision of uniforms, allowance. All forms used as training school records should be collected at this time for filing, also the curriculum of the school with a list of library and reference books, texts owned and used by each student, and an inventory of class room and laboratory equipment.

It seems trivial to suggest that the full name and address of the hospital should head the report as well as the date and time of day of inspection, but these facts have proved of importance. As to time of inspection, experience seems to show that it is better to notify the school of your expected visit and that the morning shows more of the ward procedures. I have found, however, that the time has to be varied in individual instances.

Plenty of time must be allowed for study of the record of each student nurse, to get an idea of the average of services and theory given. If the law regulating nurse registration requires an entrance educational minimum, it will be necessary to ascertain that each student has the papers from school authorities, etc., or the entrance certificate that is required. If the board of nurse examiners obtains a matriculation report from each school of nursing, annually, this list should be compared with the class rolls, as occasionally a student's name appears on the class roll whose

entrance credentials are missing and discovery at this time may save the student considerable embarrassment later on.

The file from the office of the board of nurse examiners, containing reports, correspondence, etc., from a school of nursing, may well be carried on the visit to the school. The practice of issuing an annual report from a school in addition to the report of the inspector is common. Any notes made on receipt of this report can be discussed during the visit of the inspector and recommendations made by the board of examiners may be followed up.

If necessary, interviews with the training school committee can be arranged at the time of inspection for the discussion of problems. An opportunity to meet the student nurses is valuable.

It has been suggested that a report of inspection should be furnished to the principal of the school and also to the president of the Board of Trustees of the Hospital or the Chairman of the Training School Committee (the educational committee of the school, I would prefer to call it). At all times reports should contain facts rather than opinions, and verbal expressions should be avoided, because of danger of misrepresentation.

In conclusion, inspection of schools will be not only a matter of acquiring statistics, but an opportunity for friendly counsel. Every visit of the inspector should leave the school authorities better informed as to the aims and methods of nurse education. If the ideal for maintaining the school is educational, each visit will be an inspiration for inspected and inspector alike.

CHRISTMAS FOR THE CHRONICS

BY FRANCES JONES LESLIE



ONE OF THE GUESTS

FOR weeks before Christmas, as the Visiting Nurses made their rounds, their aged and chronic patients told

them of the wonderful Christmas party to which they were invited. The little invitations were read and re-read and it



"TOBY" PLAYS SANTA CLAUS

seemed as if the eventful day would never come. But before the patients knew it, machines stopped at their very doors, nurses in crisp blue dresses helped them bundle up in warm wraps, while strong, reliable chauffeurs lifted the helpless into cars.

At the doors of the Church in whose parlors the festivities occurred, were wheeled chairs for those unable to walk. The parlors were decorated in Christmas greens; in a far corner stood a beautiful tree with colored lights glimmering through its branches. One aged man, Mr. Olson, did not know whether to look at the gorgeous tree or at the Mary Pickford film which was the first thing on the program. The movie was much enjoyed, even by Mrs. O'Brien, who is

totally blind, for a dear old lady next to her told her the story as the picture was shown.

Tears came to the eyes of our aged guests as a boy soprano sang "It Came upon the Midnight Clear" and "Holy Night." However, the tears did not last long, for in ran a little black dog named Toby, barking his bow-wow to tell the patients that he wanted each to have one of the Santas, filled with candy, which were in baskets attached to his sides.

As Toby made his rounds, the members of the Junior Board brought from the Christmas tree a present for each guest. Mr. Erickson was too much excited to open his present, for he had never been to a party in his life. The

women were quite speechless when they unwrapped their presents and discovered dainty bowls with bulbs in them to grow at their window sills. Some of the men had never owned neckties before, so they were very grateful to Santa Claus.

While the kettle was boiling for five o'clock tea, Mrs. Brown, one of the patients, surprised all with recitations given very acceptably.

Finally the refreshments were served: coffee, tea, sandwiches, ice cream, and gaily decorated cakes. The nurses helped those not able to feed themselves. One man was too much embarrassed to eat in the presence of so many "ladies." Nearly every one wanted to save some of the sweets to take home to members of the family. Fortunately, the Juniors had provided so amply that this was possible, some patients even carrying off bricks of ice cream.

The members of the Junior Board

were most reluctant to send their patients home. A more grateful and appreciative set of guests has seldom been entertained. The Christmas spirit was caught even by the chauffeurs who thoughtfully drove the patients through the main streets of town in order that they might enjoy the dazzling lights and decorated windows of the shops.

The Christmas party has lived in the memory of these patients who still cherish the now empty bowls and the little Santa Clauses at their windows. They look forward this year to another Christmas party.

It is hard to say who enjoyed the last one more, the patients or the members of the Junior Board. At any rate, the Juniors had such delight in giving it that they have made it an annual event and are now anticipating seeing familiar faces again at their third Christmas party.

HEALTH EXAMINATIONS

A nation-wide campaign for health examinations is being promoted by the National Health Council. It began on July 4, 1923, with the slogan, "Have a Health Examination on Your Birthday," and will last until July 4, 1924. The goal is ten million examinations. If this is achieved, the whole standard of national vitality should be raised and the average length of American life materially increased.

James A. Tobey, writing in *Current History*, says: "The population of the world is about 2,000,000,000. Of this number it is estimated that at least 70,000,000 persons are sick all of the time. About 35,000,000 die every year. Nearly as many people die every year in Europe as the number who lost their lives during the whole four years of the great World War. In the United States alone there are annually about one and a half million deaths. These figures are significant enough, but when it is considered that about 9,000,000 of these deaths could be postponed and that about 28,000,000 of the sick are needlessly so, statistics become appalling. Sanitary science has demonstrated that one-quarter of the deaths could be averted and at least 40 per cent of sickness could be prevented by human endeavor."



Two views of a thoroughly practical bedside stand in use in the Henry Ford Hospital, Detroit, Mich. In addition to the unique features illustrated, the drawer may be opened from either side.

IS THE PRIVATE DUTY NURSE ENTIRELY TO BLAME?

BY BESSIE LEE HARRIS

AFTER reading an article in the *Journal* some time ago, where some one deals with the fact that criticism may be constructive, rather than destructive, I am inspired to say something of a need which is felt by the public, the doctor and the private duty nurse,—more instruction in contagious nursing.

A registrar told me that a call came for a nurse for a case of diphtheria—there were forty nurses on the register, and no one would go. A mother with other small children was forced to take care of the case.

Higher fees are paid for contagious nursing, but doctors say they are unable to get nurses for these cases. I don't believe it is because they are afraid of contracting the disease,—there are far worse things which a nurse handles daily with no fear for herself.

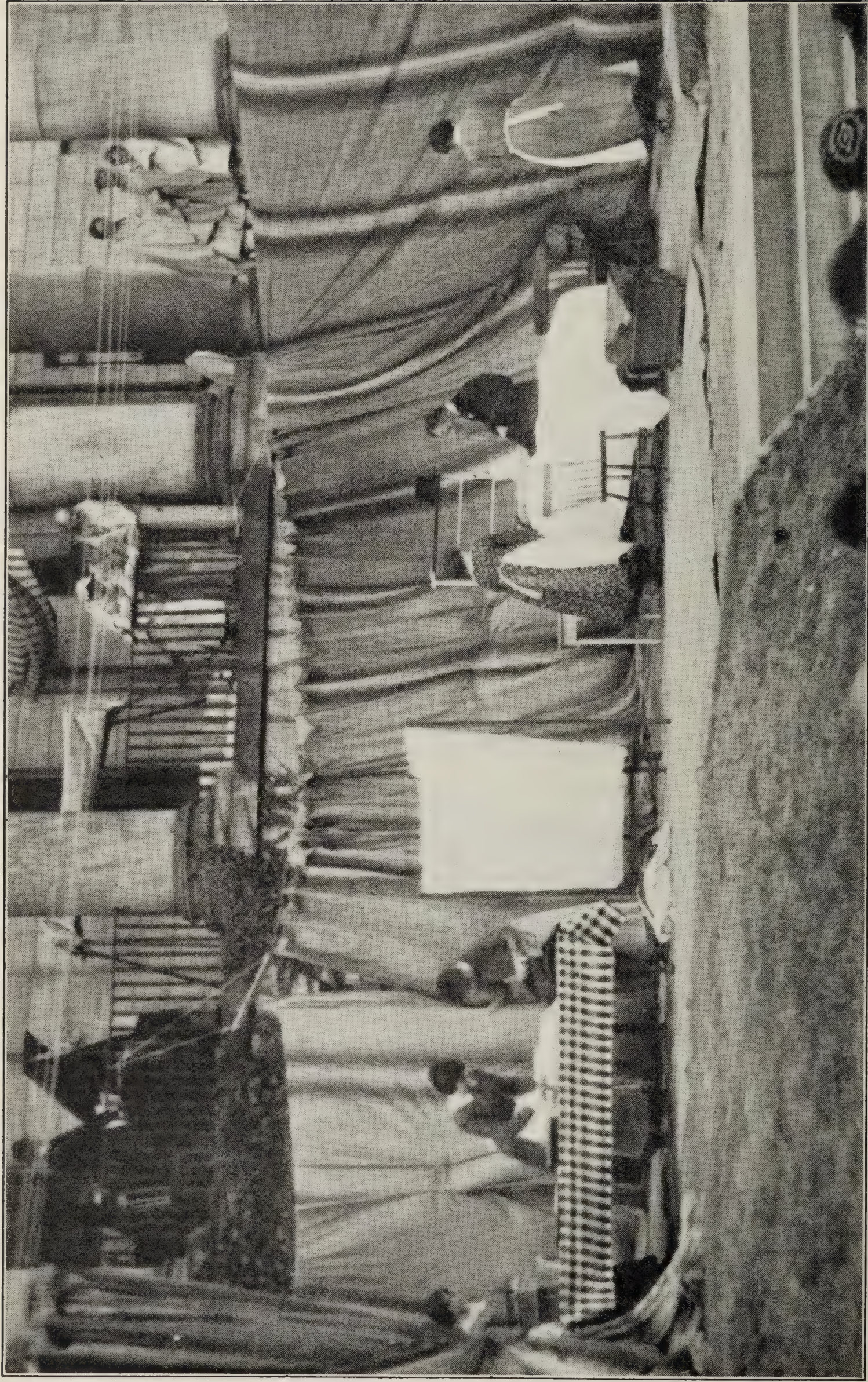
Ask a young graduate what she knows of contagion, and you will find that her knowledge consists of a lecture or two and a few lessons from Practical Nursing, theory only, unless by chance, she has ever seen a case. Is she prepared to go to a private home, where a large number of cases are handled, being isolated, alone with the patient, no head nurse to appeal to, no house physician to call upon when in doubt?

Take for instance laryngeal diphtheria. Is the responsibility ever greater in any case? The child is

croupy and has paroxysms of coughing, later it becomes cyanosed, its breathing more difficult. You have but a few moments in which to get the doctor, quick action at the right time is all that will save the child's life. What are you doing while awaiting the physician? The doctor comes, he wishes to intubate, a delay of two minutes may mean the child's life. Can the nurse quickly and efficiently assist him if she has never seen a case intubated? Then follow five days or more, the child wearing the tube. If anything goes wrong with it, death is sure to occur. The tube often becomes filled with membrane, the nurse must be the judge. Must she remove the tube, or is there time to wait for the physician? The nurse is left with the responsibility of making the decision as to when to call him back if it is necessary to re-intubate.

Is she prepared? Would you want a young physician to attend you in your illness, if he had only read of the disease of which you were suffering? Would you blame him if he told you to consult a specialist? I think not. Neither do I blame an inexperienced nurse who would say, Call some one who has had experience, the responsibility is too great. Could she do otherwise?

Affiliation with a contagious hospital possibly would solve the problem. Where this is not feasible, a little more time and attention to the subject would help a great deal.



A GROUP OF NURSES AT WORK IN 1875
(Massachusetts General Tableaux)

SEMI-CENTENNIAL ANNIVERSARY EXERCISES, MASSACHUSETTS GENERAL HOSPITAL TRAIN- ING SCHOOL FOR NURSES, BOSTON¹

BY TYRA LUNDBERG FULLER

SILVER-HAIRED women of the pioneer days of nursing brushed sleeves with young girls just entering upon the vocation, during the two days devoted to celebrating the fiftieth anniversary of the Massachusetts General Hospital Training School for Nurses, October 15 and 16.

Opening at 9:30 o'clock, October 15, with the registration of graduates at the New Home, the program was replete with interest to the Alumnae. The exercises included clinics, both medical and surgical; lectures and addresses by men high in the medical profession; demonstrations of present pupils' work in the Training School; opportunities for social gathering and the renewal of acquaintances and friendships; the presentation of a group of historical tableaux that carried the onlookers into the past, to the earliest days of the Hospital and Training School, down to its triumphant present, and finally a banquet at the Brunswick Hotel where a number of distinguished women were heard from, all of whom had contributed in no small measure to the progress and high standing of the Training School.

Nearly 250 of the alumnae there were, members of recent and of some of the earliest classes, hailing from as far away as British Columbia and eastern Canada, and as far south as Florida.

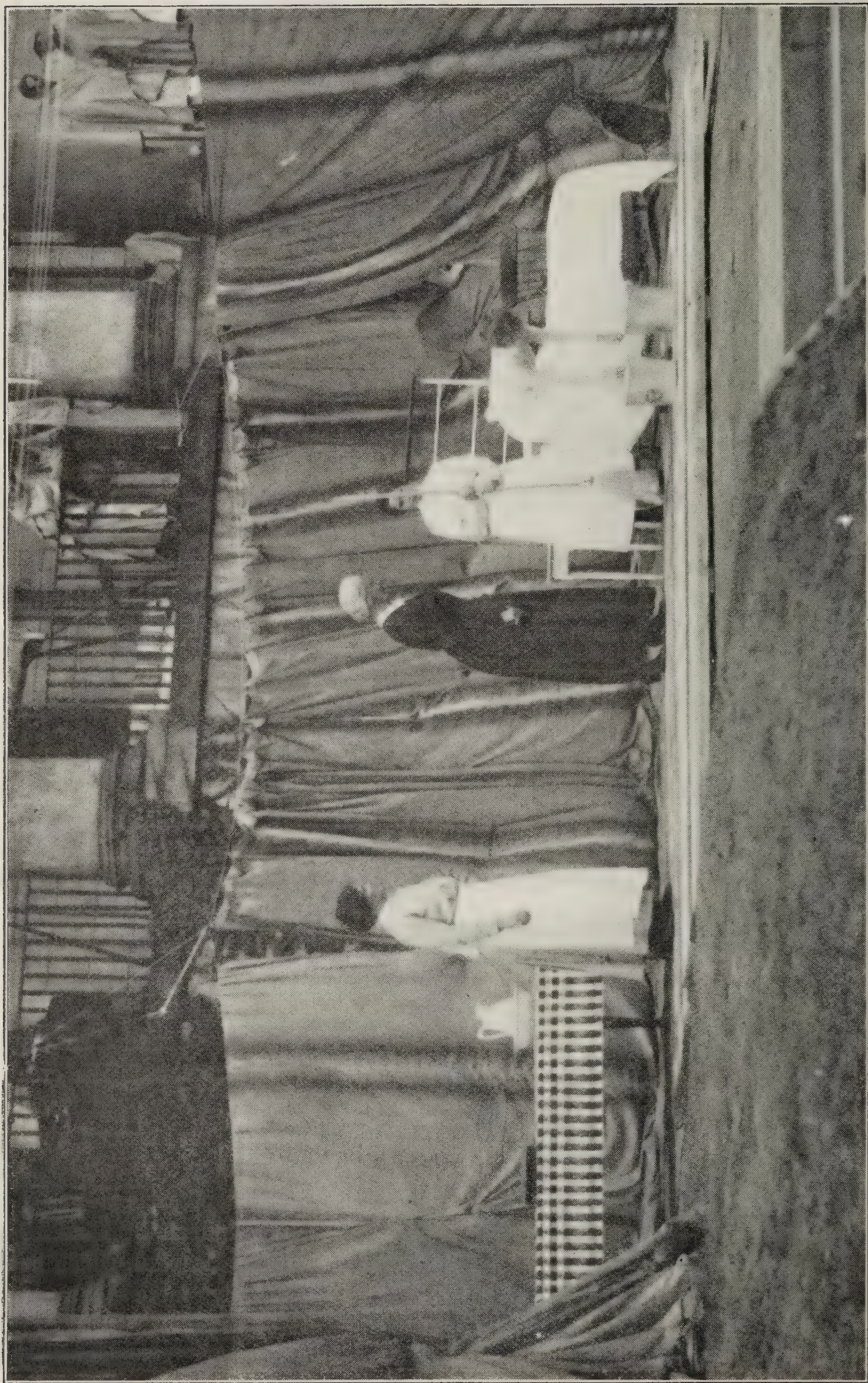
Even the far Orient was represented in the person of Margaret A. Dieter, who was enjoying an opportune furlough from her station in Nanking, China.

A touch of glamour surrounded the presence of Linda Richards, of Foxboro. Miss Richards was Superintendent of the Training School, back in '74. She is an honorary member of the Alumnae Association. Another honorary member of the Alumnae Association who added distinction to the gathering was Anna C. Maxwell, whose personal charm has in nowise diminished since she so capably directed the Training School, 1881-1889.

The program proper opened at 10:30 o'clock Monday with a series of clinics conducted in the Out-Patient Amphitheater. At the close of these clinics, opportunity was given those who wished, to visit the hospital, some to renew their acquaintance with parts of the institution, others to inspect new features, added since their days. The majority of the guests found their way to the Library where stands the great case containing the many medals and citations earned by the Hospital alumnae and medical men in the World War.

Another popular pilgrimage was to the dome of the Bulfinch Building, the original part of the Hospital, which has weathered staunchly more than one hundred years of changing history, and which stands as solid and strong now as it did in 1821.

¹ Condensed from the original report.



MISS MAXWELL INSTRUCTS PROBATIONERS
(Massachusetts General Tableaux)

There in the dome many of the visitors rehearsed again the scene of the first operation under an anesthetic, the experiment that had such tremendous significance in the surgical world.

At one o'clock a buffet luncheon was served in the nurses' dining room. After luncheon the women wended their way back to the Out-Patient Amphitheater where pupils of Annabella McCrae demonstrated the teachings of their preceptress.

An exhibition of special diet trays was next on the program and was found at Old Lodge, the capacity of which was taxed to the utmost to admit all those interested.

Then came the first real opportunity for social get-together at the Alumnae Tea staged in the charming reception hall of the New Home.

A delightfully informal program was given in conjunction with the tea, and members of graduating classes as far back as 1880 were heard from. Taking them in chronological order, those who spoke briefly and with apparent keen joy at being present, were: Elisabeth Robinson Scovil, 1880; Hannah J. Brierly, '87; Mary L. Keith, '88; Alice O. Tippet, '89; Mary V. O'Reilly, '97; and of the Twentieth century graduates: Mrs. Forest J. Maynard (Mary P. Jameson, '09); Dorothy M. Tarbox, '15; Margaret Dieter and Margaret C. Reilly, both of '16; Clara Dennison, '18, and Helene C. Lee, '22. The older graduates made mention of the contrast between the school of today and that of the early years with its primitive methods, its primitive quarters, but all agree with Miss Scovil who declared that "the training at the Hospital has been the biggest help to me in all my later life."

In addition to those who brought a personal message to the anniversary celebration, a large number of graduates sent letters and telegrams to convey their good wishes and their greetings to classmates and all the Alumnae. A few of these, as many as time would allow, were read by Minnie S. Hollingsworth.

The progress of the school since the early days of its inception, referred to by older graduates in the afternoon, was also alluded to in the evening by George Wigglesworth, Chairman of the Board of Trustees, who presided at the meeting in the Old South Meeting House, Washington Street. After an impressive entrance of graduate and student nurses, and an invocation by Bishop William L. Lawrence, Mr. Wigglesworth presented as the first speaker Sally Johnson, Superintendent of Nurses. In her bright, happy style, Miss Johnson reviewed briefly the life of the school from its small beginning in 1873, to the present day.

The main address of the evening was given by Dr. Winford Smith, Director of the Johns Hopkins Hospital in Baltimore. His closing words were decidedly gratifying to the Alumnae and present students of the M. G. H., for he said: "I doubt if any school is turning out better nurses than your school. May its record of the future equal that of the past." The reading of her poem, "A Song for M. G. H.," by Margaret A. Dieter and the singing of Florence Nightingale's favorite hymn, "Battle Hymn of the Republic," completed the program.

The New Home was open for re-registration Tuesday morning, and the red carnations which were distributed

to all who wrote their names in the guest book, added a note of color to buildings and campus all day. An hour was devoted to medical clinics directed in the Out-Patient Amphitheater by Dr. Richard C. Cabot assisted by Dr. Paul White. The feature of Dr. Cabot's clinic was the demonstration of a recent invention, the electric stethoscope, by means of which the heart beats of a patient can be heard without the listener being in contact with the patient.

Surgical clinics followed in the Bigelow Amphitheater.

After luncheon there was a rush for Moseley Hall, where an address was given by Dr. Cabot.

"The Bearer of the Lamp," a colorful pageant prepared in special celebration of the Fiftieth anniversary of the M. G. H. Training School, was perhaps the biggest thing on the entire two days' program.

There were thirteen scenes, the final one having been arranged for the purpose of making formal presentation to the Hospital of the money raised by the Alumnae Association for the Training School Endowment Fund. The fund was started with \$200 given by Miss Parsons, and the sum of \$10,000 was raised in three years through the tireless efforts of an Endowment Fund Committee.

Tuesday was the annual "Ether Day" of the Hospital as well as the second day of the Semi-centennial celebration, and after the pageant, the Alumnae were invited to attend the "Ether Day" tea served in Moseley Hall by the ladies of the Advisory Committee.

The banquet at the Brunswick Hotel

which wound up the celebration, was attended by more than 200.

Edith I. Cox, president of the Alumnae Association, introduced Carrie M. Hall as toastmistress, and the following were called upon to speak: Mary M. Riddle, who termed the M. G. H. a "fixed star in the firmament of educational institutions;" Linda Richards, who prophesied widening fields for the nursing profession and urged its members to "Do more than you ever have done;" Anna C. Maxwell, who declared, "It is not life that matters, but what we bring to it;" Sara E. Parsons, who recently left the profession and who asserted that after having stuck to it for thirty-two years, it took more than a little courage to branch out into a totally different field. Helen Wood, who was called on next, said, "Teamwork typifies the spirit of this school more than anything I can think of." Elisabeth Robinson Scovil emphasized that thought when she told what this "*esprit de corps*," this entity of spirit, has meant to the Hospital from its earliest days. Mary L. Keith, Superintendent of the Rochester General Hospital, told of the students' life and training at the Rochester school. Sally Johnson was the last speaker and she wound up her talk with a splendid tribute to her predecessors. Annabella McCrae, who refused to sit at the speakers' table, could not thus escape, however, and was among those called upon.

The success of the Semi-centennial was complete and much credit is due to the committee in charge, with Helen Potter as Chairman.

ST. LUKE'S HOSPITAL, TOKYO¹

BY ANNA C. JAMMÉ, R.N.

IT was a quick run by train from Yokohama to Tokyo, a rickshaw secured at the station, and a delightful ride behind the little trotting rickshaw man through the busy streets of Tokyo, which at this time were wearing their Christmas decorations, brought me to St. Luke's Hospital. Through the courtesy of a friend in San Francisco I was provided with a letter of introduction to Dr. Teusler, medical superintendent of the hospital. The little Japanese girl at the entrance greeted me in the usual Japanese polite manner and immediately carried my letter to the office. Unfortunately the doctor was out and I did not have the pleasure of seeing him at this time. After a brief conversation with his secretary I was shown through the hospital, which is an old building with several additions and accommodates about sixty-five patients. A large and new hospital is in the process of being erected which will take care of about one hundred and fifty patients. As time was pressing, we made a hurried round of the hospital, after which the secretary conducted me a short distance outside of the compound to a bungalow occupied by the director of the school of nursing. Here we found Mrs. St. John, a glowing fire, for it was very cold outside, tea things and toast on the hearth. Mrs. Alice St. John is a graduate of Hackensack Hospital, Hackensack, New Jersey, a woman of charming personality

and intense interest in nursing education in Japan. She came to St. Luke's as a missionary nurse in 1920 and at once started her school having as assistant, Miriam Doane, a graduate of the New York City Hospital. She established her school on a good basis, requiring an education that is equivalent to our high school; in the initial year there were one thousand applicants, and from this number twenty-eight were selected. The hospital was not dependent on the services of the students, therefore she was free to emphasize quality and not quantity in making up the personnel of her school. The number of students has been enlarged to thirty-four, which is as many as can be accommodated in the present school building. The course consists of three years and includes a six months' preparatory period. During the first three months, the students are not on duty in the hospital, but are taught for eight hours a day in the school; during the next three months they are on duty for four hours a day. They live in the school building, are provided with full maintenance and uniform, and receive two yen (\$1.00) per month throughout the entire course. The course of instruction is in accordance with the Standard Curriculum; it is given to them in English and translated. The interpreter lives in the home and acts as house mother. She is an exceedingly well educated woman and is capable of interpreting in good English; the doctors lecture in Japanese. The students write up all instruction in their note books and illustrate

¹ This article was written by Miss Jammé after her return from a visit to Japan, and before the disastrous earthquake. The final paragraphs were added at this time.

profusely by drawings which they do exceedingly well. They are very apt and extremely interested in their studies. There is great need for Japanese textbooks on nursing, as there are none. This will be an interesting work for a foreign trained Japanese nurse who will undertake the translation.

After talking over the main features of the school, Mrs. St. John took me over to the compound in which is located the school building and several Japanese houses, occupied by the Japanese graduate nurses who are employed in the hospital. The school building was formerly the residence of a wealthy Japanese gentleman. It is well built in the usual Japanese style; part of it was intended for foreign visitors. In the halls, reception rooms, and dining room, the floors were of the highly polished wood which is seen so much in Japan; the staircase was particularly beautiful. In the sleeping rooms, the floors are covered with tatami, a springy, soft, finely woven grass matting of pale gold tint, about two inches thick. It is made in "mats" measuring six feet by three feet, and covers the entire floor. A room is spoken of as three, four, or six mats; or a house as a six or nine mat house; in a room in a palace in Kyoto there are one thousand mats. In calculating sufficient space per person, one person is allotted to three mats. Rents are calculated as per mat; in the poorer districts which I saw in Tokyo, it was 1 yen (50c) a mat, and sometimes there were as many as seven persons to three mats.

In the dining room are long, highly polished, low wooden tables with small polished stools on each side. The students are served on small lacquer trays

which contain the meal; rice is brought in in small wooden tubs from which students serve themselves by means of chop sticks, which is the usual method of serving rice in Japan. I was taken to the students' sleeping quarters where I saw several large rooms, furnished with low dressing tables very much resembling a doll's dressing table, and low study tables, no beds. Bedding consists of what is known as the *futon*, and consists of thickly padded quilts, which are folded up neatly and laid away in closets during the day. At night one quilt is laid on the tatami and another, or several, are used for the covering. A small wooden block constitutes the pillow. As it was late in the day, many students were in their rooms grouped around the *hebach*i, a large blue earthen bowl containing live charcoal in which the kettle was boiling preparatory to making tea or to have moisture in the air. They were sitting on bright cushions on the tatami; they did not rise as we entered, but looked up with pleasant greeting and bowed. In one room was a student comfortably settled for sleep; she had just been dismissed, as a patient, from the hospital and was still obliged to keep to her bed, or rather to the floor, as it appeared to me. I noticed the low tables in each room, like wooden bed trays, and I was informed they were the study tables; the students sit on the tatami before them for their study work. Mrs. St. John speaks Japanese fluently and as we passed from room to room she spoke to the students in a low, sweet voice used by Japanese generally in conversation.

The class rooms are in the same building. The demonstration room contains beds, a Chase doll and equipment for

instruction; there is a very good diet laboratory. The office of the school is also in this building, a large, well appointed room with the appearance of a place where good, educational business is being transacted. Behind the school is the support of a school committee upon which Mrs. St. John greatly depends; this committee consists of some interested Japanese women and also foreign women. They are an influence in bringing the school to the notice of those who would be interested and in many ways offer good assistance to Mrs. St. John.

The school is the only one of its kind in Japan, with a foreign nurse at its head. There are a number of hospitals in Japan where students are being trained, but there is no other school conducted on the same lines as St. Luke's. Other schools, however, are beginning to look to St. Luke's for advice, and it would seem that this bids fair to become the center of nursing education in Japan.

Japan is a country of traditions, amongst them the tradition of the status of women. Here and there in the professions and in business women are breaking through and attempting to make careers for themselves. Nurses should, in the course of time, follow, and our nurses who go to Japan should be able to show the way and assist in developing confidence and leadership in the Japanese nurses. There are scholarships available for the graduates of St. Luke's who will undoubtedly come to the United States to be taught public health nursing in order that they may go back to their own country and assist

in the development of better health methods. Across the great sea we must feel a closer union with our little Japanese students, there is a great deal of work before them amongst their own people and we must help them to realize it and give them the courage to go forward and do it.

It was with great regret I said goodbye to my hostess, bade her God speed in her fine work, and started on my trip through Korea. Later I was able to be in Tokyo before sailing for America.

* * * *

St. Luke's Hospital was not spared in the Tokyo disaster. From dispatches received it appears it did not fall during the earthquake, but was consumed by the fire. Apparently the patients were all removed to safety and no loss of life, so far, has been reported.

Mrs. St. John, Directress of the school, was on her furlough going to New York via Suez, and when she reached New York she received the terrible intelligence. She immediately set to work to collect funds for clothing for her nurses and through the generosity of many friends was able to take with her on her return several trunks of warm clothing and other necessities of living. She left for Japan at San Francisco on October 4th.

The new hospital which is in process of building was only up to the second floor and as it is of steel and concrete it was saved from the fire.

Through the kindness of General Pershing, the United States Army has sent a temporary army hospital which will be used until the new hospital is completed.

THE STUDENTS' CHRISTMAS AT STANFORD UNIVERSITY HOSPITAL, SAN FRANCISCO

BY MAUDE LANDIS

IN a quiet way our students spent a very happy Christmas time.

They contributed about \$12 to the Social Service Department toward Christmas arrangements for the Clinic children, the usual soliciting among merchants being forbidden this year because of Community Chest rulings.

The class of 1925 played Santa Claus to a family with five boys whose ages ranged from 13 months to 8 years, living with their parents, who were "Playing in bad luck." The family was selected by Miss Wales, Director of the Social Service Department. These "1925" students bought useful gifts for each member of the family and provided a Christmas dinner, one of the students contributing a large turkey which was properly prepared by our hospital chef. The parents and children were delighted and our students very happy to have been

able to make and carry through these plans.

The class of 1925 also was hostess to the whole school, Christmas Eve, in the Home. Logs had been given by their friends, and the bright fire made a cosy place to gather. Light refreshments were served.

The class of 1924 decorated the general dining room for the Christmas holidays, and added grape fruit to the usual breakfast. They invited the School of Nursing Staff to have breakfast with them. This being together was quite enjoyable.

The Staff Nurses, to the number of 24, entertained the students of our school with a masquerade party, December 28. Many unusual stunts put on by the Staff Nurses made the party most entertaining. A good orchestra and a buffet lunch made their respective appeals.

There has recently come to our desk a quaint and fascinating monograph published in 1868 by Dr. H. R. Storer, whose death was recently announced in the medical press. Although the date of publication antedates the first schools of nursing in this country by five years, it is of especial interest to note the paragraph on "the pupillage of nurses" and his statement that "Nursing, as a science or an art, still is left a matter of accident, taste or individual experience." While believing that women were quite unfit to practice medicine, he makes out an excellent case for suitable preparation for nurses. We were especially intrigued by the following: "Not only should the bed be kept constantly comfortable and fresh, but all the mysteries of turning the sufferer therein, of changing or retaining her position, should be thoroughly known."

In addition to his direct contribution to medicine, Dr. Storer was one of the best known medical numismatists in the world.

EDITORIALS

A GAIN the *Journal* wishes its readers a happy holiday season. Christmas time brings nurses so many, many opportunities for making hearts glad that happiness comes about unawares through the service rendered. Ask any training school administrator or any public health nurse about her different Christmasses since she ceased believing in Santa Claus, and she will describe the joy of some patient or patients in celebration of the great birthday into which she has put some of her own feeling for humanity.

We are a fortunate people. This will be a happy Yuletide in America. But the festal season will find many nurses in places where there is no happiness because there is no peace. Such nurses may be responsible for some of the "inconspicuous beginnings" of true peace, of which our Christmas celebration is so symbolic. Readers of Wells' *The Outline of History*, will remember,

Out of the trouble and tragedy of this present time there may emerge a moral and intellectual revival, a religious revival, of a simplicity and scope to draw together men of alien races and now discrete traditions into one common and sustained way of living for the world's service. We cannot foretell the scope and power of such a revival; we cannot even produce evidence of its onset. The beginnings of such things are never conspicuous.

As we have so often read, nurses have a marvelous opportunity for participating in the inconspicuous beginnings because the peoples of all nations understand our service. Christmas time is a wonderful time for some of these inconspicuous beginnings. May every

Journal reader find personal happiness in this year's Christmas celebration in addition to the vicarious joy that will come through her service to others.

COÖPERATION

THERE are many indications that we are slowly coming to know something of the overworked but little understood word, "Coöperation." A recent action of the Indiana nurses is a conspicuous case in point.

Members of the National League of Nursing Education who attended the Swampscott meeting, were all impressed with the necessity of securing stronger financial support if the organization is to function effectively. Indiana had a representative there who could carry "a message to Garcia" and at the recent meeting of the Indiana State Association she convincingly presented the case for the National League. The resulting action of the State Association is unique in our knowledge of nursing organizations. It was voted that four hundred dollars be taken from the treasury of the State Association and presented to the State League, this organization to have the privilege of forwarding a check to the National League of Nursing Education. The value of the gift is vastly enhanced by the splendid spirit in which it is given. We have long admired the *esprit de corps* and the capacity for growth of the Indiana nurses. The program of the National League would be assured if we could all have a conception of coöperation comparable to that shown by Indiana.

AMERICAN NURSES' MEMORIAL, BORDEAUX, FRANCE

IT seems but a few months ago since thousands of our American nurses marched down flag-lined Fifth Avenue to the sound of stirring music, alert and eager for active service in Base Hospitals, or in stations nearer the front, in France. Over ten thousand of our nurses saw these types of service. A still greater number than this saw service quite as difficult, and oftentimes more so, in the cantonment hospitals and similar posts in this country. Then came the Armistice and the nurses began to return.

Many, however, who went into service did not return. On the Service Flag hanging at National Headquarters of the American Red Cross, 261 gold stars appear. To these gold star nurses, a modern building to receive the Florence Nightingale School of Nursing in the city of Bordeaux, France, was erected as a Memorial by the nurses of this country. This building, modern in every respect, is now occupied by the students of the Florence Nightingale School, who will receive their education under conditions quite fitting as a Memorial to our sisters who died "in line of duty."

American nurses will be interested to know that Mlle. Mignot, a graduate of this School, and now Superintendent of Nurses, has come to this country to study American methods of nurse education. Her visit was made possible by a scholarship from the American Committee of Devastated France, of which Anne Morgan is the President. She is now a guest at the Army School of Nursing, observing the preliminary course, arrangements for which were

made by Major Stimson, the Dean of the School, and the Superintendent of the Army Nurse Corps.

The regulations governing the Florence Nightingale School have made provision for an Advisory Committee of American nurses. This Committee includes two representatives from each of the National Nursing Associations, and allows for three lay members. The function of the Committee is primarily that of advisory service, but it exists also for the purpose of developing a widespread interest on the part of nurses and others in the maintenance of the School on a suitable basis.

No American nurse will ever want to see this School, through lowered standards or material deterioration, lose its spiritual significance as a fitting Memorial to those nurses who died in line of duty. This School has no endowment, and while Dr. Hamilton, the Director of the Hospital, and her co-workers are as keenly interested in maintaining high standards as we are, the difficulties are great, because so far, the School has had to depend upon hospital funds for its upkeep.

American nurses will welcome this opportunity to meet Mlle. Mignot and hear directly from her the story of the School and what it has done to develop professional nursing in France.

CLARA D. NOYES

NEW USES FOR THE NIGHTINGALE
PLEDGE

ONE of our recent news items told of an alumnae association which administers the Nightingale Pledge to new members. Another item told of a graduating class which received the Pledge, not from its superintendent or

from an outsider, but from the President of the Alumnae Association. Both these uses of the Nightingale Pledge should result in a higher code of ethics among the members of the Alumnae as well as among the new graduates. What we require of others we are more likely to heed, ourselves. If an alumnae association is really anxious that its members shall live and work on a high professional plane, it is most fitting that it should use the Nightingale Pledge as a reminder of the obligations a nurse assumes when she joins its ranks.

In a discussion on Ethics in the New York State convention, Miss Burgess of Teachers College suggested that each nurse would do well to write down her own principles of conduct. If she does this honestly, it should be a help to her in seeing clearly just what her obligations are. Most of us would find that our performance comes sadly short of our principles.

THE AMERICAN CHILD HEALTH ASSOCIATION

THE meeting of the American Child Health Association in Detroit, in October, was the first to be held after the amalgamation of the two organizations of which it was formed,—The American Child Hygiene Association and The Child Health Association of America. Mr. Hoover in his presidential address, said there had previously been too much organization for the results obtained, but by the present union of forces there had come into being a great national institution, coördinating all voluntary effort on behalf of child health.

He emphasized the advantage of having a community discover its own de-

fects and set up its own standards rather than have these imposed by law or set up from the outside. When this point has been reached, however, a leader is needed from the outside, at least for a time, to show the way to better conditions. The great part to be played by a national organization such as this is the training of leaders, and for that reason, a large fund has been set aside to be used for scholarships.

No one who heard it, will forget Mr. Hoover's saying, "The physical and moral well-being of the nation, as a whole, is marching on the feet of its children."

Many diverse groups of workers were at the convention, each looking at child health from its own angle, but each was ready to share its knowledge with others. The great need for better training in the care of children was emphasized in the meetings of both the medical and nursing, the teaching and nutrition groups.

THE MASSACHUSETTS GENERAL SEMI- CENTENNIAL

THE fifty-year Jubilee of the Massachusetts General School for Nurses is of interest to every nurse in the country, for no school is better known and none is more honored, even by those who are not its graduates. It has been, through these years, in the front ranks of professional training and of professional service, for its graduates have scattered far and wide and have done notable executive work both here and abroad. Sally Johnson, in her report, *The School in Review*, stated that of the 1500 graduates, only ten of those engaged in active work today are

not in work which has to do with promotion of health.

The program of the Fiftieth Anniversary, covering two days, was very varied, ranging from formal speeches and addresses, to clinics, demonstrations of nursing procedures, a banquet, and a most wonderful set of historical tableaux. Nearly 250 of the graduates of the school were present, coming from as far as China, which was represented by Margaret A. Dieter, author of a poem written for the occasion. Miss Johnson emphasized the debt which the school owed to her predecessors in the office of Superintendent of Nurses,—Miss Richards, Miss Maxwell, Miss Dolliver, Miss Parsons, and to Miss McCrae, who has been for twenty years the practical instructor. It must have added greatly to the joy of the occasion to have present those first superintendents, Miss Richards and Miss Maxwell.

Miss Johnson's final word well summed up the spirit of the School,—“Freely we have received—freely may we give.”

NURSING AND NURSES AT MILWAUKEE

NURSES were much in evidence at the Conference of the American Hospital Association. Numerically they formed a large majority of the attendance. The achievements of nurse members of the association were favorably commented on by Mr. Bacon, in his presidential address. Richard P. Borden's speech, preparatory to introducing the resolution to be found on page 230 of this *Journal*, was a masterpiece of brevity and clear analysis of the claims of nurses to professional status. The

Small Hospital Section, presided over by Bertha Allen, was well attended and many men participated in the discussion.

The interesting program of the Nursing Section, prepared by M. Helena McMillan, Chairman, and Ada Belle McCleery, Secretary, was presented to a very large and unusually attentive audience. In the absence of Edna Foley, the topic, “Why Education?” was discussed from various angles. The past and present representatives of the Central Council of Nursing Education, Carol Martin and Evelyn Wood, presented it from the vocational angle, the editor of the *Journal* discussed our national magazine as a medium of interpretation and stimulation of educational programs. Laura R. Logan showed how the National League of Nursing Education has been a driving force behind our advances in educational methods. Adda Eldredge rounded out the presentation of the subject. Through it all ran the basic concept of education as a preparation for service.

Carolyn E. Gray's paper on the Classification of Nursing Schools outlined the progress of the Committee of the National League of Nursing Education in formulating a plan for grading the schools for nurses. This plan is not yet under way, inasmuch as it is dependent on the further plans of the Committee for securing the funds necessary for conducting such an important piece of work. As can readily be seen, this plan is somewhat comparable to that of the College of Surgeons in standardizing hospitals and will require time as well as money.

The plan for Group Nursing so successfully conducted over a period of

years, at St. Mary's Hospital, Rochester, Minnesota, was given in some detail by Sister M. Paul. As we have stated before in these pages, this is a step in the direction of reducing nursing costs that has much to commend it.

The program was closed by a characteristically brilliant address by Dr. Carolyn Hedger, herself once a nurse, on the Health of the Student Nurse. Those who heard Dr. Hedger at the biennial at Seattle, will understand why no individual left the auditorium during her address. Pungently and forcefully the theme was developed, beginning with the obligation to the hospital, the community, and to the woman herself, when a student is admitted to a school for nurses. "Industry has learned the necessity for cost accounting," said Dr. Hedger. "The Illinois Steel Company, for example, knows that it costs \$85 to hire and fire a man, but hospitals have not yet developed a cost accounting

system that will show similar figures. Even the Standard Curriculum," said Dr. Hedger, "makes no mention of the health of students and yet some students are so skinny as to be unlovely and dangerous, and some are so fat as to be sick."

The conservation of the reproductive function by proper supervision and treatment, protection of the nervous balance of students by thoughtful instead of routine assignments to night duty, are matters for clearer thought than they have yet been given. Back of all of these lies the importance of careful and periodic physical examinations and of proper supervision of the nutrition of students.

This program, which was a part of the silver jubilee celebration of the Hospital Association, was so well received as to emphasize the ever growing accord between the various groups who work within the walls of hospitals.

A NEW NURSING JOURNAL IN FRANCE

The *World's Health* for July announces the appearance of a new nursing Journal, *L'Infirmiere Francaise*, (The French Nurse). The first number has an introductory note by Professor Calmette, Director of the Pasteur Institute. The editor is A. Poinat; the subscription price, 10 francs; abroad, 12 francs. The appearance of this magazine indicates the wider interest in nursing as a profession, in France, which the Florence Nightingale School at Bordeaux has so long fostered.

WHO'S WHO IN THE NURSING WORLD



XXIX. ALMA C. HOGLE

BIRTHPLACE: Ernestown, Ontario, Canada.
PARENTAGE: Canadian. **PRELIMINARY EDUCATION:** High school. **PROFESSIONAL EDUCATION:** Graduate of Boston City Hospital Training School for Nurses, class of 1893. **POSITIONS HELD:** Assistant Superintendent of Nurses,

Boston City Hospital, seven years; Superintendent, Somerville Hospital, Somerville, Mass., nine years; Superintendent Huron Road Hospital, Cleveland, Ohio, fourteen years. Miss Hogle retired from active work in 1922 and is making her home in Boston.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PROBLEM OF MAKING UP HIGH SCHOOL DEFICIENCY

BY EDITH C. RICHARDSON

TODAY all the world goes to school. The classroom is no longer the monopoly of childhood and youth; along with the traditionally reluctant throng of young people, we find an eager army of mature students, from practically every walk of life, seeking professional education, collegiate education, and in some cases, preparatory or high school work as a preliminary to college study. Among the many women in the nursing field who are keen for professional education and advancement, there are some who are handicapped by lack of high school preparation, and it is to this group that the following is addressed with the hope of encouragement and helpful suggestion. A word of caution should be said, however, to the more mature women who have been out of the atmosphere of study for years, and who have already become settled in their professional careers. In such cases, there is question whether it is wise to go back to pick up the broken lines of high school study, whether the earlier losses are actually made up, and whether in the end professional advancement is secured thereby. Much depends upon the mental activity and the capacity for adjustment of the individual. Without these, the results will be disappointing and will scarcely justify the expenditure of time and energy involved. For younger women of good minds who have a long professional life before them

and who show promise of growth and leadership, there should be no hesitation to make good any deficiencies in educational background, even at a considerable sacrifice, in order that they may avail themselves of opportunities for college study.

The standard high school course represents four years of study. In the United States, an effort has been made to secure a uniform interpretation of this work in terms of "Carnegie units," 15 such units constituting the usual four-year course. A unit is defined as a "course covering an academic (school) year that shall include the aggregate of not less than the equivalent of 120 sixty-minute hours." In less technical terms, the unit means usually a year's work (36 weeks) in any subject in high school, with recitations (at least 45 minutes each) four or five times a week throughout the year, and constituting one-fourth of the year's work. In general, two periods of manual training or laboratory work are counted as the equivalent of one classroom or recitation period. By means of the Carnegie unit, and on the basis of full records, it is possible to equate work done in other countries or under other systems in terms of the standard course.

As to subject matter, the high school curriculum may be divided into the following groups, among which the 15 units will be distributed, sometimes as required, sometimes as elective studies.

English: Grammar, Composition, and Literature

Foreign Language: Ancient and Modern
Mathematics

Science

Social Science: History, Civics, Economics,
Sociology

Industrial and Commercial Subjects

English: In this subject the standard high school requirement is three units, representing usually a course of study continuous throughout the four years, and including grammatical study, composition, and literature. This is a practically universal requirement for college entrance.

Foreign Language: Under this head may be offered both ancient and modern languages. For college entrance purposes, not less than two years of study in any one language is accepted, and more may be offered.

Mathematics: This, like English, is a practically universal high school requirement, which may vary from one to four units, the usual requirement being one to two units in algebra and one unit in plane geometry. At present, however, there is a tendency to require but one year of mathematics in high school, and to make the rest of the work in this subject elective.

Science: We have here a wide range of subject matter, including biology, physiography, physics, chemistry, physiology, geology, astronomy, botany and zoology. Usually one unit is all that is required in the ordinary high school course, but more may be offered as elective work.

Social Science: This group covers the field of history,—ancient, medieval, modern, European, American; also, civics, civil government, economics, and sociology. One unit is the probable

high school graduation requirement, but the wide range suggests ample provision for electives.

Industrial and Commercial Subjects:

This group includes drawing, music, cooking, sewing, and manual training, possibly commercial subjects such as stenography and typewriting, and commercial geography. As yet, these subjects appear largely as electives in the ordinary high school curriculum, but are gradually gaining recognition as college entrance subjects.

A typical high school program chosen from the above with reference to preparation for nursing education might appear as follows:

English—3 units, representing 4 years' work

Modern Language—2 units, representing 2 years' work

Mathematics—1 unit, representing 1 year's work (or 2 units, representing 2 years' work)

Science—3 units, representing 3 years' work
Biology

Chemistry

Physics

Social Science—3 units, representing 3 years' work

History, including Civics, (2 years)

Economics, (1 year)

Home Economics—1 unit, representing 1 or 2 years' work

Drawing—1 unit, representing 1, 2, or 3 years' work

Elective¹—1 unit, representing 1 year's work

Total—15 units

The high school diploma granted upon graduation may or may not be sufficient for entrance upon further study in college or in a nursing school connected with a university. It should be borne in mind in this connection that not all high school courses are standard and that, moreover, among the "standard" courses

¹ In place of second-year mathematics.

there are variants such as the college preparatory, the general course, the commercial or business course, etc. For the student who is planning further academic or professional training the college preparatory course is the safe choice; but even so, there may be other requirements for college entrance than mere graduation, such as the passing of college entrance examinations, or the attainment in each subject in high school of a grade (certificate grade) sufficiently above the passing grade to justify the school in certifying to the student's preparation for collegiate study without the test of examination. For the average hospital school of nursing (not connected with a university) which requires four years of high school preparation for admission, the diploma of graduation from any standard four-year high school course would probably be sufficient for entrance, but this might not always be the case in the school of nursing connected with a university, nor could one be sure that the diploma alone would later meet the college entrance requirements, in the event that the student, after completing her professional education, wished to continue her studies in a college offering opportunity for advanced professional education in her special field.

For the student of high school age who knows in advance that she is to enter a hospital school of nursing or a college course including or preparatory to nursing education, the high school in its college preparatory course fulfils her need, particularly if in her individual curriculum there may be opportunity to stress the social sciences and to include biology, chemistry, and physics. The way is not so obvious for the older stu-

dent, the woman in the early twenties who desires to enter a school of nursing, but who must first make up high school deficiencies, and the more mature woman already graduated from a nursing school who must make up deficiency before she may aspire to professional collegiate education leading to the higher type of teaching and administrative positions in university, hospital, and public health work.

The first step for the mature student is to find out from the institution which she desires to attend just what the requirements for admission are; then, how far earlier work already completed may meet these requirements, and what further work, in quantity and subject matter, may be necessary to satisfy full admission. To obtain such information, the fullest possible official records should be submitted to the accrediting authorities; or, in the case of students who have received their education privately at home by tutoring, or otherwise irregularly, a full personal account of the work done should be given. In some cases the answer may be definite, outlining the exact work to be completed and prescribing in what manner, in what type of institution, or at least, within what limits it may be done. In such case, naturally, the prescription must be followed exactly; or, if there is question of adjustment to individual suggestion and circumstances, the matter must be referred to the accrediting authorities concerned. It is conceivable, however, that the requirement may be stated in general terms, the institution leaving to the imagination of the applicant the interpretation of what constitutes in her individual case the "equivalent" of the high school training

in which she is deficient. To such student, the following suggestions are offered, the result of actual experience in program making. The student, however, should never forget that any plan, to be valid, should be submitted in advance to the accrediting authorities for approval.

The first matter to be considered is the place where the student may make up her high school deficiencies. While we express the requirement in terms of the high school curriculum, the high school itself as an institution does not seem to meet the needs of the situation. The high school has a pace and method of its own, adapted to the age and purposes of the high school student; the mature student can usually proceed at a far swifter pace in most subjects; and often the subject matter, as well as the method of study, should be much modified for the older student. If possible, the preliminary study should be done in elementary collegiate classes or in sub-collegiate classes offered in institutions of college rank. Extension, Extramural, Junior College, and Summer Session courses given throughout the country in connection with our universities and colleges offer exceptional opportunities for the irregular student who may not be eligible to admission, even as a "special" to regular college instruction. The normal school also suggests itself as a possibility, although there would be a question perhaps as to the adaptability of the normal school curriculum to the type of work needed.

Where the deficiency is small, and the professional ability well established, opportunity might be offered of entering at once upon the collegiate professional curriculum, with the privilege of

carrying with it in college classes the work necessary to make up the deficiency in high school credits.

Just here the question may arise as to why the preliminary study is required at all, in such case, if the student has the ability to carry college work, both academic and professional, in spite of deficient high school credits. One must bear in mind that the labels, college graduate, high school graduate, etc., connote certain definite educational standards, to meet which the institutions concerned are held educationally responsible, and which the world accepts at a certain definite valuation. If a student is to be vouched for as a high school graduate, he must be able to show credit for the standard high school requirement or its equivalent; if he is to be known as a college graduate, his record must include the high school requirement, and in addition the standard college requirement. The college or university may use its discretion in determining what equivalent may be accepted in the case of a mature student without definite high school credits; but there must be, especially where professional recognition is sought, some guarantee that the student has the background of systematic general study, set by the college for all its students and represented by the college entrance requirements. This applies equally to the student taking a partial or "special" course and to the one enrolled in the regular curriculum leading to a degree. The standard, in order to be maintained for all, must be upheld by all.

Private instruction also suggests itself as a possibility with a view to establishing credit on the basis of college entrance examinations. Before entering

upon any such plan, however, be sure it meets with the approval of the school of nursing or the college for which you are preparing, for rules exist in certain institutions whereby credit on the basis of college entrance examination may not be cumulative through an indefinite period of time. In some states, state credit or certification may be earned by state examination (e. g., the Regents examinations in New York State), which might serve the purposes locally of nursing school admission, but possibly not alone of college entrance. As a stray suggestion, the student might investigate in any locality what is being done for the teachers of that neighborhood in the way of Extension or Extramural courses. These, however, may prove disappointingly professional, so far as our purposes are concerned. The evening high school also offers opportunity, but care should be taken in advance to discover just how far the work is recognized as the full equivalent of that done in the regular day course. Preparatory schools, particularly those offering instruction for older girls in practical as well as academic fields might well be investigated also.

Next, as to subject matter,—possibly the requirements may be stated in definite terms, as third and fourth year English, elementary algebra, American history, etc. If, however, the requirement is given merely as so many hours or units of English, mathematics, history, etc., our problem is to select courses, under these general heads, which will be most helpful in the special field of nursing, as well as in giving a general cultural background. Care should be taken not to duplicate subject-matter for which credit may have

been already allowed; and also, particularly in the case of students with deficient or imperfect records due to irregular education, to utilize earlier knowledge to the fullest extent, as credit may possibly be established for the more elementary phases of a subject provided the requirements of an advanced course in that field are satisfactorily met.

To canvass the various subjects, starting with English: Analyse your own need in this field; if you are in doubt, ask any available high school or college teacher of the subject to help diagnose the situation for you. Bear in mind that the aim may be two-fold,—improvement in the use of the written and spoken word, and the broadening and enriching of your mental life through acquaintance with the literary inheritance of our language. Make careful selection, so that you may grow not only in breadth of vision but also in power of expression, remembering that a nurse carries her message today not only at the bedside but by the written and spoken word as well.

Language: Language study offers for the mature student a fairly quick means of accumulating preliminary credits. The value of language study for adults who have never felt the need of a foreign tongue is often questioned, particularly as the effort which the average grown-up has to expend sometimes far outweighs the actual results. It is generally conceded, however, that the study of a foreign language is worth while, *per se*, if only to give an added understanding of the mother tongue as language. So far as the choice of language is concerned, the individual must decide which will be of most immediate and personal

use. For nurses, two years of Latin is not without value; more extended study is hardly to be recommended, unless individually desired as a matter of personal interest. In the case of modern language, special need may determine the choice; as for example, Italian for those who are to work among the people of that nationality. We must realize that the book or classical language is not the same as the spoken language of the immigrant; but any slight familiarity with the native tongue is a help in dealing with foreigners; if nothing more, a bond of sympathy. In these days of overseas service, the value of French is obvious; and a knowledge of German is of help in understanding other Northern European tongues.

Social Science: The need of history is clear; and here, as in English, the work may be easily of full college grade. Both for preliminary credit and for college study, sound basic work in economics should follow upon history. Civics and constitutional history are also to be recommended.

Mathematics: The ordinary high school course has long prescribed algebra (elementary and possibly intermediate) and plane geometry, but the present tendency is to require mathematics for the first year only and to make the rest of the mathematics work elective. It is possible, however, that the older mathematics requirement will be adhered to in any scheme outlining the high school equivalent for admission to a college curriculum and also for admission to a school of nursing. Probably the most useful mathematical study for nurses is arithmetic, including a sound knowledge of percentage, proportion, and weights and measures; but

these topics, unless included in advanced arithmetic or commercial arithmetic, would not be considered college entrance work. Algebra is next in line of usefulness for the nurse, to be followed by plane geometry, especially if the student is likely to study physics also.

Science: The direct bearing of this subject on the nursing profession is obvious. Chemistry, physics, biology, physiology, bacteriology, physiography, all have value for the nurse. It would seem a wise provision, especially in the case of the prospective nurse, to build as strong a foundation of science as possible as a basis for the school of nursing course. It should be borne in mind, however, that science needs the laboratory as well as the lecture room, and that in consequence we have here a group of studies which may be carried on profitably only in connection with a well-equipped institution. Moreover, laboratory practice demands long hours of continuous work, which makes the choice of this very important subject impossible unless the student can command practically full time for study.

Industrial and Commercial Subjects: Foremost in this group, for nurses, I should place home economics. If opportunity offers, and the accrediting authorities approve, cookery would be a wise choice supplemented where possible by a course in nutrition or elementary dietetics. If time and the requirements permit, there may be suggested as electives from this group, courses in fine arts, industrial arts, and music. The choice here would be largely determined by personal interest or by possible future use in the profession.

Although home nursing would be interesting, it would not be of such definite

value to the prospective nurse as to other students, since the whole ground of nursing is to be much more thoroughly covered in her professional course. Stenography and typewriting may be of service, though as a rule commercial subjects are not advised to make up high school deficiency.

In subject matter, the outline of the requirements in each of the admission subjects as given in the announcements of various colleges, or in pamphlets prepared by the College Entrance Examination Board will be helpful in determining in general the scope of the work to be covered in the several fields; but too close adherence to such a schedule would not be possible if the work were to be done in other than regularly organized high school classes. As to the element of time, it must be remembered that in college the recitation period is usually 50 to 60 minutes, as against the 40 to 45 minute period of the high school; but that, on the other hand, college schedules frequently allow for three recitations per week as against the four or five periods per week of the high school. No general rule can be given with reference to equating college work in terms of the high school unit, but a knowledge of the scope of the work to be done and the approximate time involved in each subject will be of some assistance.

The total length of time which any given student may need to make up her deficiencies will depend of course upon how great the deficiency is, the amount of time she can devote to study, and

the way in which the work is done. For a student who can give full time to study, and who is able to take the work in classes of college grade it may be expected that the equivalent of two high school years of 7 to 8 units may be accomplished in one college year. For the part-time or extension student, giving possibly two or three evenings a week, 2 units might easily be completed in one year. The same amount could probably be taken in a six weeks' Summer Session, provided a full schedule were carried.

It is to be understood that the foregoing is only a general and very informal treatment of a difficult and technical subject. While certain general rules and standards are common to all institutions of recognized rank, no definite or detailed statement can be given in brief which will answer individual questions or apply to all institutions. Each case is after all an individual one, between the institution and the student, and must be handled as such for the concrete details. The suggestions given are merely such and no more; and this paper will have served its purpose if it directs the earnest student to get in touch with the proper accrediting authorities for the exact information needed. While the requirement of preliminary study sometimes seems an insuperable obstacle, there are many who have gone forward bravely to surmount it, and in point of growth and knowledge gained, as well as in results for professional advancement, have found the effort well worth while.

THE NATIONAL LEAGUE OF NURSING EDUCATION APPOINTS A NEW
EXECUTIVE SECRETARY

Blanche Pfefferkorn has been appointed to succeed Effie J. Taylor as Executive Secretary at the Headquarters of the National League of Nursing Education, 370 Seventh Avenue, New York City.

Miss Pfefferkorn brings to the work at Headquarters a rich experience in nursing education. She graduated from the Johns Hopkins School of Nursing in 1911 and received the degree of Bachelor of Science from Columbia University in 1916. Since this time she has been closely associated with the growth and development of the School of Nursing and Health of the University of Cincinnati and has held the position of Assistant Professor of Nursing in that institution. In addition she has occupied local, state and national positions in the American Red Cross, the Ohio State Association of Graduate Nurses and the Ohio State League of Nursing Education. This year she is chairman of the Program Committee of the American Nurses' Association. She is author of a number of papers upon nursing subjects.

INDIANA'S GIFT TO LEAGUE HEADQUARTERS

The following copy of a letter from Mary M. Peterson of Indiana to Laura R. Logan, President of the National League of Nursing Education, states how the gift came about:

"Since I was President of The Indiana State League of Nursing Education at the time of the Convention of the National League of Nursing Education at Swampscott, June 18, 1923, I am making the following formal report to you. In accordance with a motion I made at the Annual Meeting of the National League of Nursing Education held at Swampscott in June, 1923, 'that each League President of a state, or one representing a state, take back a recommendation to the state that nurses of the state be asked to give money to National Headquarters for Nursing Education,' I am able to report as follows for Indiana. At the Annual Meeting of the Indiana State Association of Graduate Nurses, held at Evansville, October 5 and 6, I made a motion that \$400 be taken from the treasury of the Indiana State League of Nursing Education, this amount to be given to the National League of Nursing Education for nursing education. The motion carried unanimously. The amount will be forwarded to the National League of Nursing Education after the first meeting of the year of the State League of Nursing Education, November 17, 1923."

"LOOK BEFORE YOU LEAP"

Many nurses who think they would like to spend the winter in a warmer climate than their own, go off to California or Florida without making sufficient inquiry in advance, supposing that they will be able, easily, to secure enough work to support them during the winter and to pay their return expenses. Many such nurses have been stranded in California, for there is not nearly enough work for the hundreds of winter visitors. Some have had to take positions as waitresses in order to earn enough for their return fare. The registries must provide, first, for the nurses who are residents in these states. For this reason, the Board of Directors of the Los Angeles Nurses' Club is warning nurses not to come to California with the idea of securing work there. They do this to save future suffering for their guests, not from any lack of hospitality.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

A CHRISTMAS GREETING

A Merry Christmas and a Happy New Year to Red Cross Nurses and all others who are interested in Red Cross work, especially to those who are in far distant countries. The Red Cross Nursing family of forty thousand members is scattered over the length and breadth of the world. Many of its members are engaged in missionary work, others in the direction of Schools of Nursing and Hospitals, others as instructors in theoretical and practical nursing, while about one thousand, as Red Cross Public Health nurses, are serving in the United States alone, and many hundreds of these and other Red Cross nurses are instructing classes in Home Hygiene and Care of the Sick.

To all these we send our best wishes for success and happiness during the coming twelve months. To the nurses in the administrative offices of the Red Cross, especially to those who are serving upon our Committees, of whom there are about fifteen hundred, we not only send this Christmas message, but gratitude for the particular work which they have done and are doing, not only for the Red Cross, but for the development of nursing in general.

THE PRESENT STATUS OF NURSING IN POLAND

One of the most interesting and enjoyable features of my recent trip abroad was a visit to the Warsaw School of Nursing, the early history of which is already known to the readers of the *American Journal of Nursing*.

It will be recalled that this School has been financed from the beginning up to the present time, and will be sponsored for several years to come, by an American nurse, Dorothea Hughes.

The past two years of which we will write particularly, have been marked by seasons of anxiety, and heavy practical work at all times. The latter has included the renovation of buildings and furniture, also the providing of utensils, clothing, and bed linen in order that the work of the students might be performed under satisfactory conditions.

Many weeks of time were required for the standardization of nursing procedure and the preparation of living quarters and class rooms for students and instructors. Housekeeping and dietary departments in hospital and school were organized and standardized, the school curriculum formulated, a lecture course developed, class rooms equipped, apparatus for teaching secured, and all details pertaining to a thorough course of instruction carefully worked out. The devotion of Miss Bridge and her Polish-American assistants, Miss Tylski and Miss Wolski, and Mrs. Jokaitis, who have wrought with her through the pioneer period of development of the Warsaw School of Nursing, merits unstinted commendation.

The course of instruction is two years and four months in length, and a tuition fee is required. A short course in Public Health Nursing is given the students at the Podvale Child Welfare Station, one of the centers opened under the

American Red Cross. The old Russian Red Cross Hospital which, upon my visit to Warsaw in 1920, I found used for the soldiers and presenting a pitiful picture, is now the teaching field with which the School of Nursing is affiliated.

The age-old traditions of Central and Eastern European countries, placing work with one's hands in the category of menial service, was a primary obstacle to be overcome in the development of a modern School of Nursing. Many of the young women in the first class which is now about to graduate, formerly used titles before their names. Having lost all fear of a possible stigma attached to the real work accompanying their education in nursing, they look eagerly forward to a professional future, and the positions of leadership which they are soon to assume as pioneers in the health activities of Poland.

Requests for the services of these nurses are already coming from various institutions, the directors having decided to adopt the same progressive measures upon which the Warsaw School of Nursing has been developed. The school itself provides amply for all domestic, educational, and recreational needs of the students. A large living room, dining room, class rooms, lecture hall, chemical laboratory, cooking laboratory, practical demonstration rooms and dormitories are all ideally furnished, and are models of neatness and order in their appearance.

There is a disturbing factor in the present epoch of the school's history, namely, the decision of the Polish Red Cross to withdraw its support, together with the hospital as a teaching field, because of a railroad cutting through the grounds. This will necessitate a

very inconvenient change of base, while not permanently interfering with the project.

Following my sojourn at the Warsaw School of Nursing, I visited the Poznan School which, it will be recalled, was also organized under American Red Cross supervision. The administrative and advisory plan of the latter school is similar to that of the former. Here, too, the hospital facilities have been withdrawn, necessitating the development of a new teaching field. The period of financial and supervisory participation by the American Red Cross closes on December 31, 1923. This fact also has done much to create an element of uncertainty as to the future of the Poznan School. A sum of money, however, has been generously contributed by an American woman to be used toward the salary of an American Nurse Director for the ensuing year, and the American Red Cross will serve as a disbursing agent of this fund, and also continue to advise on technical aspects of the work as well as in the securing of a Director for the school.

A third modern School of Nursing in Poland is located at Warsaw and is in process of organization under the auspices of the Joint Distribution Committee and the Polish Society of Jewish People.

A Jewish hospital known as the Hospital of Old Believers, an 1100 bed institution with a large out-patient service, affords an especially fine teaching field, and the entire curriculum including public health nursing, is being developed in conformance to standardized method.

The possibilities of Poland relative to the formation of a strong national association of nurses are very bright. The

first graduates of these three Schools of Nursing will constitute the nucleus of such an organization, which Miss Bridge, Director of the Warsaw School and Honorary Vice-President of the International Council of Nursing, will pilot through the pioneer stage of its development.

AMERICAN RED CROSS NURSING IN THE CANAL ZONE

Mathilde Simoni, an American Red Cross Public Health nurse stationed at Camp Gaillard, Canal Zone, recently visited National Headquarters upon her return to the States for a vacation. Miss Simoni was assigned to service in the Canal Zone one year ago upon request of General Ireland. Her program has been one of unusual interest. It includes visiting nursing in connection with the soldiers' families and a population of about 3000 English speaking people located in a village between the two camps.

Miss Simoni has organized clinics for the natives of the Panama Republic, and to these some of the patients have walked six and seven miles. Her work takes her into three schools, one conducted for the native children of the soldiers, one for English speaking children, and one for colored children. She has also directed the nursing in an obstetrical hospital containing thirteen beds for adults and two for children, and has completed one course in Home Hygiene and Care of the Sick which she conducted for the young daughters of the Porto Rican soldiers.

Regarding this class, Miss Simoni states that the practical knowledge of Home Hygiene is helping these young women considerably in the care of their

numerous little brothers and sisters. She plans to start a class for the mothers upon her return to the Canal Zone from her vacation.

In regard to her hospital work Miss Simoni says:

The Maternity Hospital was established under the auspices of the 42nd Regiment Welfare Club composed of wives of the officers, sponsoring the project and attending to matters of finance. The Hospital has been reëquipped, and a wing formerly occupied by native nurses and their families now contains a nursery, clinic room, delivery room, children's ward, and a suite of rooms which will accommodate three officers' wives. Two colored women trained as attendants at St. Thomas Hospital, Canal Zone, are responsible for the nursing under my direction. I am very proud of the pre-natal clinic which I consider as up-to-date as any in the best American hospitals. The good results of these clinics are already apparent, for eclampsia which was of common occurrence among these Porto Ricans has disappeared since the clinic started. I not only have full charge of this hospital, but give all skilled nursing care required, including night service when necessary.

Miss Simoni was born in Rome, Italy, and speaks Spanish, English, Italian, and French fluently. She is a graduate of the School of Nursing of St. Michael's Hospital, Toronto, Canada, and had a long and successful term of service with the Department of Health of Toronto prior to her present assignment with the American Red Cross. She will spend some time in Chicago before returning to Camp Gaillard.

FROM MERZIFOUN, TURKEY-IN-ASIA

Fanny G. Noyes, an American Red Cross nurse serving at Merzifoun, Turkey-in-Asia, with the American Board of Foreign Missions, (Congregational Church), writes very interestingly of her work. She says in part:

Many years ago the American Board of Foreign Missions with headquarters at Boston opened a station here which developed into an educational center. A college for young men and a boarding school for girls became in time leading factors in the program, consequently the need arose for facilities adapted to the care of the large body of students gathered here. Upon this basis, and more than twenty years ago, a hospital was started with American physicians in charge, which gradually developed into a General Hospital serving not only the city, but towns and villages for miles around. Fourteen years ago, soon after my graduation from Training School, I received a call to come here and serve the hospital as one of the American nurses in charge, although, as a matter of fact, I have been alone much of the time. We had a School of Nursing drawing our students from the Christian girls of the community. These, at the beginning of the work, were Armenian, then after the World War, the school was composed largely of Greeks. Just before, or at the beginning of the war, I went home to America for a year's furlough which, due to war conditions, was lengthened into four years. When the Near East Relief came in and took over the hospital at Merzifoun, I returned to my old place, of course intending to remain here after the withdrawal of that Committee. The Near East Relief withdrew their work the first of last March, and I have continued here with one other companion of the old pre-war days to guard the premises and to do what I can without an American doctor for those who come to me. Naturally the work is small. The hospital was closed two years and a half ago by order of the Government. Now the authorities seem to be coming to the point where they would be glad to have it open again. On the hope that this can be arranged in the not too distant future, I am remaining here at the request of the American surgeon who is in charge.

Fanny Noyes is one of a considerable number of American Red Cross nurses who are serving under Church Mission Boards in isolated and far-distant sections of the world. She is a graduate of the Lakeside Hospital School of Nursing at Cleveland, Ohio.

NOTES

Stella S. Mathews recently visited National Headquarters upon her return from Greece. She was assigned to service with the last American Red Cross Commission to that country in December, 1922, and was released on June 30, 1923. She was decorated by the King of Greece upon the withdrawal of the Commission on that date, thus closing another chapter of her already brilliant record. All nurses will be interested in learning that of the 78 health stations organized during her regime in Poland, 75 are still in operation, while ten additional centers have since been opened. Miss Mathews sails on November 14 for Honolulu, and it is our hope that she will continue her splendid work there in connection with the American Red Cross Chapter in that city.

Rose Schaub recently visited National Headquarters upon her return from Greece, where with nine other American Red Cross nurses she was decorated by King George II upon the withdrawal of the A.R.C. Commission to that country on June 30th. She is also closing her tenth year of uninterrupted service with the American Red Cross, having allied herself with the old Town and Country Nursing Service in the early days of its development. Her next assignment under the Red Cross banner, for which she sailed on November 3, carried her to Porto Rico where she succeeds Kathleen D'Olier as Director of all nursing activities under the American Red Cross Chapter in that city.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR
National Organization for Public Health Nursing

SUPERVISION IN PUBLIC HEALTH NURSING

BY MABEL W. BINNER, R.N.

(Continued from page 122, November Journal)

IN planning some definite method of supervising, no course can be outlined which would prove successful in all circumstances or in all communities. The type of work the nurse is doing, her previous experience, the length of time in this particular position, her ability, must all be carefully considered. There are a few points, however, which may be used to advantage in the supervision of any form of Public Health work. First, have some definite plan for teaching the new nurse. While this plan must invariably be adjusted as occasion demands, at least consider thoughtfully the knowledge which she will need, the difficulties which she must surmount during her first days and weeks with the organization. Keep a record either mental or written of the questions asked by new nurses; of the difficulties which have occurred most frequently; of your own perplexities when you first entered the field. Printed matter is of great assistance here; typed lists of telephone numbers of the agencies and individuals most often referred to; dispensary hours; standing orders; routing procedure in record keeping, in nursing technic. Material of this kind should be an essential part of the nurse's equipment, it will not only spare her time and effort, but will save the time of the supervisor, will prevent many unnecessary mistakes, and will make it possible to render a better, more uniform service

to the patient. If the supervisor has an outline of the points to be taught the new nurse, on her first day, the ground to be covered during one month; at the end of three months, etc., it will help her to check her own work, to note the matters she has overlooked. Quite obviously in the large organization, where a number of supervisors are directing the field work, there should be some definite plan mapped out, so that as a nurse is changed during her first week or at the end of two months, the supervisor to whom she is sent can in a measure know what ground has been covered,—granting that some nurses progress more rapidly than others, that some remember everything, while others forget more, that opportunities in the different districts vary. A plan of this sort is unquestionably a help to both supervisor and nurse. In the large organization where there are always several new nurses at a time, group instruction is a valuable aid to individual teaching. It is not only a saving of the supervisor's time, but it is more stimulating than individual instruction, and is more apt to bring out the ideas of the different members of the group. Demonstrations of routine procedures and discussions of special problems are particularly helpful.

A second point in supervision is to remember to proceed slowly with the new nurse. We should never expect her

to do the same amount of work during her first few days that we expect of the older staff nurse. She cannot do her work both thoroughly and quickly. If we demand speed of the novice, quality must suffer. Compare any form of hand work being done by the beginner with that performed by the expert. Contrast the painful slowness with which one works, the amount of concentration and effort required for every motion, with the rapidity and unconscious ease of the other, the skilled worker. If we drive the new worker, we do not give her a chance to establish the good habits with which, eventually, she could work rapidly. Good habits are, in the end, time saving and effort saving, but time must be given in which to develop them. The expert typist did not begin her work with that skill and speed, the process at first was exceedingly slow, with a gradual increase in amount each day. The skilled knitter can read or talk as she works, because her good habits work for her automatically. Until certain routine work has become habitual to the new nurse, we cannot expect that her thought will be released for anything but the task at hand.

It is quite as important, however, to increase the work in proportion to her strength, as it is to guard against overcrowding her at first. Work must not be allowed to become too easy,—we must give the nurse new interests, new aims. Just as the sportsman is never satisfied with breaking one record, but continues with his practice, attempting to break higher records each year, so we must set the goal higher for the nurse as she becomes ready for it.

The amount of supervision given a nurse depends upon her ability and ex-

perience, and upon the complexity of the problems in her district. Supervision cannot be successfully given from the desk in the office, either by interviewing the nurse or by depending entirely upon her written reports.

As a third requirement of good supervision, I would say that the supervisor must see the nurse in the field often enough to know the type of work she is actually doing. After the supervisor is thoroughly familiar with her nurse's work, she can interpret more accurately her verbal and written reports. We all know how much we read between the lines when we receive a letter from home, or from a dear friend. A stranger may write twice as much, but we do not begin to get so vivid a picture of what has actually taken place, because we are not familiar with the writer. Some of the worst records that have ever been turned in to me, have been written by nurses whose field work was a joy to behold; on the other hand, a nurse whose reports were a model of supposed accuracy and neatness, left a ghastly trail of work badly done, or not done at all, when she was dismissed from the staff.

There is no question but that close supervision is necessary for the average nurse, until she has had several months of experience in the Public Health field. By close supervision, I mean having some one with her for the first few days, until she has a fair grasp of the work. After that, the supervisor should make rounds with her at least once a week, oftener as new types of cases, or special problems arise. While the nurse is still struggling with many doubts and perplexities, she should be able to confer with her supervisor daily. Naturally,

such close supervision as this is neither necessary nor advisable after the nurse has had several months of experience. A nurse needing the same guidance at the end of this time, as she did when she started, is scarcely fitted to carry the responsibility of Public Health work.

The last requirement I shall mention, although it undoubtedly comes first in importance, is one I have referred to before, the need for the supervisor who is well qualified for her work. She must be not only an experienced person, but she must also keep up with the trend of modern thought, with modern educational methods. She must be progressive, she must be human and sympathetic; above all, she must have unlimited patience. She must be willing to answer dozens and hundreds of questions. The nurse who does not question either is not seeing the need in her district, she does not think deeply enough, is not interested sufficiently to be curious, or she is afraid of her supervisor. We can at least overcome the latter difficulty very easily, by assuring her when she first comes to us, that we do not expect her to know the detail of our work, that we are there to help her to the best of our ability.

In advising her regarding a plan for her work, let her feel that if she has some other plan, she is at liberty to express what is in her mind. We do not want blind obedience from our nurses. If her plan is hopelessly impractical, give her definite reasons why it is not workable; if it is reasonably good, let her carry it out. We all enjoy carrying out our own ideas, if we have any, much more than we do following the plan of some one else. We cannot hope to develop clear thinking in our nurses, unless

we show some respect for their thoughts. Encourage the new nurse, praise will stimulate her to further activity.

Occasionally a nurse does not react well to one supervisor, or in one type of district. Where possible, she should be changed. We know that we feel contented and happy and inspired in the presence of some people, and miserable and worthless with others. Some people bring out all of the good that is in us, while others would not believe that we had one good quality. A nurse, however, who presents the same difficulties to a number of supervisors, on whom supervision and guidance of any kind is wasted, should not be kept on the staff. A nurse constantly complaining, one invariably resentful of every word or action on the part of supervisors or staff, should be given a chance to adjust agreeably to circumstances, or find some other occupation. Unless the offense is flagrant, the nurse should not be judged entirely by the report of one supervisor; if, however, she is given every chance and still does not show an improvement, it is not fair to the work to struggle with her indefinitely.

We cannot produce something which does not exist, but we must be very sure that we have developed to the utmost every good quality in the nurse. In our concern over the corners of the bed, are we overlooking the corners of both the patients' and the nurses' souls and minds?

We must keep our minds open, we must ourselves be teachable, or we should not teach. It is true that the way is often up-hill and the path is not rose-covered. We grow impatient because we do not accomplish what we set out to do. We should remember that

it is not the rate at which we move ahead that counts, but the load that we can pull with us. We must be more patient, more tolerant, more human. We must strive each day for new en-

thusiasm and fresh inspiration in our work. We must never forget that the responsibility of helping and guiding others is a rare privilege, a sacred obligation.

THE 1924 HAPPY'S CALENDAR

LAST year we spoke of the charms of "Happy's Calendar," published by the American Child Health Association. Our remarks were especially directed to student nurses, suggesting that they might, with the help of the calendar, get in many a lesson on the beauties and joys of health to their patients by liberally using Professor Happy's wise and witty daily remarks. We feel exactly the same this year. In an article by Anna M. Drake, *Tuberculosis and the Public Health Nurse*, which appeared in *The Public Health Nurse* for October, Miss Drake says:

The nurse in the children's ward has the same opportunity as the school nurse for inspiring children to form good health habits. A tooth brush or handkerchief drill or a health song in a children's ward will be received with even more enthusiasm than in a school room, and it is much easier to develop right food habits in a hospital group than in a child at home. Through team work, the glass of water before meals will become an event to be anticipated; the drinking of milk,

a matter of lively contest; and the eating of cereals and vegetables, an interesting game.

The new Happy Calendar for 1924 from the same source has recently been issued and in addition to the laughter provoking advice for each day of all the year provided by the author, it is further enriched by simply priceless illustrations by the well known cartoonist, "Briggs." We suggest that all hospital training schools could enliven life for their students, and unobtrusively give them many a health hint, if this calendar were hung in a conspicuous place.

Nurses engaged in private duty, especially perhaps if their patients are among the young, would find this a potent weapon. At least we venture to think so. Here are a few quotations:

"No one can sit on you as long as you stand up straight." "He who weighs what he should is not easily rattled." "It is better to look for a good light today than to hunt for your specs tomorrow." "Cheer up—you can't digest a lump in the throat." For St. Patrick's Day, "Decorate your innards with greens."

Let us begin our Christmas celebration with aiding in the campaign against tuberculosis by selling Christmas seals. Think how much is accomplished by funds gathered in this way,—a little bit from each person, but in the aggregate, enough to help support health centres, to maintain clinics, to save the children!

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

CONTAGIOUS NURSING TECHNIC: ITS PLACE IN THE COURSE OF A GENERAL HOSPITAL

BY IDA B. SMITH, R.N.

THE advantages to be derived from a course in contagious nursing cannot be too highly estimated. Much can be learned from the theoretical course, but if the clinical experience does not follow, the student is very likely to forget the theory thus acquired.

The ability to recognize contagious diseases at the onset, where early isolation is of untold value in preventing the spread of disease, is an asset no nurse can afford to lightly disregard, whether her chosen work be public health, institutional, or private duty. In public health, school, and industrial nursing, the nurse equipped with this experience and able to recognize early symptoms, will prevent the spread of disease where living conditions are frequently favorable for it, thus safeguarding the community, herself, and fellow workers. After such a course the nurse is more capable of caring for any septic case, and carries out "precaution nursing" with better results and greater safety to herself and her associates. This service also amplifies the medical nursing experience, too often small in proportion to the surgical nursing. The same thing also applies to the experience in pediatric nursing, as a proportionally large number of the contagious cases are children.

In the operating room, also, the nurse who has had contagious technic grasps more readily the methods used to obtain

strict asepsis and will be less likely to contaminate articles in handling them.

Having decided that such a course is necessary, where in the curriculum should it be placed, and what is the students' attitude toward it? For several years two and a half to three months' experience in the Contagious Department has been given to every student in the school, and in no case has any student raised an objection to the course. The greater number are enthusiastic about it, and some students admit that though at first they found the work very exacting in detail, they left the department with regret, and considered the knowledge gained exceedingly valuable.

A student is never sent to the Contagious Department until the second year of her training; first, because she has not had the theoretical foundation for the work until after she has spent one year in the school; secondly, it is just about this time that students are apt to become somewhat indifferent to general nursing, and a new department with new methods is stimulating, and arouses fresh interest. They have completed the following courses necessary for the work: Bacteriology, Hygiene, Materia Medica, and also have finished or are carrying concurrently with the practical work, Nursing in Communicable Disease, Medicine, and Pediatrics. If possible, a month in the

Children's Ward is given prior to the contagious nursing.

In the Contagious Department children are assigned to one floor and adults to another, and in placing the nurses their previous experience is taken into consideration, so that they get either adult or pediatric nursing as required. Each ward is supervised by a graduate nurse who has had special work in this department and who is prepared to give careful individual instruction to each student nurse. Nose and throat cultures are taken and the Schick test given when a student is assigned to this service.

When assigned to the Contagious Ward, the student takes with her a second uniform, preferably an old one, or the one worn during the probation period. This uniform is worn in the ward and has to be fumigated before being sent to the laundry. In the dressing room on the first floor, the nurse is given a "clean" and a "contaminated" locker; here she changes to the duty uniform, rolling her sleeves up and securely fastening them, and removing her cap, after which she reports to the nurse in charge of the ward. When going to meals, or returning to the Home when off duty, the nurse changes back to the clean uniform in the dressing room, and leaves the one worn on duty in the "contaminated" locker.

No responsibility is given the nurse for the first few days, no matter what her previous experience in the school may have been. Especial attention is paid to the fact that all areas and articles are either "clean" or "contaminated," and that all clean areas must be kept so. The student is not allowed to attempt the simplest procedure until she is able to discriminate and knows

the difference, how to care for contaminated articles, how to protect herself and her patient from infection. The technic of the gown, cap, and mask must be learned. The former is one of the most important, as a gown is worn in each room and is removed before the student leaves the room. A triangular cap is worn, under which the hair is carefully secured. No gown nor mask is worn when taking temperatures, giving medicines, or carrying trays, unless the patient needs particular attention at the time.

The nurse "scrubs up" before going from one patient to another. Gowns and masks are worn during baths, dressings, treatments, and in giving any special attention which makes it necessary to bend over the patient. In putting on the gown, the hand is slipped between the edges at the neck, it is opened out and slipped into by holding the gown from the inner side; it is then tied at the neck, folded over at the back to completely cover the uniform, and the waist strings are brought round to the front and securely fastened. To remove, these strings are untied, hands scrubbed, neck strings untied, hands scrubbed again, gown is slipped off and with armholes together, is hung up, right side out. The hands are again scrubbed, and the nurse may then leave the room.

Each room, when prepared, has a bedside table equipped with a bath blanket, towels, soap, etc. A clean doctor's gown is hung in the room, right side out, armholes together. Basin, soap, brush and hand towels are placed on the shelves of the wash stand. A paper bag is placed on a hook in the wall near the stand, and a wire basket

is used for contaminated towels and linen. A mouth thermometer in a bottle of alcohol is placed on the window sill, a bell cord is attached in the wall.

After a patient is admitted to the room, everything in the room is considered contaminated, except the edge and shelves of the wash stand. The bowl on the wash stand contains $\frac{1}{2}$ per cent Creosol and green soap in equal parts. The nurse lets warm water run over her hands and then, taking the brush from the bowl, scrubs her hands and arms well up to the elbows, rinses, dries, and drops the towel in the wire basket.

To remove contaminated linen from the room, the nurse removes her gown and carries the wire basket containing the linen in both hands well in front of her, in order that it may not touch the uniform. The linen chute is equipped with a spring handle which is opened by pressing down with the elbow. The contents of the basket are tipped down the chute and the door is closed with the elbow. All linen is fumigated in the large container into which it falls, and is then sent to the general laundry.

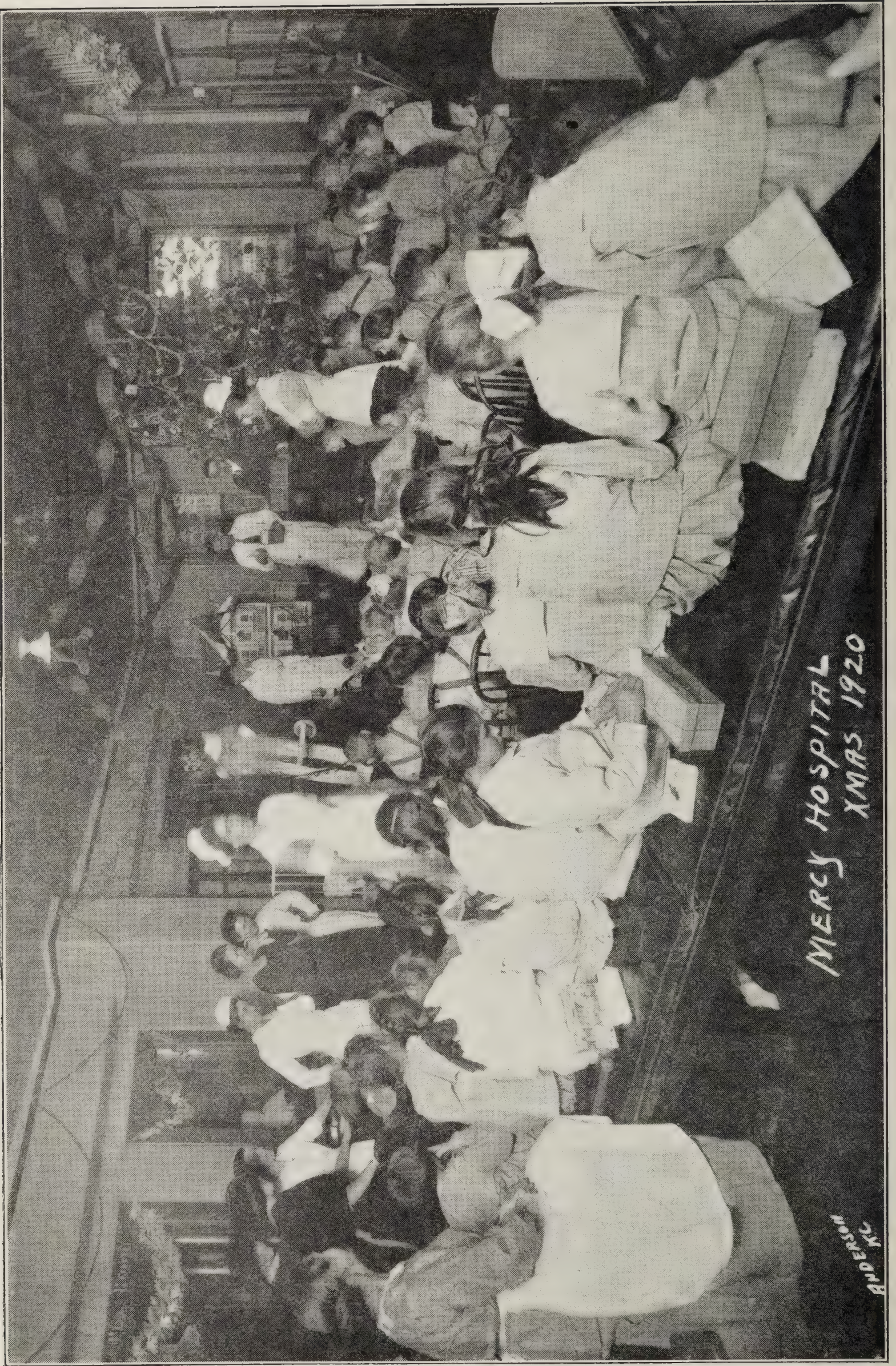
The floors everywhere are considered contaminated. The corridor walls, the corridor side of the doors, windows and walls in the utility room and office are clean. The linen room and "clean" kitchen are absolutely clean. Linen removed from the linen room, but not used, cannot be returned, but is placed in a hamper, fumigated and is then returned. In the sterilizing room and "contaminated" kitchen, the knobs, the lid of the sterilizer, all handles and spigots are clean. A large wire basket is kept in the sterilizing room for contaminated articles.

To remove dishes from the patient's room, the tray is first taken to the contaminated kitchen, where the sink and drain board are contaminated. After removing the trays, the nurse scrubs, puts on a clean mask and gown, fills the sterilizer with the required amount of water, and turns on the steam. She scrapes refuse from the dishes into the garbage can which is lined with a paper sack, well turned over the edge. The dishes are cleansed with a brush under running water, and are placed in the sterilizer. The nurse removes her gown and scrubs. After being sterilized for twenty minutes, the steam is turned off, and the maid removes the dishes through a sliding window opening opposite the sterilizer into the clean kitchen, where they are washed in the ordinary way.

In assisting a doctor with treatments, dressings, etc., the nurse remains clean. The table is covered with clean pilcher, and anything set down is kept clean. All contaminated instruments are dropped into a wash bowl to be cleansed under running water, and then sterilized. Swabs, tooth-picks, etc., are dropped into a paper bag and burned.

After two and a half to three months spent in observing and caring for contagious cases with their varied symptoms and complications, and in carrying out an exacting and detailed technic, which demands conscientious attention, the nurse returns to complete her course with greater knowledge of prevention of disease, better judgment, and greater confidence in her work.

When the nurse is to leave the department, nose and throat cultures are taken, her hair is washed, and she reports the following morning for duty.



MERCY HOSPITAL
XMAS 1920

ANDERSON
KC

STUDENT NURSES' PAGE

CHRISTMAS AT THE CHILDREN'S MERCY HOSPITAL, KANSAS CITY, MISSOURI

By JOSEPHINE FULLER AND ANNA E. WHITE

'T WAS about two weeks before Christmas. Helen awoke to find every one excited and bustling about. "What's the matter with everybody,—got ice cream for breakfast?" "No, you're funny," replied Ruth, disgustedly. "Don't you know Santa Claus will be here two weeks from tonight? Everybody is preparing for his visit, and all the boys and girls are going to write him a letter this afternoon." "Oh, Santa Claus won't come to see us here," said Helen. "All right, you just wait and see what happens."

The children went to writing with a vim, and soon the letters were finished. After Santa had read those letters, he decided he would not have to spend an hour with Mark Twain for a good hearty laugh, for they were full of the funniest things you ever heard. Santa Claus replied to the children's letters, telling them he surely would visit them on Christmas Eve and fill all their orders.

Christmas Eve,—and all the wards, rooms, and corridors had been transformed into a real Santa Claus Land. Pretty trees were in every corner, mistletoe, holly, poinsettias, and all the pretties of the season. The kiddies, while being tucked into bed, talked in giggling whispers of Santa's visit. "You must all go to sleep now," said Miss Ross. "Oopie Cowboy, no sleep for me," piped up Harry, "until I clap my eyes on that old fat man." Pretty soon, all was quiet and all the little folks were believed to be in Dreamland.

But Santa made his appearance at the far end of the corridor,—all of a sudden, the silence was broken by a shout. "Hurrah, fellers, wake up, he's here." At that the entire bunch of First East kiddies were at attention. It was fun to watch the different expressions and antics of the tiny tots as Santa came near them. He told them all that he had received their letters and that he was ready to fill their various orders, as soon as they went sound asleep again, and positively not before. Then he trotted off to the next ward, where it was quite evident he was a welcome guest.

An hour or so later, all the youngsters had settled down in sleep again, with various visions of lolly pops and pretty toys, which they would find in their stockings in the morning, dancing through their heads. Then a stocking, filled to the brim with choice candies, nuts and toys was fastened to the foot of each child's bed. The extra toys were placed under the tree in each ward.

Christmas dawn, and all is well,—kiddies snug in happy dreams. Two hours later came the Carols. Then, at last, the opening of the stockings, and the nurse had a big job to keep the children from eating candy and nuts before breakfast.

Breakfast over, the small people were all fixed up for the second visit from "The patron saint of Yule-tide," who is always happiest at the Christmas season. "Nurse, don't you tink it is time for Santa now?" "Yes, Tommy,

he will be here in a few minutes." Poor little Tommy had never known what Christmas really meant before, as there were seven children in his family and they lived in a poor district of Kansas City and could not afford more than the necessary things, though the same could be said of all the children, who come to Mercy.

Presently, in came Santa with his big pack overflowing. He was given a royal welcome. "Children, I have come to deliver your packages—I trust you liked every thing you found in your stockings." He was soon assured that all was just right. "I had a little trouble with my aeroplane and I sure was anxious—because it wouldn't be Christmas for me if I did not get to my little folks at Mercy." He had a little visit with each child and delivered all packages,—never stopped until he had visited every room and ward and balcony.

In a dark, dingy street of one of the slums of Kansas City, Tony was trudging through the snow, one day late in December. "Hey! Tony! Where you

going?" called out a voice from one of the dingy houses. "I'se going over to the Clinic at Mercy this afternoon." "You ain't sick, is you?" "O, I is to-day, 'cause Santa will be there and give all the boys and girls a whole lot of goodies and toys." "Wait! Tony—let me go, too." So they, too, found Santa at the Mercy, not in the wards, but with Miss Anderson in the big "Out-Patient Department."

"Hurry up, Nurse, I want to go to school." "What! Kenneth—you don't mean that?—why, that's not natural coming from you." "Oh, well, don't you know Santa's coming this afternoon?" Kenneth called impatiently.

So with all these different events, plus a big turkey dinner, the Christmas passes at Mercy, full of joy and happiness. Every kiddie, nurse, and all who partake in the celebration of Christmas at Mercy, will always have one happy memory of a glorious week, that of itself bears out the claim that Mercy is not a Children's Home, but is, from every possible standpoint, a homelike hospital.

IMPRESSION OF A FIRST STATE CONVENTION

BY OMA KILBY

Student Nurse, University of Missouri

WHEN planning to attend her first State Convention, a student nurse is likely to have visions of herself sitting in a remote corner trying to look dignified, and thinking, "Now I must remember that 'little folks must be seen and not heard.'"

Before she arrives in the city where the convention is to be held, she has

perhaps planned to call the nearest cab and go to a hotel which will be her stopping place while in the city. However, she has a lovely little surprise awaiting her in the form of two pleasant young women wearing badges of ribbon on which is printed "Nurses' Convention." The student looks at them a second time, and starts toward them.

They smile, take her suitcase, and take her to their home. They then conduct her to a tidy little room which is to be her home while there. They tell her that breakfast will be ready for her at seven-thirty in the morning. They then depart to meet other trains and other nurses.

Our student meets other visiting students, all introduce themselves and are soon chatting away like old friends. They have many things in common to talk about, and can learn many things from each other to take home to their respective schools.

The next morning they have breakfast together. They have heard that registration is to be from eight to ten a. m., so at about five minutes past eight they present themselves at the headquarters of the convention. The nurse in charge of the registration of nurses looks up and asks, "Have you registered?" One student replies, "We are only students; are we allowed to register?" The registrar answers, "Yes, indeed, we have a page especially for you. Just write your name, address, and the school you represent."

Soon the visiting students gather in a group and discuss with much enthusiasm the problems of their schools, such as student government, student activities, etc.

The program begins at ten a. m. The students are each given a printed copy of the complete program of the convention. They are also invited to sit on the front seat. They are well pleased

and are glad now that they brought a note-book and pen along, but they are more delighted than ever when they scan the program and find that they are given a place in one of the sessions.

For the next few days these young women have an opportunity to listen to representatives who have met and conquered the obstacles in their respective branches of nursing, such as: Private Duty, Public Health, Industrial Nursing, etc. This is a good time for the students to decide in which field of the profession they are most interested.

When the time comes for these students to carry out their part of the program they are somewhat excited and feel that talking to the graduates, who know so much more about nursing life than they do, is quite a responsibility.

At the Missouri State Nurses' Convention this year, held in Springfield, October 8-10, the students had the opportunity of hearing many uplifting addresses, one of which was given by Adda Eldredge, president of the American Nurses' Association. They were also permitted a Round Table with Miss Eldredge.

Each student delegate there seemed greatly benefited by what she had heard. She went back to her school, no doubt, so full of the inspiration she had received that it spread to her fellow-students, and made each member of her school more determined than ever to do her part to be worthy of highest esteem, and to make her profession merit its name.

A special combination subscription rate with the *Journal of Home Economics* is offered with this Journal for three months. If there is a demand for the combination, it will be continued. *Journal of Home Economics*, \$2.50; *American Journal of Nursing*, \$3; the two together, \$4.50. Subscriptions may be sent to either office.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

HEADQUARTERS OF INTERNATIONAL COUNCIL

DEAR EDITOR: I note that in the October issue of the *American Journal of Nursing*, in a report contributed by Miss Clara Noyes of the proceedings of the meeting of the Executive Committee of the International Council of Nurses, recently held at Copenhagen, it is stated that the office of the International Council of Nurses is located in the office of the *British Journal of Nursing*. May I point out that this is not, and never has been, the case. When the International Council of Nurses was founded by Mrs. Bedford Fenwick in 1899, the Registered Nurses' Society—one of the affiliated Societies of the National Council of Trained Nurses of Great Britain and Ireland, placed its Board Room, free of cost, at the disposal of the I.C.N. for its work. Here records have been kept, members of the nursing profession from all over the world have come, asking for information and professional advice, and here Miss L. L. Dock did much of the wonderful work which built up the International Council of Nurses. This has been a substantial contribution to the work of the Council, as Headquarters in the center of London are a valuable asset, both as a convenient center, and because the funds of the new Society would not have borne the initial expense of an office so conveniently situated. As Hon. Treasurer of the International Council of Nurses I desire to put on record my sense of indebtedness for this financial gift. *The British Journal of Nursing* was appointed the official organ of the International Council of Nurses in Great Britain, as the *American Journal of Nursing* was in the United States, and we have to thank these Journals for devoting space to furthering the interests of the Council.

MARGARET BREAY,

Hon. Treasurer National Council of Trained Nurses of Great Britain and Ireland; Foundation Member and Hon. Treasurer International Council of Nurses.

THE HOSPITALS IN ALASKA

DEAR EDITOR: About twelve years ago, the writer, a graduate, registered nurse of wide experience, wishing to visit Alaska, wrote for information regarding the nursing situation in that far-away country. I was told that as the hospitals were under the Episcopal Diocese, one must be of that faith to qualify for a position. Not being of that faith, but determined to visit Alaska, I applied for the position of housekeeper and cook. The Superintendent wrote that her sister was coming later, and I could nurse until that time, and then take the other work. The trip was wonderful indeed. On arriving in Valdez, we found a small hospital, splendidly equipped, plenty of everything, modern in every respect, plenty of bedding, towels, in fact, everything necessary for the convenience and comfort of the patients, and the nurse, as well. We had a fine operating room, with everything necessary in that line. I assisted in the wards, and the operating room, and the nurses helped with the household duties when necessary. The nurses are a fine lot of women, members of the Episcopal church. If an article appears in the Journals, written by them, one feels very glad to have known about them, even without having seen them. On the boat, we met two young women, one a nurse, the other a teacher. They left the boat at Skagway, taking the train there to the Interior, their destination was either Nenana, or Tanana. They were to be there five years, and seemed pleased that they were going to work there, where there is so much need. At Cordova, our next stop, we learned that the Episcopal Hospital, that was there in earlier times, had been sold to the Government, and recently we read of the "Cordova General," being there now. There was a hospital at Fairbanks, and others in other parts of Alaska; we are not familiar with them, but we know they are doing good work among the natives, and the white people as well. From our own experience, we wished the women of the churches

who work so hard to make these comforts, could know what it means to the lone prospector, out in the hills, or in the towns through the long, cold winter, to have such a place to go when ill, even though they have no money, to be cared for by skilled workers. They are very grateful indeed, and those hospitals in that land are very close to the hearts of those men. They do many things to help, like making repairs. The food is the best that can be purchased, well cooked and served, and the prospectors, who, perhaps, have been out in the hills for months, when in the hospital think the food splendid. Books and magazines are sent from the East. We used to let the men take them to their "shacks." Later, through the efforts of the minister who was located at Valdez, money was obtained to build a club house, where the men might spend the long cold winter evenings, where books, games, and often discussions on the topics of the day with this minister, who was a good "mixer," helped many a man who, otherwise, would be at a saloon, where company, light and heat, and food was to be had, but, the consequences! One might go on for hours, writing of the needs of Alaska. Should any nurse of that faith care to work there, there is lots to be done; she could learn particulars from the Episcopal Church Mission House in New York.

Massachusetts

G. L. A.

A SOLDIERS' AND SAILORS' MEMORIAL HOSPITAL

DEAR EDITOR: A small hospital in a small town, proving itself a success, is a subject that health workers could well watch. An example is the Soldiers' and Sailors' Memorial Hospital, in Cuba, Allegany County, N. Y. This has been in operation since February, 1923, and has been self supporting since the beginning, which is quite an unusual situation. The village of Cuba has a population of about 1,700. In the autumn of 1919, the Chamber of Commerce decided to try to raise funds for a Memorial Hospital. Shares of stock were issued at \$25 each. About \$37,000 was believed assured, but due to business reverses and depreciation of some ventures, a

few subscribers were unable to pay. The actual cost was about \$45,000, which was slightly more than estimated. There is still a deficit of about \$13,000. Recently the Hospital Association issued bonds to offer security to the bank, to be taken up \$1000 yearly, giving a mortgage on the hospital property. This hospital has a radius of about 15 miles of territory dependent on it. It has three semi-private rooms; all others private. It can accommodate 22 patients. The hospital is very attractive, well constructed, and planned with forethought. It has its laundry, furnace room, water heating system, vapor system for heating the building, kitchen, diet kitchen, and general utility rooms. There are basement, first and second floors. These floors are connected by an incline, avoiding the use of stairs and elevators. The incline runs out to a kind of mezzanine where there are two rooms, and the operating room, used also for an accident room. This is modern and very well equipped. The nursery and delivery room are on the second floor, and can accommodate six babies. A well equipped X-ray laboratory is here also. The office and doctors' room are on the first floor and are furnished tastefully and well. Much of the furniture has been contributed by townspeople. There are rooms in the basement not yet used which can later be utilized. One of these can be employed for isolation if necessary. A graduate nurse is superintendent of the hospital and lives there, doing 24-hour duty. There are two graduates on general duty, days, and one night nurse. Patients may have special nurses if preferred. The aim of the hospital is to furnish nursing care to anyone who might need it, at such prices that anyone could afford to avail himself of this privilege. An ambulance has been donated that goes into the surrounding country after patients. Ex-soldiers and sailors receive care free, making it indeed a memorial. The staff is made up of the physicians of Cuba; others may be called in consultation. Cuba citizens and the association feel that the hospital is proving a success not only as a memorial, but financially, and from a standpoint of community health.

New York

R. D. R.

BOOKS AND MAGAZINES NEEDED

DEAR EDITOR: The medical library at St. Luke's Hospital in Tokyo is, of course, a complete loss. This library must be built up again from the beginning, and that beginning must be made at once. Dr. Teusler has asked for medical books, not more than ten years old, and for complete year files of medical magazines for the last ten years. We have been sending to this hospital your magazine as copies were brought to us by readers willing to pass them on. Our stock of back numbers is exhausted. Miss Elizabeth F. Sherman, the registrar in Providence, suggested that I write you and ask if any of your subscribers had numbers that could be spared for this Tokyo Hospital. I would be very glad to pay expenses incurred for postage.

MARY E. DAVIS.

98 Congdon St., Providence, R. I.

[Donors should communicate with Miss Davis before sending books or magazines to prevent duplication.]

FROM A SCHOOL NURSE

DEAR EDITOR: I am doing very interesting work as school nurse in the Santa Clara County. Just now there are three of us who cover the schools where nurses are needed; and in communities where there is a nurse who is covering all branches, we do not include such districts. We are glad that Santa Clara County has for its County Superintendent a man of vision. He knows his county and its needs.

California

O. H. W.

A GOOD USE FOR FILES OF NURSING MAGAZINES

DEAR EDITOR: This past fall I left a most interesting county where I was doing Public Health Nursing to spend this winter in study. There is a very interesting item which I think you should have, i. e. before I left the county I placed in the library file of the large High School in the largest city a complete year set of the *American Journal of Nursing* and my year's set of the *Public Health Nurse*. They were enthusiastically received by the Superintendent of Schools and though I will miss the reference to those maga-

zines I feel that they will probably be the means of bringing some of those women into a better understanding of some of the real things in life and probably into the nursing field.

Oregon

J. N. W.

CHRISTMAS, 1922, IN SEVERANCE
HOSPITAL TRAINING SCHOOL

DEAR EDITOR: A desire to do something different this year in the way of Christmas exercises led me to attempt putting on a tableau, even though our time for preparation was short due to term examinations in the school. The one short week we had was broken into by the wedding of one of our nurses and a wedding supper of another recently married. The Koreans as a rule would rather get up something in a hurry, trusting to luck to make it a success, than to spend time in preparation of parts and rehearsals. My main trouble was to get them to understand what was meant by a tableau for it was entirely new to them and as they said, "If there is no motion or talking what pleasure or entertainment would there be for the audience?" The first two rehearsals were so discouraging that I would have given up the whole idea were it not that we had promised to furnish the enterertainment for the institution and our failure would have meant disappointment for several hundred people. The dress rehearsal went off better, for a Korean loves to impersonate, and when a real live baby appeared for the Christ Child, and the donkey in which, as they said, they could see a faint resemblance to an original one after they were told what it was, things went off better. Four adjoining rooms in the dormitory were available for our use. Two of these were used by guests, one for the stage and one for dressing rooms and chorus. As each of the three tableaux was put on, the nurses' chorus sang Christmas hymns, and afterwards the Bible story was told. After the last part, the Christmas tree was brought in and a sure enough Santa with a huge pack on his back which held something for each guest and nurse. After the last guest had departed, to the surprise of all the girls I invited them all over to our home. Looking very mystified they filed

over to our living rooms and here was another tree but no presents to be seen. Going on the supposition that if a person has to work for something she appreciates it more, I had hidden all the gifts and now told the girls they were to look for them. As we had hoped, in the scramble that followed the ice was broken and we all had a jolly time together. We were well repaid for the trouble we'd had by seeing the faces of the girls when they opened their packages and put on the beautiful warm scarfs, all a deep rich color, made especially for them by Guild members in America. The girls were so pleased and proud of the scarfs and made such a pretty picture going to church, Christmas morning, in the snow. I had been trying to think what there was that each girl could give to some one poorer, so as to make it a giving as well as a receiving time. A call for rice for the Russian refugees in Warsaw gave the desired opportunity, and each gave one day's portion of rice and as this is their principal article of food, it meant slim rations for a time, but they did not complain and had the joy which comes from giving to others.

Seoul, Korea

EDNA LAWRENCE

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

DEAR EDITOR: The Committee on Federal Legislation of the American Nurses' Association held a meeting in Washington, October 23, to decide upon a plan of action in regard to the reclassification of nurses in Government Service. At this meeting it was decided to request an interview with the Director of the Veterans' Bureau, General Hines, and the Surgeon General of the Public Health Service, Dr. Cumming, since these two services would be affected more adversely by the proposed classification than any others. Miss Noyes explained what, we believe, would be the result from the educational standpoint and from the standpoint of the training school and Miss Minnigerode explained what she believed would be the effect upon the Government Service in eliminating from that Service the better qualified nurses. Both the Director of the Veterans' Bureau and the Surgeon General of the Public Health Service agreed with the Committee and indorsed the plan of

action which the Committee had prepared. Both Dr. Cumming and the Director of the Veterans' Bureau have forwarded protests to the Personnel Board regarding the proposed classification of nurses in a sub-professional or non-professional grade. Major General Ireland, Surgeon General of the Army, has also forwarded a protest at the request of this Committee. A resumé of the case with a draft of a resolution was forwarded to the American Hospital Association at its meeting in Milwaukee with the request that they also take the matter up with the Personnel Board and forward the resolution to the Board. A hearing was held with the Personnel Classification Board by the Committee on October 25. This hearing was about two and one-quarter hours duration and apparently we were unable to change the opinion of the Board in regard to the professional status of nurses. It is believed, however, that some impression was made upon the Board and that they were more definitely informed as to what the result of this action might be to the Civilian Hospitals and what effect it might have and probably would have upon the recruiting of students for training schools. Dr. Winford Smith of Johns Hopkins has written a protest to the Board also. A letter is being prepared for the Superintendents of Training Schools and for State and Local Associations. Conferences have been held with the Surgeon General of the Public Health Service and the Army, the Director of the Veterans' Bureau, the Joint Congressional Committee on Reclassification, the League of Women Voters and the Federation of Federal Employees. It is now stated that the classification work is to be done all over again and renewed effort will be made to induce the Board to change its rating of nurses. This does not mean, however, that we could or should relax our efforts to secure support from organizations, medical associations, and the public in general in behalf of nurses.

Washington, D. C. LUCY MINNIGERODE,
*Chairman, Committee on Federal Legislation
of the American Nurses' Association.*

JOURNALS WANTED AND ON HAND

Miss A. Bland, Monroe County Sanatorium, Rochester, N. Y., has copies of the *Journal*

which she will give to any one paying postage: 1921, December; 1922, January through April, June, August; 1923, January, March through October.

Margaret Brinton, Librarian, Library, Mayo Clinic, Rochester, Minn., wishes the following copies of the *Journal* to complete a file: 1916, June, August, September; 1917, October; 1918, February; 1920, September; 1921, April, May.

Mrs. Frank P. O'Donnell, Sycamore Road, Merion, Pa., will pay fifty cents each for the following *Journals*: 1905, February and March; 1914, March.

QUESTIONS AND ANSWERS

7. Does any nurse in this country have a state license for nursing that antedates the following? Asheville, N. C., the 5th day of June, A. D. 1903.

OUR CONTRIBUTORS

William H. Matthews is Director of the Department of Family Welfare for the New York Association for Improving the Condition of the Poor. His special preparation for this work, after his college course, was eight years of social settlement work and two of labor field investigation.

Anna L. Gibson, graduate of the Boston City Hospital School of Nursing, has been head nurse and matron at her own hospital, but she is best known in her present work, Matron-Superintendent of the Collis P. Huntington Memorial Hospital of Boston, and Instructor in Laboratory Technic. She is author of "Clinical Laboratory Technique for Nurses."

After sending the manuscript of "Donald's Christmas" to the printer, we learned with regret of the death of the author, **Mrs. Mary F. Scott**, Albany, N. Y.

Harriet L. P. Friend contributes the second of her series of articles dealing with the problems of Inspection of Schools of Nursing.

Mrs. Arnett Leslie is a member of the Junior Board of the Visiting Nurse Association of Minneapolis.

Bessie Lee Harris has given a large part of her time for more than ten years to private nursing, though at one time she held a position with the New York Health Department where she studied contagious diseases. She is a graduate of Wesley Memorial Hospital, Atlanta, and is a graduate technician, having studied at Boston University, School of Medicine.

Anna C. Jamme, San Francisco, California, spent her vacation a year ago visiting some of the countries across the Pacific.

Maude Landis is a member of the staff of the School of Nursing, Lane Hospital, Stanford University Hospital, San Francisco.

Edith C. Richardson is Secretary of the Executive Committee of Teachers College, Columbia University, New York. She has had wide experience in handling students' educational credentials and in assisting students to make good their deficiencies in order to qualify for college entrance.

Mabel W. Binner of the Visiting Nurse Association, Chicago, completes the article on Supervision begun last month.

Ida B. Smith is Superintendent of Nurses, Evanston Hospital, Evanston, Ill.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

NATIONAL

The attention of the State Associations, the Territorial Association and the two Alumnae Associations is called to Article VIII of the By-laws of the American Nurses' Association which reads:

Section 1. The annual dues from each State Association shall be fifty cents per capita.

Section 2. All dues shall be paid in advance not later than January 31 for the current calendar year.

Section 3. Each State Association shall pay dues on the basis of membership the first day of December.

Section 4. State Associations whose dues have not been paid by January 31 shall be notified by the Treasurer and those not paying by March 1 shall forfeit membership.

Section 5. State Associations having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

The membership of the American Nurses' Association now includes 46,555 nurses.

We wish to express our thanks to the Minnesota State Nurses' Association for its generous contribution of \$50.00 towards the expenses of the Headquarters office.

NOTICE—Requests for the booklet, "A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners," should be made to the Secretary of the American Nurses' Association, 370 Seventh Avenue, New York City. Price \$1.04, which includes postage.

AGNES G. DEANS, *Secretary*.

FUND FOR GERMAN NURSES' ASSOCIATION

(Send contributions to Headquarters, American Nurses' Association, 370 Seventh Avenue, New York.)

In response to the letter to the Editor in the November number of the *Journal* from Sister Agnes Karll, President of the German Nurses' Association, describing the desperate situation of nurses in Germany, the Headquarters' office has received contributions up to date amounting to \$40.00. These contributions are being sent promptly to Sister Agnes Karll because of the great need.

NURSES' RELIEF FUND

REPORT FOR OCTOBER, 1923

Receipts

Balance on hand.....	\$21,281.69
Interest on bonds.....	20.00
Interest on Liberty bonds.....	23.38
Connecticut: Hartford Hosp. Alum. Association, Hartford	29.90
Illinois: District 2, \$25; Dist. 3, \$31; Dist. 4, \$6; Dist. 13, \$49; Chief Nurse, U. S. Naval Hosp., Great Lakes, \$1	112.00
Indiana: Deaconess Hosp., Evansville, \$19; Lutheran Hospital, Ft. Wayne, \$31; Elkhart County Hospital, \$4; Deaconess Hosp., Indianapolis, \$51; Methodist Hosp., Indianapolis, \$39; Dist. 3, members (individual), \$6; Indianapolis City Hosp. Alum. Assn., \$37; Home Hosp. Nurses' Alum., \$46; Eastman Hosp. Nurses' Alum., \$20; Huntington County Hosp., \$13	240.00
Iowa: One individual, Stuart.....	1.00
Maine: State Nurses' Association, (In honor of the tenth anniversary of its membership in the American Nurses' Association)---	198.50
Massachusetts: One individual, Athol	5.00
Michigan: Dist. 3, \$18; Dist. 5, \$2; a friend of the School for Nurses, Hackley Hosp., Muskegon, \$15---	35.00
Mississippi: State Nurses' Association	33.70
Missouri: Springfield Hosp. Alum., \$15; St. Joseph, two individuals, \$6; University Nurses' Alumnae Kansas City, \$15.....	36.00
New Jersey: Orange Memorial Hospital Alum., East Orange.....	10.00
New York: New York State meeting, \$194.75; Dist. 1, Lady of Victory Hosp., Lackawanna, \$10; Dist. 2, Graduate nurses, Monroe County Sanatorium, \$25; one individual, \$2; Dist. 5, \$50; Dist.	

6, St. Lawrence State Hospital Alum., \$56.30; Dist. 9, Troy Hospital Nurses' Alum., \$25; Dist. 12, two individuals, \$16; Dist. 13, N. Y. Post Graduate Nurses' Alumnae, \$114; Manhattan State Hosp. Nurses' Alum., \$25; Manhattan and Bronx Assn., \$25; New York Hosp. Nurses' Alum., \$50; six individuals, \$42; Dist. 14, Kings County Hospital Nurses, Brooklyn, \$20 -----	655.05
Ohio: Two individuals, Youngstown, \$2; one individual, Warren, \$1; one individual, Lancaster, \$2-----	5.00
Pennsylvania: Dist. 1, \$1,307; Dist. 2, \$141; Dist. 3, \$504.60; Dist. 4, \$274; Dist. 5, \$191; Dist. 6, \$1,053.50; Dist. 7, \$232-----	3,703.10
Tennessee: Chattanooga Dist.-----	83.00
Wisconsin: Dist. 3 -----	50.00
	<u>\$26,522.32</u>

Disbursements

Paid to 41 applicants-----	\$620.00
Chairman, Nurses' Relief Fund -----	18.79
Printing -----	42.90
Check returned by bank on account of insufficient funds -----	1.00
	682.69
October 31, 1923, balance-----	\$25,839.63
Invested funds -----	57,050.00
	<u>\$82,889.63</u>

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

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LUCY MINNIGERODE, *Chairman.*

THE NATIONAL LEAGUE OF NURSING EDUCATION

The Calendar for 1924, the third in the series to be issued by the League, is now ready and may be ordered from the League headquarters, 370 Seventh Avenue, New York. The frontispiece shows the entrance to Yale University. The pictures and sketches of nurses include: Annie W. Goodrich, Mary C. Wheeler, Clara D. Noyes, Helen Scott Hay, Ella Phillips Crandall, Sara E. Parsons, Mary Gardner, Georgia M. Nevins, Mary Samuel, Annie Damer, Katharine DeWitt, Jane E. Hitchcock. The price is \$1 for single copies, 75 cents each in lots of fifty and over.

ARMY NURSE CORPS

During October, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: Fort Benjamin Harrison, Ind., 1st Lieut. Callie D. Woodley, Second Lieutenants Katherine I. Herron, Katherine E. Kelly, Lylan M. Grady; Fort Benning, Ga., Second Lieutenants Mary A. Campbell, Julia M. Lincoln, Sara M. Schoenberger, Mary Ford; Chicago, Ill., Illinois State School of Psychiatric Nursing, 1st Lieut. Edna M. Beyrer; Honolulu, H. T., Second Lieutenants Florence Miller, Margaret Coffman; Letterman General Hospital, San Francisco, First Lieutenants Carrie L. Howard, Alice D. Agnew, Second Lieutenants Millicent E. King, Mary E. Ray, Clara Swenson, Anna E. Thorpe; Camp Lewis, Wash., 1st Lieut. Jane G. Molloy; Philippine Department, 2nd Lieutenants Kathryn L. Ruhan, Caroline E. Bennett, Pauline Mitchell, Ruby E. Nichols; Fort Sam Houston, Texas, Second Lieut. Elizabeth Michener; Fort Sheridan, Ill., 1st Lieut. Bessie S. Bell; Washington, D. C., Attending Surgeon's Office, 1st Lieut. Sophy M. Burns, 2nd Lieut. Elvira H. Helgrin.

Orders have been issued for the separation from the service of the following named mem-

bers of the Army Nurse Corps: Second Lieutenants Sarah E. Considine, Norah A. Robb, Mary J. Thayer, Blanche Chance, Anna E. Fleming, Mary E. Hill, Katherine Slocum, Bertie D. Tolley, Margaret H. Pinder, Anna J. Classen, Nell F. Price, Mary Kester, Lila M. Ferguson, Emarose Ingold, Irene C. McAleer.

A recent inquiry made at the Walter Reed General Hospital in Washington about the outside activities of members of the Army Nurse Corps reveals the fact that sixteen out of a staff of 109 are taking courses at various schools or colleges in the city. The courses include English Rhetoric, Public Speaking, Current Literature, English, Journalism, German, Spanish, French, and Sewing, also Bacteriology and Laboratory Technic. All of these courses are given in the late afternoons or evenings at such institutions as the George Washington University, Pan-American School, Knights of Columbus School, and Berlitz School of Languages.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

REPORT FOR SEPTEMBER AND OCTOBER:
Transfers: To Annapolis, Md., Edith M. Conroy, Regina A. Crawford; to Brooklyn, N. Y., Nora Kelleher, Eva B. Moss, Chief Nurse; to Canacao, P. I., Josephine Rugg, Mary F. Spencer; to Charleston, S. C., Eva R. Dunlap, Chief Nurse; to Chelsea, Mass., Edith N. Lindquist, Chief Nurse, Ada Chew; to Guam, Viola M. Visel; to Haiti, Daisy Slater; to League Island, Pa., Susie I. Fitzgerald, Chief Nurse, Nellie Johnson Macleod, Mary R. Woods; to Mare Island, Calif., Ada Chew, Leah M. Janson, Agnes Puck, Lydia B. Ranson, Susan E. Roller, Chief Nurse, Belle Soltz; to New London, Conn., Ruby Russell, Chief Nurse; to Newport, R. I., Pauline J. Paulson; to New York, N. Y., Agnes B. Cameron, Nell I. Disert, Chief Nurse, Louise E. Le Clair; to Norfolk, Va., Anna M. Fallamal, Florence M. Field, Elsie L. Jarvis; to Norfolk, Va., Pharmacist's Mates School, Mabel T. Cooper, Chief Nurse, Bessie C. Graham; to Pearl Harbor, T. H., Marion Simmons; to Philadelphia, Dispensary, Quartermaster Depot, U.S.M.C., Florence

M. Vevia, Chief Nurse; to Philadelphia Graduate School of Medicine, University of Pennsylvania, Course in Anaesthetics, Anna I. Cole, Chief Nurse; to Puget Sound, Wash., Edith N. Lindquist, Chief Nurse, Nellie E. Treuthart; to Quantico, Va., Pearl L. Christy; to San Diego, Calif., Margaret E. Beal, Margaret B. Brewer, Mary E. Noone, Irva R. Young, Ellen L. Penna, Eunice A. Ryan, Helen S. Wood; to San Francisco, Office of Inspector of Hospitals, Clare L. De Ceu, Assistant Superintendent; to St. Thomas, V. I., Mary C. Lewis, Ruth A. Stecker; to *U.S.S. Kittery*, Anna M. Fallamal (temporary duty); to *U.S.S. Relief*, Dema V. Leopold; to Washington, D. C., Zilla Sprunger.

Honorable Discharges: Margaret Hyde, Bertha Pingel.

Resignations: Mary S. Compton, Laura E. Henry, Alice King, Clara Klinksick, Frances E. Meador, Ella P. Putnam, Inga J. Qually.

Revocation of Appointment: Adele McDaniel, Ruth S. Young.

Inactive Status: Catherine S. Patterson.

Death: Janet H. Pellens, Chelsea, Mass., October 30.

In the past year, thirty-four nurses have taken advantage of the special courses as offered by the Bureau of Medicine and Surgery. In that number, thirteen have taken the course in Dietetics at Miss Farmer's School of Cookery, Boston, Mass.; nine, the course in advanced Laboratory work at the Naval Medical School, Washington, D. C.; seven, the course in Physiotherapy at the Naval Hospital, New York, N. Y.; two the course for Instructors of Nursing at Stanford University, Calif., and three have taken the course for Instructors of Nursing, given by the Illinois State League of Nursing Education, Chicago, Ill. Arrangements have been made with the Graduate Schools of Medicine, University of Pennsylvania, and with Lakeside Hospital, Cleveland, Ohio, for courses in Anaesthetics.

The Bureau is most anxious to have every nurse in the Corps keep abreast with the activities of her profession. It is necessary, however, that nurses become thoroughly acquainted with the service needs and peculiarities and settled in mind as to the choice of work, they wish to pursue, therefore requests

are not granted for these courses until the nurses have served three years. The ambition and coöperation shown, with high standards desired and upheld by the members of the Navy Nurse Corps, make it an organization of which the country may well be proud.

A new field has been opened in connection with the duties of Assistant Superintendents who are to study the problems of the Nursing Service of the Navy in order that the military procedure of handling the Corps may be more uniform throughout the Naval Hospitals. One Assistant Superintendent will be stationed on the west coast, in the Office of the Medical Inspector of Hospitals, and one on the east coast in the Bureau of Medicine and Surgery. Under direction, they will visit the various hospitals, which will bring them in touch with the individual members of the Nurse Corps, thereby bringing about a better understanding of the wishes of the Bureau, and the ideals and standards of the Corps.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Reinstatements: Sophye B. Jackson, Alida Johnson, Letitia Kennedy, Clara Keeley Dower, Philomena Wolf.

Transfers: Mary T. Lomax, to Baltimore, Md.; Anne McCann, to Buffalo, N. Y.; Anna Walsh, to Stapleton, S. I.; Carrie Shoff, to San Francisco.

LUCY MINNIGERODE,
Supt. Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU

HOSPITAL SERVICE, *Transfers:* To New Haven, Conn., Mary L. Lowe, H.N., Kathryn G. O'Connor, H.N.; to Ft. Bayard, N. M., Mary Dowling, Maud E. Monk, Hettie A. Eigerly, H.N.; to Whipple Barracks, Ariz., Emma Ekman, H.N., Vera Johnson, May McKennie, H.N., Florence E. Kehm; to Palo Alto, Calif., Lena R. Renwick, H.N., Carrie Cooper, Anna F. Shanahan, H.N., Carolyn L. Dunham, H.N.; to Tucson, Ariz., Anna McFadden, Asst. C.N., Margaret H. Obins, Mary R. Shellroy, Janet Kippen, Asst. C.N.; to Augusta, Ga., Adla Mansur, Bessie Fortenberry, Laura T. Merck; to Kansas City, Mo., Mary

E. Murphy, H.N.; to Legion, Tex., Olive Grimsrud, Esther P. Schnur, Fannie Griffin; to Muskogee, Okla., Grace A. Dowling, Asst. C.N.; to Camp Kearny, Calif, Mabel S. Miller; to Chicago, Ill., Lillian Fink.

DISTRICT MEDICAL SERVICE, *Transfers*: To Rutland, Mass., Rose B. Doherty; to District No. 3, Helen W. Cairns.

MARY A. HICKEY,
Superintendent of Nurses.

A SILVER JUBILEE

The Silver Jubilee of the American Hospital Association was celebrated with distinction in Milwaukee. The attendance was record breaking. The program was varied and interesting and contained enough of retrospect to honor the achievements of the past, but proved a real stimulant to future efforts.

The amazingly comprehensive exposition, covering two acres of floor space, embodied many features of a designedly educational character and the commercial exhibits were definitely educational in tone. It was possible to secure information and advice on such diverse problems as dispensary organization, the conduct of cardiac clinics, hospital construction or the arrangement of a model kitchen. Other associations coöperating in the conference were, the American Occupational Therapy Association, which had a large and interesting exhibit of craft work, the American Association of Hospital Social Workers, and the Hospital Dietetic Council.

The sessions of particular worth to nurses were the brilliant program on Hospital Standardization, that on Small Hospitals, and, naturally, the program of the nursing section.

As an evidence of the growing accord among those who are working in the field of health, it was stimulating to hear Dr. Franklin Martin, Director General of the College of Surgeons, urging the popularization of medical knowledge and quoting the slogan of the National Health Council, "Have a Health Examination on Your Birthday." Another feature of the standardization program to be long remembered was the appeal for justice for all classes, especially the neglected middle class, by that practical idealist who is also a prophet, Father C. B. Moulinier. On the same program, Robert Jolly made what would be

called by a press agent a laughing hit, by his inimitably humorous description of the inspection of an unstandardized hospital, and the conversion of the superintendent and of the board.

Nurses proved their interest in small hospitals by their large attendance at the session presided over by Bertha Allen. The negative side of small hospitals, lack of organization, difficulties in securing properly prepared executives and adequate nursing staffs, and similar problems, were emphasized. The *Journal* has already indicated its interest in the nursing of such hospitals by its announcement in the November issue of prizes for papers on this important subject. Still further discussion of the subject would have been helpful. The function of the small hospital as a community health center, was well emphasized by Amy Beers, in her discussion of the paper by Mary A. Baker.

What constitutes good service was well summed up in Minnie Goodnow's paper, when she said that service should be subjected to the acid test of "How would you like it yourself?"

The liberal spirit of the conference was well demonstrated at the closing dinner, when the meeting was thrown open for discussion of suggestions for improving the work of the Association. After the levity and story telling, Mr. Gilmore, President elect, paid a tribute "to that group without which hospitals could not exist." He said, "Nursing properly entered into is more than a vocation, more than a profession, more than an art, it is a consecration."

The Jubilee Conference will long be remembered for the broad conception of such a celebration, as shown in the program, the liberal spirit in which it was carried out and for the most gracious hospitality of Milwaukee citizens and organizations. No city has ever more graciously and efficiently entertained a large gathering of people. Luncheons, teas, and motor rides, were provided in abundance and the personal kindnesses showered on the guests can never be evaluated.

Asa Bacon has given the Association a year of constructive leadership. He and the Executive Secretary, Dr. A. R. Warner, may well be proud of their crowning achievement, and Dr.

Malcolm MacEachern will find the inspirational qualities for which he is noted, put to the test in carrying the great organization still further during the ensuing year.

Resolutions adopted by the American Hospital Association Relating to the Classification of Nurses in Government Service:

Whereas, It is a recognized and important function of hospitals, of which this Association is the organized representative, to establish and maintain Schools of Nursing which shall provide professional, scientific and technical training in methods of caring for the sick and coöperating with the medical profession in preserving health and saving lives, and to constantly endeavor to place nursing service in a condition of highest efficiency and to that end to represent to women of intelligence and capacity that the education thus offered will enable them to pursue a career of high opportunity and responsibility, carrying with it the honor and respect of all people, and

Whereas, The obligations of a nurse to the patient, to the medical profession and to any public service in which she may engage are such as to require a high sense of professional duty which can not be inculcated by monetary reward, and

Whereas, It is essential to hospitals that such sense of professional obligation shall continue and abide with all nurses in their employ and equally essential to the employment of nurses in any public or private service,

Now, therefore, be it resolved:

That the representatives of hospitals in the United States, here assembled in convention of the American Hospital Association, do urge upon all representatives and agencies of our government that nurses, properly accredited as such by duly constituted authorities, shall be recognized as belonging to a profession rather than a trade or occupation, and further

That we do most emphatically protest, on account of our own needs and for the welfare and safety of the people in general, against any rule, regulation, enactment or classification which shall place such nurses in a lower position than that which they have long and universally justly occupied;

And be it further Resolved, That the Executive Secretary be instructed to forward copies

of this resolution to the Personnel Classification Board established under Chapter 265 of the Act of the Sixty-seventh Congress and to the American Nurses' Association, and in any event of any attempt to make this classification or to procure any legislation contrary to the spirit and meaning of this resolution, to take such action as the Trustees of this Association may find expedient to inform our representatives in Congress and other persons in authority with regard hereto.

THE AMERICAN CHILD HEALTH ASSOCIATION ANNUAL MEETING

The American Child Health Association has every reason to be proud of the achievements of its first year, if large attendance at the first annual meeting and strict attention to the speakers in the many instructive sessions are any indication of interest. It is difficult to even mention the wealth of material and the variety of angles from which Child Health was presented by those who had successfully studied the many problems it presents. The Hon. Herbert Hoover, reëlected President of the Association, stressed the fact that standards set by voluntary effort have infinitely more value than those imposed by law—that no National program, however fine, could be made effectual except as each local community understood it and was willing to use it; that the Association appreciated the need of training leaders for the various fields, but only to guide communities to undertake their own demonstrations in child health work. Mr. Dinwiddie's report, "Progress in Child Health," was a splendid review of the year's work and a broad look into the future. Mrs. Wm. B. Maloney, editor of *The Delineator*, made a forcible plea for Publicity as a means of Public Education. She said that Mr. Hoover was the first man to turn publicity into service for humanity and that National Child Health could only be secured by stimulating many millions of people to accept and use such expert knowledge as was had by every person present. The special sessions for Governmental, State and Local Child Hygiene confined themselves to the discussion of—first, Interesting the Rural Mothers in Better Health for Her Family, and second, Practical Methods of Securing Medical Supervision for the

Rural Pre-school Child. In his address Dr. George Vincent paid a tribute to The American Child Health Association, saying of its program, "It's a fine and inspiring example of sound sentiment under the control of the scientific spirit." In the General Session on "Community Programs for Child Health Work" Dr. Haven Emerson strongly urged continuous care of the child from the prenatal period through that of adolescence, but protested against private or public agencies entirely relieving parents of this responsibility by setting up offices and employing doctors and nurses and others to continuously direct them in the protection of health. Professor Gesell of Yale University likened the pre-school period of child life to the building of a ship. That on the soundness and skill with which these first building years were formed depended largely the stability and seaworthiness of the later life; that health work at this age pays the greatest dividends, and that behavior in later life may be traced back to habits formed in this early period. In the General Session on "Workers in Health Education—The Work They Should Do"; the Doctor, the Teacher, the Nutritionist and the Nurse each emphasized better preparation of better people for these particular fields in order to develop personal responsibility for health and in order to better interpret to the people the scientific facts now available. The reasons for early infant deaths and the increasing maternal death rate were discussed in various aspects in a general session with the Child Welfare Section of the National Organization for Public Health Nursing. Surely every one who attended any of the meetings must have returned to his own community with renewed interest in and determination to help broadcast with enthusiasm Child Health.

The Public Health Nursing section of the American Public Health Association which has been on probation for two years was made permanent by the governing council. Margaret Stack, Director, Bureau of Public Health Nursing, Hartford, Conn., was elected chairman; Mary Laird, Director Public Health Nursing Association, Rochester, New York, vice-chairman, and Agnes J. Martin, Superintendent of Nurses, Health Department, Mil-

waukee, Wisconsin, was reelected secretary. Dr. Haven Emerson, Dr. Crumbine, Grace L. Anderson and Elizabeth G. Fox were elected members of the section council.

The results of a year's study made by Miss Stack of the qualifications of the Public Health Nursing staffs of one hundred and twenty-seven official and voluntary Public Health Nursing agencies were presented in an excellent report. For the coming year this section will devote itself to the formation of standard qualifications for public health nurses for the guidance of Civil Service Commissions, Boards of Health, Boards of Education and other public bodies employing public health nurses.

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION held its eleventh annual meeting, and the ALABAMA STATE LEAGUE OF NURSING EDUCATION its annual meeting at Dothan, Alabama, October 16. The entire forenoon was given to a business meeting, reports of officers, address by the President, Bertha Clements, miscellaneous business, round table for the League of Nursing Education conducted by Jessie Marriner. Officers were elected: President, Bertha Clements, Birmingham; vice-presidents, Agnes Humphreys of Tuscaloosa and Ruth Davis, Selma; secretary, Mrs. Ida C. Inscor, Dothan; treasurer, Helen MacLean, Birmingham. Chairmen of committees are: Ways and Means, Helen MacLean; Nominating, Linna H. Denny; Program, Elizabeth LaForge; Relief Fund, Mary Patterson; Publicity, Hattie Vickers; Printing, Mae Wainwright. Immediately after the business meeting the Association was entertained by the Rotary Club at a luncheon. The afternoon session opened with musical selections by the Troy Symphony Orchestra. The Address of Welcome was given by Dr. D. M. Hicks, President of the Houston County Medical Association. Linna H. Denny in her response thanked the citizens of Dothan, and the civic clubs for their hearty welcome, and expressed her pleasure because of the progress the Association is making and because of the prevailing spirit of coöperation. Jessie Marriner gave an interesting discussion on Public Health. Dr. T. H. D. Griffiths gave an excellent talk on Malaria Control. Immediately

after the afternoon session the Lions Club entertained the nurses with an automobile ride about the town and country, and on their return they were the guests of the Kiwanis Club for dinner; after which they were given a reception and an informal dance. Nurses of the Sixth District presented a handsome loving cup to Helen MacLean as a token of their appreciation of her untiring efforts in behalf of the organization and its members.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION held its eleventh annual meeting on November 1 and 2, at the Marion Hotel, Little Rock. The entire program was very interesting, and all sessions were well attended. The meeting opened with an invocation of the entire body reciting the Lord's Prayer. Mayor Ben D. Brickhouse gave the address of welcome, this being graciously answered by Sister M. Edward of Hot Springs. Dr. John Thames gave a very interesting talk, *The Prevention of Disease and the Nurse as a Co-worker*. This was followed by the President's address. After the state officers' reports, the meeting adjourned for luncheon at the Baptist State Hospital. After a delightful luncheon and the cordial hospitality of the hospital authorities, all nurses were shown through the hospital. The afternoon session was called to order at 3 p. m. An instructive talk was given by Frances M. Ott, of Elkhart, Ind., Chairman of the Private Duty Section of the American Nurses' Association. This session adjourned at 5 p. m., and the Board of Directors of the Association met. At 8 p. m., a banquet at the Marion Hotel with a social entertainment was given by the nurses of District No. 5. The morning session of November 2 was called to order at 9:30, invocation by Rev. Father James P. Moran; this was followed by Governor Thomas C. McRae's address, in which he stressed the nursing profession in general. Erle Chambers of Little Rock gave an instructive talk on *Women's Stand in the Legislature and Voting*, and what it meant to nurses in the present and future health problems. The remainder of the morning was given to business matters and the election of officers. Officers elected were: President, Katherine Dillon, Little Rock; vice-president, Elizabeth Scherer, Pine Bluff, and Susie Almer, Helena; secretary, Blanche Tomaszewska, Pine

Bluff; treasurer, Lillian Atwood, Little Rock; councillors, Elizabeth Darchied, Little Rock and Eva Atwood, Ft. Smith. Adjourned at 12:15 for luncheon at City Hospital. During the delightful luncheon hour, short talks were made by the newly elected President and the authorities of the different Little Rock hospitals; also by the distinguished guests, Frances M. Ott and Marie T. Phelan, representative of the Children's Bureau. After luncheon a visit was made to the City Hospital Clinic, from here the nurses were taken to the Nurses' Home, St. Vincent's Infirmary, where the afternoon session was well attended. Mary Ledwidge, Little Rock, presided at the Red Cross session, and gave a talk on *Red Cross enrollment*. Miss Ott spoke on *Nurse Education, and Hospital and Nurse Coöperation*. This was followed by an instructive talk on *Public Health Nursing and Nurse Classification*, by Miss Phelan. After an interesting address by Dr. Frances Sage Bradley, representative of the Child Hygiene Bureau, Arkansas State Board of Health, a delightful tea was given by the Sisters of Charity. At 5 p. m., the newly elected officers held a meeting and made plans for the coming year's work. The evening session at the Marion Hotel was called to order at 7:30, by the presiding officer, Lulu McCarver, chairman of the Private Duty Section of the State Association. Dr. Harris, Little Rock, who is in charge of the State U. S. Veterans' Bureau, gave a talk, and stressed the *Duty of the Nurse to our Ex-service Soldiers and Nurses*. A reading, *"Friendship, Service and Duty,"* was given by Kate Fullbright, Pine Bluff, after this Miss Ott's subject was *Private Duty*. A business session of the Private Duty Nurses followed, and at 11 p. m. the State Association closed its eleventh annual meeting successfully, to meet at Pine Bluff, October 9 and 10, 1924. The State Association extends this word of thanks to District No. 5, for its cordial hospitality. **Helena.**—THE HELENA HOSPITAL ASSOCIATION has awarded the contract for the construction of a one-story building to be used as a Nurses' Home. **Pine Bluff.**—DISTRICT 6 held its monthly meeting in the Business and Professional Women's Club rooms, November 8. The State Convention report was read. Plans were made for a

bazaar, November 24, all nurses pledging themselves to make this a success. The program for the winter was planned. After the business session, a social hour was enjoyed.

California: Los Angeles.—To NURSES GOING TO CALIFORNIA THIS WINTER: The Los Angeles Nurses' Club announces that the cities and towns of Southern California are over-supplied with nurses. During the winter months, large numbers of nurses from the east and middle west go to the coast. Since the supply of local nurses is quite equal to the demand, the result is much unemployment, especially among transient nurses. **San Francisco.**—Students of the Stanford School of Nursing have published the first number of *The Nightingale*, a semi-monthly paper.

Colorado: Denver.—Julia Rhoder, graduate of the Park Avenue Hospital, has accepted the appointment of night supervisor in the hospital. Anna J. White is completing her work in the Colorado Agricultural College, after which she expects to become a teacher of nursing. Mina Bartz has charge of the Child Welfare Bureau, City Hospital, Oklahoma City. Ethel Jay (class of 1922, St. Joseph's Hospital), has accepted the position of Instructress of Nurses at St. John's Hospital, Helena, Mont. Thelma Kirkmeyer, class of 1923, has accepted the position of Instructress of nurses at Providence Hospital, Kansas City, Kansas.

Connecticut: THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its fall meeting at St. Vincent's Hospital, Bridgeport, November 8. The Executive Committee met in the morning. In the afternoon, after the transaction of business, short papers were given by private duty nurses from several Training Schools, the subject of the papers being The Opportunities and Problems of the Private Duty Nurse. A lively discussion on Problems followed and a temporary chairman of a Private Duty Section was appointed. She called for a meeting of the Private Duty Nurses and a permanent Private Duty Nurse Section was formed with Miss Blenkhorn as Chairman. **Hartford.**—THE LAUDER SUTHERLAND MEMORIAL LOAN FUND has grown to \$4000. A new building for obstetrical cases, known as the Woman's Building, has recently been completed as part of the Hartford Hos-

pital. Laura S. Brownell is in charge of the Social Service Department of the Hospital. **Middletown.**—Sarah G. Madden, class of 1917, Hartford Hospital, has been appointed assistant superintendent of the Middlesex Hospital.

Georgia: Savannah.—THE FOURTH DISTRICT ASSOCIATION held its annual meeting October 24, at the Oglethorpe Sanitarium. The following officers were elected from those presented by the Nominating Committee: President, Harriet Buckner; vice-president, Effie Clifton; secretary, Lillian Sack; treasurer, Mrs. E. C. Westcott; directors for two years, Lucy Hall, Helen Hatch, Maud Hocks, Mrs. Walters, chairman of directors, Eloise Brady. Three members were elected as delegates to the State Convention in Atlanta. Many other nurses in the Association made plans to attend the Convention. The meeting was in its usual form,—reports received from Secretary and Treasurer, reports from various Committees, all were satisfactory and accepted. Nurses volunteered their services to Miss Robbins to help at the Health Center which will be in active service during the Tri-State Fair which is being held in Savannah. The meeting adjourned and before retreating to the usual steady Tramp! Tramp! of work, every one enjoyed a good old time, friendly chat over "tea cups."

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its twenty-second annual meeting, at the Jefferson Hotel, Peoria, on October 10, 11, and 12. The meeting was opened by Rev. B. G. Carpenter. The address of welcome was given by M. J. Finn, representing the Mayor of Peoria. Mabel Dunlap, the president, in her address urged the nurses to take an active interest in public affairs and expressed gratitude for the spirit of coöperation which she had received from the various officers of the Districts during the year. She was followed by a very inspiring address given by Lottie Holman O'Neale, representative from the 41st Senatorial District. Other addresses were: Conditions of Nursing in Russia, by Helen Scott Hay; Psychology of Human Behavior, Frank F. Hickman of De Pauw University; Demonstration of Nursing Technique in Communicable Diseases, Charlotte Johnson; Teaching of Pediatric

Nursing and Demonstrations, Agnes Sullivan. A Symposium was conducted by the Private Duty Section. This was a most interesting session in which the following subjects were discussed: Nurses' Budget, the Incurable Case, The Patient and Twelve Hour Duty. Many private duty nurses were present and took a very active part in the discussion of these various topics. This was followed by a demonstration in the preparation and serving of a diabetic tray. Two student nurses of the Peoria Methodist School of Nursing gave this demonstration. These young women handled the subject very efficiently and deserve great credit for their splendid contribution to the program. The Public Health Section which has been formed recently held a meeting with Mabel Binner as Chairman. The following officers were elected: Chairman, Mabel McClenahan; secretary, Mabel Boyd. Jessie L. Stephenson, Supervising Nurse of the Visiting Nurse Association, Chicago, gave a splendid paper on the Public Health Nurse and the Crippled Child. This was followed by a paper on Industrial Nursing, by J. E. Maloy, M.D., of Peoria. The afternoon of October 11th was given over to the Illinois State League of Nursing Education. At this session several topics on educational matters were taken up for discussion. The principal paper of the afternoon was on the Principles of Teaching, by Professor Wm. E. Blatz, Instructor in Psychology of the University of Chicago. Great emphasis was placed upon teaching as one of the most important functions of the nurse. Many very helpful suggestions for the teacher were discussed. The following officers were elected at the close of this session: Mary H. Cutler, president; Anna Cole Smith, secretary; Caroline Soellner, vice-president, and Margaret Daley, treasurer. On the morning of October 12, a second Symposium was held: Standards for Nursing Service for Public Institutions. This consisted of (a) Federal Institutions, Major Julia Stimson, Washington, D. C.; (b) State Institutions, May Kennedy, Chicago; (c) County Institutions, George Palmer, M.D., Springfield, Ill.; (d) Municipal Institutions, Grace Seville, Chicago. This was followed by a paper entitled Recruiting, Admitting and Graduating of Student Nurses, Bertha L.

Knapp, Chicago; Lenore Tobin, Chicago, read a paper on Teaching and Supervision of Nursing Technic. Dr. Edward P. Sloan of Bloomington gave an address on the Attitude of the Medical Profession toward the Present Day Nurse. A. M. Shelton, Director of Department of Education and Registration of Illinois was present and gave a paper on the Status of Schools in Illinois. This was followed by a general discussion on the rules and regulations of State Registration of Nurses. The nurses and different organizations of Peoria were very hospitable and had several social affairs which were greatly enjoyed by the nurses. Officers elected were: President, Mabel Dunlap, Moline; vice-presidents, Sarah B. Place, Chicago; Mary Parrot, Springfield; secretary, May Kennedy, Chicago State Hospital, Chicago; treasurer, Elizabeth Asseltine, Waukegan. **Chicago.**—Mrs. Nan H. Ewing assumed the position of Assistant Superintendent of Nurses at the Ravenswood Hospital, on October 10. She was formerly Obstetrical Supervisor at Mount Sinai Hospital of Cleveland. Jessie MacGregor of the New York Polyclinic Hospital has been appointed head surgical nurse at the same hospital. Chicago was very well represented at the recent Mississippi Valley Conference on Tuberculosis, held at Evansville, Indiana. Mrs. Sachs was in charge of the nurses' luncheon, and the three other members from the Institute spoke on this occasion. The Chicago Tuberculosis Institute is conducting a series of public health lectures designed primarily for nurses in training, but interesting also to doctors and to the general public. The Institute selects specialists who are able to speak with authority and in this way adds a knowledge of public health to the specific nursing training received at the hospital. These lectures are repeated at three different places,—Grant Hospital, Mercy Hospital, and Congress Hall. A MID-WESTERN CONFERENCE OF PRESIDENTS AND SUPERINTENDENTS OF TWENTY VISITING NURSE ASSOCIATIONS was held November 7 and 8. The following cities were represented: Canton, Cincinnati, Cleveland, Columbus, Davenport, Dayton, Des Moines, Detroit, Grand Rapids, Indianapolis, Kansas City, Milwaukee, Minneapolis, Omaha, St. Louis, South

Bend, Terre Haute and Toledo. THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION met on October 27, when short talks were given by the heads of various departments. Miss Hostman told how many patients were admitted, discharged, etc., from the County Hospital daily; Miss Hassenstein talked on occupational therapy; Miss Grant spoke of the new methods being developed in the Educational Department; Miss McQuarrie read a most interesting paper on Insulin; Miss McLaughlin told of her Pre-natal Clinic; Miss Prentiss spoke of the new work at the Psychopathic Hospital; Miss Wilson gave a short talk on the Heart Clinic. Jennie Chamberlin, class of 1922, Lakeside Hospital, has accepted a position as surgical nurse in the County Hospital, Rensselaer, Ind. Mrs. Boldman and Miss Cue, class of 1923, Lakeside Hospital, have accepted positions at the Hillside Hospital, Hillside, Mich. **Evanston.**—THE EVANSTON HOSPITAL ALUMNAE gave a card party in October to swell the fund for the cottage at Naperville. The Elks donated the use of their club house and the merchants gave prizes. About \$220 was cleared. Bessie Van Arm and Anna Flikkema spent the summer at Battle Harbor, Labrador, helping in the Grenfell Mission. Mrs. William Moerdyke, (Cornelia Denhouts) has sailed for Arabia with her husband and young son to do missionary work. Florence Ehrat is studying medicine at the University of Chicago.

Indiana: Fort Wayne.—The annual meeting of the FIRST DISTRICT ASSOCIATION was held at the Lutheran Hospital Nurses' Home on November 10, with a large attendance. Reports were read for the Alumnae Associations in the district and the state delegate's report was read. Twelve-hour duty for private duty nurses was discussed. Frances M. Ott was present. Delicious refreshments were served by student nurses. Following officers were elected: President, Anna M. Holtman, Superintendent of Lutheran Hospital; vice-presidents, Julia Groscop of Garret, Elizabeth Holland of Kendallville; secretary, Mrs. Lottie B. Keller, Fort Wayne; treasurer, Frances Gillis, Huntington; directors, Elizabeth Springer, Hassel Williams. Next meeting is in Huntington, Ind., second Saturday in January, being guests of Miss

Springer, Superintendent, Huntington County Hospital. All members are urged to attend. Lutheran Hospital Alumnae have accepted the following positions: Bertha Bentrup, class of 1921, is Superintendent of Nurses, Lutheran Hospital, Hampton, Iowa; Maria Brammer, formerly Superintendent, and of class of 1912, resigned to be married to Rev. William Schmidt. Ida Fleming, class of 1917, accepted a position with Ft. Wayne Visiting Nurse League; Ruth Scott, class of 1921, is doing school nursing in Ft. Wayne; Luella Ritt, class of 1921, is doing school nursing in Evansville, Ind.; Anna Lauman, class of 1907, is Superintendent of Nurses at Roper Hospital, Charleston, S. C.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its twentieth annual convention in Waterloo October 9 to 12, and enjoyed not only the largest meeting in point of attendance, but also one of the best it has ever held in the matter of interest, inspiration and enthusiasm. There were about four hundred registered nurses in attendance, who went to their homes at the close of the meeting with fresh ideas and renewed zest to carry on their own particular work. The Waterloo nurses had left nothing unplanned for the visitors' comfort and it was to their efforts that so much of the success of this state meeting was credited. The Program Committee, of which Nanna Colby was chairman, had provided a wealth of excellent speakers, who touched upon every phase of nursing activity. Among the speakers who appeared on the program were Sarah B. Place, superintendent of the Infant Welfare Society of Chicago; Dr. Caroline Hedger of the Elizabeth McCormick Foundation, Chicago; Charlotte Townsend, department of public health, Omaha; Frances M. Ott of Indiana; Dr. R. E. Hoffman, Meshed, Persia; Mrs. D. Pirie Beyea, New York City; Sister M. Domitilla, Rochester, Minn., all from outside the state. In addition there were many excellent papers and talks given by nurses and doctors within the state. The keynote of the convention was sounded in the splendid address by the state president, Amy L. Beers, who presided most graciously at all the general meetings. The report of the state secretary, Nelle R. Morris, showed a total membership

in the ten districts of the state of 1087 nurses. This is an increase of 5.8 per cent according to districts. Adah L. Hershey, treasurer, reported a balance on hand of \$2281.01. The reports of committees showed noteworthy activities during the year. The following officers were elected for the ensuing year: President, Adah L. Hershey, Des Moines; vice-presidents, Winifred Boston, Cedar Rapids, and Augusta Heffner, Sioux City; secretary, Blanche E. Edwards, Waterloo; treasurer, Veronica Stapleton, Iowa City. At the conclusion of the convention the new board met and chose the following committee chairmen: Credentials and Revision, Minnie Harrison, Waterloo; Legislation, Anna M. Drake, Des Moines; Publication and Press, Wilhelmina Giesman, Dubuque; Program, Edith Countryman, Des Moines; Nominations, Amy Beers, Fairfield; Jane Delano Memorial, K. Olive Graber, Burlington; Nurses' Relief Fund, Nelle R. Morris, Iowa City. One of the most profitable features of the convention program was the sectional meetings held on two mornings. The State League of Nursing Education devoted the first morning to business, revision of the constitution and the election of officers. Faith Ankeny presided. The program the second day included a discussion of the high school curriculum for the girl who wishes to become a nurse and a paper on Problems of the Smaller Training School by Josephine Creelman of the State University Hospital. The League also discussed plans for an institute for instructors and head nurses, the time and place of meeting to be announced later. Officers for the new year were chosen as follows: President, Josephine Creelman, Iowa City; vice-presidents, Esther Jackson, Des Moines, and Mrs. Lutie Larson, Creston; secretary, Mary Elder, Burlington; treasurer, Faith Ankeny, Des Moines; auditor, Sister M. Philemena, Dubuque; Board members, Amy Beers, Fairfield, Mary Pagel, Des Moines. Beatrice Short presided over the public health meetings and two excellent programs were given which touched upon problems of the public health, industrial and school nurses. Some of the subjects discussed were: Securing Corrections, Edith Johnson; a report on the health section of the International Convention on Education by Edith Countryman;

The Value of Other than Nurses' Clubs for Nurses, Aimee Fagundus; Problems of the Industrial Nurse, Mrs. Burrell; The Public Health Nurse, Her Vote and What It Means, Anna Drake; Putting over the Budget, Adah L. Hershey. Officers for the Public Health Section were elected as follows: President, Jane Wiley, Clinton; secretary, Sophia Potgieter, Iowa City. The meetings were largely attended and there was a good deal of general discussion. The Private Duty sectional meetings were well attended and an excellent program was given. The president, Winifred Boston, presided and the following papers were enjoyed: The Value of the Alumnae Organization to the Nurse in Leading up to Other Nursing Organizations, Miss McCabe, Cedar Rapids; Why Should Private Duty Nurses Be Interested in Their Districts? Anna Wendel, Maquoketa; Why Take the American Journal of Nursing? Miss McGraff; What Private Duty Nurses Learn in Being the Office Assistant, Miss Selzer; The Value of Belonging to the Business and Professional Woman's Club, Gyda Bates, Cedar Rapids; The Value of Psychiatric Training to the Private Duty Nurse, Margaret Belyea, Iowa City. The second meeting was given over to a discussion of these papers and a question box conducted by Miss Ott. Officers were elected as follows: Chairman, Minnie Maibauer, Waterloo; vice-chairman, Sylvia X. Sampson, Fayette; secretary, Anna Walters, Clinton.

Davenport.—THE SIXTH DISTRICT ASSOCIATION held its quarterly meeting at St. Luke's Hospital, October 18, about 30 attending. Reports of the State Convention were given by Margaret McGrath, Grace Van Evera and Estelle Mallette. After the business session a very good program was given by the Senior class of St. Luke's Hospital, consisting of music, and of demonstrations on Nursing Technic of Isolated Patients, and on Caudal Anesthesia. Luncheon was served and a social time followed. Jane Garred, graduate of Mercy Hospital, Davenport, and of Columbia University, 1922, has accepted a position as nurse of Dental Hygiene in Sioux City. Claudine Kaltzan, class of 1922, Mercy Hospital, has accepted a position as office nurse in this city.

Des Moines.—THE SEVENTH DISTRICT ASSOCIATION held its regular meeting

November 1. After a very interesting dinner and meeting, Eva Gregg, president of the Nurses' Association of China, gave a very interesting account of her work. THE METH-ODIST HOSPITAL entertained the Seventh District nurses at the hospital on November 6. Stella Myer, of the class of 1907, who is home on a furlough from French Equatorial Africa, spoke concerning her work and illustrated her talk with colored lantern slides. Refreshments were served.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION held its annual meeting in Hutchinson, October 26 and 27. The Board of Directors met on the evening of the 25th. The meeting was opened Friday morning with prayer by Rev. Harvey Baker Smith of the First Christian Church, where the meetings were held. The address of welcome was given by Mayor Walter F. Jones of Hutchinson. The members were privileged to have Mary M. Roberts of the *American Journal of Nursing*, who gave several very interesting and helpful papers. Her short talks on the *Journal* and the nursing headquarters at New York stimulated greater interest in these organizations which are so important to nursing. Her paper, "Is Nursing a Profession?" was very instructive and aroused the nurses to renewed efforts in behalf of the profession. Dr. L. C. Bishop of Wichita gave a very good address on Serious Mental Health Problems of Today, How Shall We Meet Them? His figures on the increase of mental diseases were appalling and should show nurses the need for their cooperation along this line of work. Dr. M. I. Hulst of Hutchinson gave an interesting paper on Orthodontia from the Standpoint of the Nurse, and Sylva Treat, Instructor of Nurses, Bethany M. E. Hospital, Kansas City, on Cooperation Among Nurses. On Saturday morning, round tables were held; in the Private Duty Nurses' Section, conducted by Elizabeth Pearson of Topeka; Kansas organization for Public Health Nursing, by Elizabeth V. Condell of Hutchinson; Superintendents and Instructors of Schools of Nursing, by Ethel L. Hastings of Kansas City. Addresses were given by Dr. Geo. Chickering of Hutchinson on Recent Developments in the Treatment of Diabetis Mellitus, and by Professor Wm. O'Connell of Hutchinson on

Defective Speech Among Children. The Convention was brought to a close Saturday afternoon with an auto ride furnished through the courtesy of the Chamber of Commerce of Hutchinson, and a tea was given at the beautiful suburban home of Orlene Berlin. The entertainment furnished and the courtesy shown by the nurses and residents of Hutchinson will long be remembered by the members of the Kansas State Nurses' Association who attended the Convention. The officers elected were: President, Ethel L. Hastings, Kansas City; vice-presidents, Pearl W. Martin, Topeka, and Edna Patterson, Winfield; secretary, Caroline E. Barkemeyer, Halstead; treasurer, Esther Sullivan, Topeka. Next year the annual meeting will be held at Wichita, where the Association was organized in 1912. **Halstead.**—THE HALSTEAD HOSPITAL ALUMNAE ASSOCIATION held a banquet October 2, and had as its guests the graduating class of 1923. **Kansas City.**—THE BETHANY HOSPITAL dedicated a new and thoroughly modern building for the use of its School for Nurses, October 10. The building contains well equipped class rooms and laboratories, tastefully furnished reception and living rooms, a gymnasium, and accommodations for about 100 students and supervisors. The school has an unusually active committee which has supported Ethel L. Hastings, the Superintendent of Nurses, in her effort to secure this much appreciated building.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its fall meeting at Campello, October 20. No report has been received. THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held the first meeting of the season in the Town Room Library, 3 Joy Street, Boston, October 13. The President, Miss Coolidge, presided. After the business meeting, Herman Behr, Safety Inspector of the Liberty Mutual Insurance Company, gave a most interesting talk on "How the Industrial Nurse Can Help in Safety Work. Mr. Behr's talk was followed by the exhibition of moving pictures entitled "The Little Imps of Carelessness" and "The Little Gnomes of Safety," the property of the Liberty Mutual Insurance Company. An opportunity was then given for asking questions. Many stayed after the meeting had adjourned

to talk over their problems with Mr. Behr.

Arlington.—THE ARLINGTON TRAINING SCHOOL FOR NURSES held its graduating exercises on October 17, in Hambury Hall; Dr. Arthur H. Ring, Superintendent of the hospital, presided. The address was given by Dr. William A. Bryan, Superintendent of Worcester State Hospital; the diplomas were presented by Dr. Barbara T. Ring, Principal of the Training School, and the school pins were presented by Grace L. Reilly, Superintendent of Nurses. The Training School chorus sang an ode to the graduating class. A reception and dance followed the exercises.

Boston.—THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION will hold a meeting at Vose House, at 8 p. m., December 4, with an address by Dr. George K. Pratt on The Nurse in the Mental Hygiene Program. Esther Bond (Massachusetts Homeopathic Hospital), has been appointed Assistant Superintendent of Nurses, Fairlawn Hospital, Worcester.

THE MASSACHUSETTS WOMAN'S HOSPITAL, ROXBURY, after being released by the Government which occupied it during the War, is being opened again with the building renovated and equipped with new appliances and furnishings. The corner stone has been laid for the obstetrical building. The training school opened on October 1 with a full class of probationers.

Springfield.—Miss Kingston, graduate of Mercy Hospital, who has held a position at the Ware Hospital, has returned to Mercy Hospital as Supervisor in the obstetrical department. She is succeeded at Ware by Mary Foley. Charlotte M. Powell, Superintendent of Nurses at the Springfield Hospital, has resigned her position. Plans are being made for the Shrine Hospital for crippled children, to be built on Carew Street.

Tewksbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE held a meeting, October 4, in Tewksbury. The twenty members of the graduating class joined the Association. Officers for 1924 were elected: President, Katherine D. Pratt; vice-president, Agnes M. McDougall; recording secretary, Bessie A. Wadleigh; corresponding secretary, Jeannette W. Calder; treasurer, Mary Cassidy. After the business meeting, Dr. George T. O'Donnell, State District Health Officer, gave an interesting address. A lunch-

eon followed, at which the visitors and the new members were entertained.

Michigan: THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION held a meeting of its Board of Directors at McLaughlin Hall, Harper Hospital, November 3, Maude McClaskie presiding. The next meeting is to be held in Flint, February 13, 14, 15. Mrs. Louise B. Feist of The Children's Hospital of Michigan was elected Chairman of the Program Committee.

Detroit.—The regular meeting of the FIRST DISTRICT ASSOCIATION was held November 9 at the Club Rooms. The program was largely occupied with reports from Emily Sargeant on The American Child Health Association meetings. Rich rewards of newly awakened service and interest are expected from this meeting. Lois Barrington gave an interesting report of the county Red Cross work in Wayne County. Maude McClaskie gave a report from The State Federation of Women's Clubs. Members of the Private Duty Section of the First District Association were guests of St. Mary's Alumnae Association November 8. This is the first of a series of group meetings planned by the Chairman, Mrs. Marion Paddock. Short addresses were given by Frances Drake, Registrar, and Leila Priest. St. Mary's nurses proved gracious hostesses and the meeting was a decided success in every way. The Women's Hospital nurses will be the hostesses for December 4. Graduates of Grace Hospital and Leila Priest, sister of Dr. A. W. Priest of Ann Arbor, who has been engaged in relieving the ills of hundreds of refugee children, innocent victims of the Graeco-Turkish war at the Polyglon Orphanage in Alexandropol, addressed the Alumnae Association of the Grace Hospital at their regular meeting November 13. Miss Priest gave a wonderfully interesting account of her work. She is scheduled to address the regular District meeting on December 7. Henrietta Botts and Elizabeth Noyes, who were delegates to the annual meeting of St. Barnabas Guild for Nurses, Cleveland, November 9 and 10, gave an interesting account of the meeting at the regular monthly meeting in Detroit, November 12. There are 44 of these Guilds in the United States at present.

Minnesota: On October 18, 19 and 20, the nurses of Minnesota held their annual

meeting at the Saint Paul Hotel in the Capitol City. The State Registered Nurses' Association, with a membership of 1600, had a registration of 710, while the State League of Nursing Education, and the new State Organization for Public Health Nursing were correspondingly well represented. Several of the schools in the state sent student delegates, and special conferences were arranged for their benefit. The outstanding features of the business session were the comprehensive reports from District and Alumnae Associations, and the vote to contribute fifty dollars each to the Nurses' Relief Fund, the Isabel Hampton Robb Memorial Fund, the National League Headquarters, and National Headquarters. Among the addresses the first day was one on Supervision by Miss MacArthur of the Ancker Hospital, St. Paul; one by Mary M. Roberts, guest of honor from National Headquarters, and one by Miss Lommen, of the University of Minnesota. Miss Lommen, already a friend of the nurses because of her valuable assistance during the Institute last May, talked on the Newer Concepts of Education, and in her usual convincing manner, again showed that the fundamental principles of teaching are the same, whether they be in an academic school or one of professional standing. In the evening, a surprisingly large group of nurses and their friends were welcomed to Saint Paul by the Mayor of the city. The presidents of the three organizations responded briefly, outlining the main projects for the year. Mary E. Gladwin, Minnesota's much appreciated Educational Director, gave an inspirational address which made the nurses proud indeed of Minnesota's accomplishments and genuinely eager for the promises of the future. Friday morning was devoted to demonstrations—among them a delightful demonstration of the worth of Mothercraft Classes by a little girl of ten. Alma Haupt, President of the State Organization of Public Health Nursing, presided at the afternoon meeting and introduced Dr. Chesley, Mr. Hodson, and Professor Wickem, all of whom contributed to the Public Health program. On Saturday morning, round tables were held on School Nursing, Rural Nursing, Industrial Nursing and Private Duty, while at St. Joseph's Hospital a Question Box proved

both interesting and enlightening. Among the social events were a tea for Miss Gladwin and Miss Roberts, when more than three hundred nurses took advantage of this opportunity to meet our guest and our educational director, and the banquet at the Saint Paul, at which miniature *Green Journals*, in compliment to Miss Roberts, were used as attractive souvenirs. Following the banquet, a Pageant depicting the History of Nursing was effectively produced at the Masonic Temple. On Saturday, Bertha Merrill presided at the Red Cross luncheon, Miss Goudy of the Central Division, A.R.C., and Miss Gladwin being among the guests of honor, and it was indeed a rare privilege to have Miss Gladwin tell so intimately of her experiences in Serbia. A delightful drive to points of interest in the city, followed by a tea at the State Hospital for Crippled Children with the Misses Margaret and Elizabeth McGregor as hostesses, brought to a close one of the most instructive, interesting and altogether progressive conventions that the State has ever held. The officers of the State Nursing Organizations wish, through the columns of the *Journal*, to thank the Board of Directors of the Fourth District for having so carefully planned every detail of the three-day convention. The State League of Nursing Education elected officers as follows: President, Caroline Rankiellour, 3809 Portland Avenue, Minneapolis; vice-president, Mrs. Frances D. Campbell, Ancker Hospital, St. Paul; secretary and treasurer, Leila Halvorsen, St. Paul Hospital, St. Paul. The State Organization for Public Health Nursing elected officers as follows: Honorary president, Louise M. Powell, University of Minnesota; President, Ruth Houlton, Division Child Hygiene, State Board of Health, Minneapolis; vice-president, Alice Fuller, V. N. Association, Minneapolis; secretary, Marie Sargeant, Minneapolis. Annie W. Goodrich, Dean of the Yale School of Nursing, visited Minnesota recently for the purpose of studying the organization of the University School of Nursing. As soon as it was known that Miss Goodrich was expected in the Twin Cities, the usual demands were made upon her, to which she responded generously in spite of limited time. She spoke at luncheon at the Women's City Club, St. Paul, on the day of her arrival to a large group

of nurses, teachers, and representative lay women. She also addressed a mass meeting of more than eight hundred student nurses gathered from the schools of the Twin Cities, as well as the Social Service Club of Minneapolis, whose president asked the privilege of having its members attend after finding that it was impossible for her to give them a special talk. On the third and last day of her visit she made a most inspiring address at a luncheon given in her honor at the Leamington Hotel, Minneapolis. This group comprised members of the University faculty and Board of Regents, the Deans of University Administration, Medicine, and S. L. and A. Departments, the Dean of Women, members of the Administrative Board of the Medical School, Medical Superintendents of Hospitals, members of Boards of Directors of the various community organizations such as the Visiting Nurses, Infant Welfare, Community Council, Women's Vocational Guidance Bureau, etc., as well as many representative nurses and lay women. Although Miss Goodrich came for the purpose of studying the field of nursing education, she also brought, as she always does, the stimulation of her inspiring vision and faith in her professional ideals. **Minneapolis.**—THE ASBURY HOSPITAL NURSES' HOME was dedicated on November 16. Enough of the building to accommodate 100 patients will be used for hospital purposes until the Government releases the Asbury Hospital building. Anna Kepper and Lydia Miller, both graduates of Asbury, will open the hospital and reestablish the training school. THE FAIRVIEW HOSPITAL ALUMNAE held a bazaar on November 6 in the solarium. The efforts of the members were well repaid. The association is young, as the first class graduated in 1919; there are 39 active and 9 associate members. The funds raised by the bazaar will be used to furnish a rest and dressing room for special nurses in the new addition to the hospital. ST. BARNABAS ALUMNAE ASSOCIATION held a Rummage Sale on November 6. A great many useful articles were "reclaimed" and incidentally the association made \$125, which is to go towards the expense of sending a delegate to Detroit in 1924. THE UNIVERSITY SCHOOL OF NURSING held graduating exercises

for a class of eleven on September 29 at the new Music Building. A banquet was given the class on the evening of the 28th at the Hollyhocks. The toasts following the dinner were most delightful. THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL held its regular bi-monthly meeting, Nov. 6, at the Nurses Dormitory. During the business session it was decided to hold a fall festival and supper in the near future. The chief attraction of the evening was an illustrated lecture by Dr. O. A. Olson of the Hospital Staff on his recent European trip. He spoke on the social and economic conditions of the countries visited. A social hour followed. About sixty were present. **St. Paul.**—Through the courtesy of the Department of Parks and Playgrounds, City of St. Paul, the student nurses at the Ancker Hospital are having classes in Gymnasium. These are held on Monday evenings at the Palace Recreational Center, four blocks from the hospital, under the supervision of M. C. Mohr. Junior nurses, who are not on night duty, are required to attend, but all nurses whose duties permit, are allowed the privilege.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual meeting in Jackson, October 26 and 27. The following officers were elected: President, Mrs. Blanche E. M. Hopper, Meridian; vice-presidents, Aurelia Baker, Mrs. Thomas K. Trigg, Rose A. Keating, Mary Emma Smith, Mrs. Janie R. Bramlett, Mary H. Trigg; secretary, Mrs. Jennie Quinn Cameron, 511 Bay Street, Hattiesburg; treasurer, Jane P. Cox. Twenty-five dollars was pledged to the Relief Fund. THE PUBLIC HEALTH NURSES OF MISSISSIPPI held a state meeting in Jackson on October 25. Mary D. Osborne, Director of Public Health Nursing and Maternity and Infant Hygiene, presided. Dr. W. S. Leathers, Executive Officer, State Board of Health, Dr. F. J. Underwood, Director of Bureau of Child Welfare and Jane Van De Vrede, Director of Nursing Service, Southern Division, American Red Cross, participated. The greater per cent of the public health nurses of the state were able to attend. At the morning and afternoon sessions, short, clear-cut presentations of the various activities of public health nursing as

conducted in the state were given on the following subjects: Baby and Pre-school Conferences, Ida L. Hood; Health Pageants, Eva Wade Duke; Growth Classes, Sarah Robertson; Health Work in Public Schools, Nancy J. Ellzey; Health Exhibits, Martha I. Giltner; Care of Tuberculosis in the Home, Velma Stewart; Home Hygiene and Care of the Sick Instruction, Lura G. Heath; The Role of the Public Health Nurse in Corrective Work, Abbie G. Hall; Records and Reports, Mary D. Osborne; Organization of Midwives in County Nursing Service, Virginia McNeill; Importance of Visits to Homes of Midwives, Violet Crook; Bedside Demonstration for Midwives, Inez Driskell; Contact Visit to Hospital and Tangible Results, Agnes B. Belser; Volunteer Service, Bertha H. Lonas. A most interesting feature of the program was a round table discussion of the above subject matter conducted by Miss Van De Vrede. Dr. Leathers discussed the Policy of the State Board of Health Relative to Corrective Work, and Dr. Underwood, Professional Relationships. The program was concluded in the evening with motion pictures on health subjects. This meeting was held a day in advance of the State Nurses' Association meeting, of which the Public Health Section is a part.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION held its eighteenth annual meeting at the Chamber of Commerce, Springfield, October 8, 9, and 10. There was a representative present from each of the seven districts of the State. One hundred twenty-one members registered, 14 visitors and 14 student nurses as representatives of 12 schools. The program opened Monday at 10:00 a. m. Invocation by Rev. Wm. R. McCormack of Grace M. E. Church. Address of Welcome by Perry T. Allen was of the most cordial manner, welcoming the nurses not only in behalf of the citizens and Mayor of Springfield, but also of the nurses of the Fourth District. Mr. Allen gave a brief outline of the history of nursing and compared the pioneer nurse with her many difficulties and disadvantages to the present day Public Health or Rural Nurse who has been of such valuable services in the rural communities. Grace Lieurance, Superintendent of Nursing; St. Luke's Hos-

pital, St. Louis, responded to the address in a most charming manner that made every member present proud of her as a nurse. In expressing our appreciation of the splendid program prepared for our entertainment Mance Taylor, President, gave a most interesting address on the growth and activities of the association during the year which was a stimulus to all who were privileged to hear her. Miss Taylor especially stressed the advantages of the present members of the profession and heartily praised the recommendation of the American Medical Association, that a committee be appointed, made up of physicians who are competent clinical teachers, representative nurses, and at least one educator who is neither a physician nor a nurse; that this committee be arranged for by the American Medical Association in conjunction with the National League of Nursing Education, each having equal representation and appointing its own representatives, and that the educator be selected by the other members of the committee when appointed. Officers' reports were given and a most interesting talk by Janett Flanagan, newly elected Secretary of State Board of Nurse Examiners, which was very encouraging regarding the present law as very workable. By all giving loyal support to the Board, they could overcome their humiliation very gracefully. At the adjournment of the morning session members were taken to Heer's Tea Room where the Advisory Council luncheon was served. Six districts were represented at this luncheon, twenty-two alumnae and four past Presidents. Mary Stebbins gave a report of the presentation of the picture of Miss Nutting to the Lebanon High School as a trophy to the class making the highest grades in Home Nursing. This picture is to be retained by the school having attained this honor, for three years. The afternoon was spent in the most delightful automobile ride, courtesy of the Kiwanis Club, terminating in a weiner roast in the beautiful Phelps Grove Park. Entertainment consisted of music by the Boy Scout Band. At 7:30 p. m., all assembled at the Chamber of Commerce and were entertained by Mrs. Emma Mohs, Superintendent, reading a paper on the Organization of Modern Hospitals, in connection with the State Teachers College of

Kirksville. Also an interesting discussion, Insulin in the treatment of Diabetes Mellitus and History of the Disease by Dr. E. M. Fessenden, Chief Surgeon of Frisco Hospital. Closing with a description of Modern Nursing in Persia, by Jean Wells, a returned missionary of that country. October 9, Private Duty Section, Mary Rynders, Chairman, presiding. A most interesting paper on The Private Duty Nurse was read by Abigail Hayden, of St. Joseph's Hospital, Kansas City. Experiences in nursing in British Burma were given in a realistic way by Selma Maxville, a returned nurse from that country. A report of the delegate to the State Federation of Women's Clubs was given, especially calling the nurses' attention to the negligence of the Society, as there were sixteen subjects presented for the coming year's program and not one emphasizing health or nursing education. A short business session followed. Louise Wampfler was elected Chairman. The afternoon was a general session. Adda Eldredge, President of the American Nurses' Association, gave an address that was enjoyed by all the nurses and many lay people. Miss Eldredge was so interested in every session of the meeting and gave so much stimulus to every group, from the League of Nursing Education to the Pupil Nurses' Round Table, she made every nurse feel that she is not only national president but a "Real Missourian" among them, and they congratulate the Wisconsin nurses in having her with them. The remainder of the afternoon was given to reports of Central Directories of Districts 2, 3 and 4, followed by Round Tables of various Sections. At 7:30 the Springfield nurses entertained with a most delightful banquet at the Chamber of Commerce. Professor Clyde M. Hill, President of Southwest State Teachers College, gave an inspiring address, Education for Service, and demonstrated with a geometrical chart. Wednesday morning started with a Red Cross breakfast attended by 75 members. 9 a. m. routine business was attended to, closing with election of officers: President, Mary E. Stebbins, Columbia; vice-presidents, Mance Taylor, Columbia, and Emma Bechtel, Springfield; secretary, Esther M. Cousley, 5120 Delmar Boulevard, St. Louis; treasurer, Bertha Love, Columbia. State League officers are:

President, Grace Lieurance, St. Luke's Hospital, St. Louis; vice-president, Gene Harrison, Missouri Baptist Sanitarium, St. Louis; secretary, Armenia Merkel, City Hospital No. 2, St. Louis; treasurer, Janet Bond, City Hospital, St. Louis. 1:30 p. m., Public Health Nurses' Section, Alma Wretling, presiding. Pearl McIver, Jefferson City State Board of Health, gave a splendid talk and demonstrated with a pin map the Progress in Public Health work during 1923 in Missouri. Others on the program being unable to be present, Miss McIver took the remaining time teaching the members present to sing several of the Public Health songs used in the public schools, by the children, which was much enjoyed. After a short business session, Mary Stephenson, Superintendent of School Nursing, St. Louis, was elected Chairman for coming year, and then adjourned to various Round Tables. At 7:30 p. m., open session, Dr. Katherine Richardson of The Children's Mercy Hospital, talked on the subject of What Is Wrong with the Private Duty Nurse. Dr. Richardson was one of the strong supporters of the nurses during the 1923 Legislature. In very explicit terms she told the nurses of the severe criticism to the profession by some of the members of both Houses. She also told of some of her own experiences and other members of the medical profession. She closed by urging every member of the profession to maintain the highest ideals and standards even though the cost be high. Miss Eldredge discussed Dr. Richardson's address briefly and urged all nurses to maintain the ideal standards by controlling Central Directories and not to give recognition to the commercial registries. The fourteen pupil nurses present gave a brief report of how the funds had been raised and what was their incentive for attending the meeting. Each one showed so much enthusiasm it was an inspiration to all the graduates. The pupils were the guests of the Springfield Hospital for rooms and breakfast. It was with reluctance the meeting adjourned to meet in Kansas City, October, 1924. **St. Louis.**—On October 14 and 15, the Lutheran Hospital celebrated the sixty-fifth anniversary of its founding, and the School for Nurses, the twenty-fifth anniversary. On Sunday, October 14, at 8 p. m., there

were special services at the Holy Cross Evangelical Lutheran Church. Monday was devoted to Class Reunions, with a Jubilee Banquet for all graduate nurses of the Lutheran Hospital given in the evening by the Alumnae. Tuesday Class Reunions continued, and the Hospital Ladies' Aid entertained in the afternoon. In the evening the Student Nurses gave a very creditable performance of "Miss Fearless & Co." Mary D. Forbes, class of 1917, Boston City Hospital, is Assistant Superintendent of St. Luke's School for Nurses.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION held its eighteenth annual meeting at Lincoln, October 11 and 12, with headquarters at the Knights of Columbus Hall. In spite of the inclement weather the meeting was quite well attended. The Association felt very fortunate in having as the principal speaker Adda Eldredge, National President, and during the sessions of the meeting she gave three very splendid addresses. Dr. Hamilton of Omaha gave a helpful lecture on Breast Feeding and Breast Stripping, and this was followed by a practical demonstration of breast stripping. Other interesting subjects discussed were: The Relation of Diet to Preventive Dentistry, The Psychology of Nursing, The Sheppard Towner Law, and Diabetes and the Insulin Treatment. Two luncheons were held at the Chamber of Commerce while the annual banquet together with an excellent musical program was held at the Lincoln Hotel. Officers elected are: President, Bertha Bryant, Grand Island; vice-presidents, Belle Beachley, Lincoln, and Sister Edwarda, Lincoln; secretary, Florence Stein, Hastings; treasurer, Mrs. A. Schollman, Omaha; director, Cornelia Carse. Not a few of the members remained in Lincoln for "Red Cross Day," which was celebrated in Lincoln on October 13.

New Hampshire: Concord.—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE ASSOCIATION held its regular meeting September 26 in the Nurses' Home. Following the transaction of regular business, Mary H. Patterson, Instructress at the Hospital, read a paper, "What the State Hospital Can Do for the Nurse." This paper was written for the Convention of the New England Division at

Burlington, Vt., last May. Helen Williams, Directress of Nursing, spoke briefly in explanation of the present day preliminary educational requirements of the training school applicant, and the new training school record system which would be established in October. Plans were formulated to have a tablet in honor of the nurses who served during the World War. A social hour was enjoyed. Graduation exercises of the NEW HAMPSHIRE MEMORIAL HOSPITAL FOR WOMEN AND CHILDREN were held October 9 at the Friendly Club when a class of five received diplomas. An excellent address on Loyalty was given by Dr. Anna Parker, who was followed by William Morrison, State High School Agent. Dr. Ellen Wallace, President of Board of Trustees, conferred the diplomas. Pins were presented by Mrs. Charles Bancroft, a member of the Board of Trustees. The Florence Nightingale Pledge was repeated by the class, led by Miss Barrett, Superintendent of Nurses. Refreshments were served in the parlors.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held the seventeenth semi-annual meeting in the William Pierson Medical Library, Orange, November 2. The meeting was called to order at 10 a. m. The invocation and address of welcome were given by the Rev. John F. Patterson, D.D., pastor of the Central Presbyterian Church of Orange. The Reports of the various officers and chairmen of committees showed progress along constructive lines. The President in her address of greeting made a plea for better coöperation in our nursing organizations and better support to the A.N.A., by increasing our State membership, supporting the Nurses' Relief Fund individually and collectively, and the various other activities created to improve nursing standards in order to be of greater service to mankind. She urged the members to make the *Journal* subscription 100 per cent for the coming year, since it was the one medium through which nurses could exchange experiences and ideas. She brought to attention the new Calendar for 1924, the frontispiece of which is to show the entrance of Yale University, and the photographs of twelve prominent nurses conspicuous in the field of nursing and nursing

progress. The entire address was a stimulus and plea for better work and service. The Board of Examiners reported the election of officers on September 29, resulting in the following changes: Elizabeth J. Higbid to succeed Mrs. Mary Stone Conklin as President; and Mrs. Agnes Keane Frantzel to succeed Elizabeth J. Higbid as secretary-treasurer. The Board announced the appointment of Florence Dakin as Inspector of Schools of Nursing, beginning October 1. New Jersey is extremely fortunate to have secured Miss Dakin for this important post, as she is eminently well fitted by experience, education and personality to establish this piece of work on a sound basis. She was largely the author of the Curriculum and Book of Nursing Procedure published by the State Board in 1914 and used as the basis of many other such books issued by other boards and by the American Nurses' Association. She was a charter member of the State Board. The report also drew attention to the fact that all registered nurses in the State will be required to re-register beginning with January, 1924. New Jersey so far has granted 2655 certificates for registered nurse by examination, and 12 to nurses registered in other states, by reciprocity. The Nursing Committee (a subsection of a State Committee), appointed to consider ways and means as to the best way to train attendants, reported that it had reached the conclusion that only by state legislation, proper control of training and licensing, could attendants be trained satisfactorily, and that when legislation was secured, further recommendations would be made to the State Committee as to what institutions could best give this training. Mrs. Clayton D. Lee, President of the State Federation of Women's Clubs, gave an inspiring address on Operating and Coöperating. The Rev. Charles D. Walkley, D.D., of Grace Episcopal Church in Orange, gave an instructive talk on what St. Barnabas Guild could do for nurses, and that all nurses were eligible to join its membership and fellowship. Mrs. Mary Goodyear Earle gave an interesting paper on the Intelligence Testing of Probationers, which provoked long and lively discussion. The resolution drafted by Lucy J. Minnigerode, Superintendent of Nurses of the United States Public Health

Service, setting forth the various reasons why nurses should be listed as "Professionals" by the Personnel Classification Board, was voted spread upon our minutes. Resolutions were adopted to coöperate in every possible way with the American Peace Award, and to forward a copy to the Headquarters. A collection was taken for the restoration of the Library of the University of Louvain, which yielded \$29. Plainfield, N. J., was announced as the meeting place of the annual meeting to be held April 5. All meetings were well attended, and all parts of New Jersey well represented. Twelve student nurses were present from six schools by special invitation. THE NEW JERSEY STATE LEAGUE FOR NURSING EDUCATION held a meeting on November 23 at the Jersey City Hospital, Jersey City. Miss Henderson of the Ballard School of New York City gave a paper on the training of the trained attendant. Miss Dunstan, Miss Swenson and Miss Constantine discussed the question pro and con. THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a meeting on November 10 at the Laurel Club connected with the Johnson & Johnson surgical supply manufacturing plant of New Brunswick. Nothing was left undone by the firm, by the Laurel Club, and the nurse of the plant, Kathryn A. Maley, to make the day's visit a perfect one. The members were the guests of the firm at a luncheon at the Hotel Klein, where 119 were served an ideal repast. The morning session was devoted entirely to business. Chas. A. McCormick, treasurer of the firm, welcomed the visitors, following the salute to the Flag and the Lord's Prayer. The address of the President, Helen Stephen, and general reports followed. The chief feature of business was the adoption of a new Constitution and By-laws to conform with the National as a branch, an entirely new feature being the adoption of a provision for an endowment fund for educational purposes, the amount set being \$2000. Dean Douglass of the New Jersey College for Women spoke after the luncheon. The address with stereopticon and movies by Col. Fred Albee, M.D., Chairman of the New Jersey Rehabilitation Commission was listened to and watched with intense interest. It was a revelation to some that a state rehabilitation

program includes all who have been disabled whether soldiers or civilians. Bone grafting was the special series shown. There was an address by Dr. Robt. E. Humphries on The Problem of the Foot. Dr. Humphries is Surgeon in Chief of the New Jersey Orthopedic Hospital of Orange, N. J. He brought many practical points concerning foot troubles.

Orange.—THE CENTRAL REGISTRY FOR NURSES held a masquerade party in the William Pierson Medical Library Association rooms, October 29. Songs, fortune telling, games and dancing composed the pastimes. The costumes were unique, from Gold Dust Twins to an old time farmer.

New Mexico: THE NEW MEXICO STATE BOARD OF NURSE EXAMINERS met at the State House, Santa Fe, November 21.

New York: THE NEW YORK STATE NURSES' ASSOCIATION held its twenty-second annual meeting October 24, 25, at Hotel Statler, Buffalo. On October 23, the State League of Nursing Education and the State Organization for Public Health Nursing held their meetings at the same place. On Tuesday evening, October 23, the three state organizations held a joint meeting in the ball room of the hotel, at which time the addresses of welcome were given by the Rt. Rev. Charles H. Brent, Bishop of Western New York, and Mrs. Richard Noye, Executive Secretary, Buffalo Chapter American Red Cross. The response was given by Elizabeth E. Golding, New York. Dr. C. E. A. Winslow, Department of Health of Yale University, gave a very interesting and instructive address, The Role of the Nurse in the Public Health Campaign. Following this, Alfred Martin, Society Ethical Culture, New York City, gave a wonderful address, The Supreme Poem on the Philosophy of Life, an interpretation of Browning's poem, Rabbi Ben Ezra. October 24, the morning session was given to general routine business and reports. It was interesting to note that during this session pledges for the Nurses' Relief Fund were received, the total amount being \$1100, of which \$400 was subscribed by the student body of various registered training schools throughout the State. The afternoon session was given to Nursing Education: What Nursing Education Has Contributed to the Better Care of

the Sick, Alice S. Gilman, Secretary of State Board Nurse Examiners; Nurse Training as an Educational Project, Dr. Albert T. Lytle, member of the Advisory Council; The Progress of Nursing Education in Canada, Jean Gunn, Superintendent of Nurses, Toronto General Hospital; Value of Intelligent Nursing Care to Hospital Administration, Renwick R. Ross, Superintendent of Buffalo General Hospital; The Contribution of Nursing Education to Preventive Medicine, by Frances M. Hollingshead, M.D., Director of Buffalo Foundation. On Wednesday evening in the ball room of the hotel, the members of District No. 1 gave the delegates and friends of the Association, over 900 in number, a delightful entertainment and banquet. On Thursday morning, October 25, there was a conference of Principals of Schools of Nursing with Inspectors of Nurse Training Schools, in charge of Alice S. Gilman. This was followed by a short business session, after which a symposium on the Care of Patients of Moderate Means was given; The Responsibility of the Nursing Profession in Relation to the Community, Mary St. J. Eakins, New York State Training School Inspector; The Private Duty Nurse and What She Should Bring to Her Patient, Ella F. Sinnebox; Extension of Visiting Nurse Service, Mrs. Olive B. Husk, Director of Manhattan Health Society; Hospital Social Service, Mary Coombs, Brooklyn City Hospital. These papers were ably discussed by Allen Jones, M.D., Buffalo, representing the medical profession, and by Mrs. Henry Osgood Holland, who represented the public or lay people. Mrs. Mary Goodyear Earle gave an interesting paper on Mental Tests for Probationers of Training Schools. At the afternoon session, Alice S. Gilman presented the Amalgamation Committee Report, Miss Gilman presented some very interesting data concerning the outcome of amalgamation of the three organizations, and by means of charts, gave a graphic explanation of what this amalgamation would mean to each branch of nursing as well as the individual nurse. After this through the courtesy of the doctors, and friends of nurses and the nurses of Buffalo, the guests were given a drive around the city, after which a delightful tea was given at the Twentieth

Century Club by the Women of the Boards of Directors of the Buffalo Children's Hospital, Buffalo General Hospital, Buffalo Homeopathic Hospital, Buffalo District Nursing Association. At the evening session Dr. Helene Kuhlman, Buffalo State Hospital, gave an interesting address, Mental Nursing, and one on Centralization of Nurses' Registries for the Protection of the Public was given by Irene B. Yocum, Registrar of the Central Registry, New York City. The Report of the Resolutions Committee was given by Laura F. Lewis, Buffalo. The following officers were elected: President, Mrs. Anne L. Hansen, Buffalo; vice-presidents, Eunice A. Smith, Rochester, Matilde Kuhlman, Albany; secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo; treasurer, Louise R. Sherwood, Syracuse; directors for three years, Elizabeth E. Golding and Elizabeth C. Burgess, New York. The directors for two years are: Alice S. Gilman, Albany, Kate Madden, Brooklyn. The directors for one year are: Julia A. Littlefield, Albany; Minnie C. Jordan, New York; Nurse Examiners, Mary A. Robinson, Brooklyn, and Harriet Bailey, New York. During the entire time of the Convention a special convention number of *The Mirrors of Western New York*, a bulletin issued by District No. 1, was sold for the benefit of the Nurses' Relief Fund. This sale netted \$135, the whole issue having been donated by District No. 1. **Albany.**—The name of the HOMEOPATHIC HOSPITAL has been changed to the Memorial Hospital. **Amsterdam.**—THE AMSTERDAM CITY HOSPITAL held commencement exercises for the seven members of the class of 1923 at the Elks Club, September 28. The address was given by Dr. Charles Alexander Richmond of Union College. The diplomas were presented by Rev. Frank T. Rhoad. The Nightingale Pledge was administered by Florence DeGraaf, President of the Alumnae Association. Prizes were presented by Robert G. Hankin and the pins by Edith Atkin. A reception and dance followed the exercises. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE METHODIST EPISCOPAL HOSPITAL gave an Oriental bazaar, card party and dance on November 7 at the Hotel St. George for the benefit of the nurses' emergency fund of the association. The net pro-

ceeds were \$1020. **Buffalo.**—Ann Redstone, Aberdeen Hospital, New Glasgow, N. S., is night superintendent at the Homeopathic Hospital. The Alumnae Association of the Homeopathic Hospital held its annual meeting in September and elected officers as follows: President, Helena Meadows; vice-presidents, Rosetta Burton, Emily Foley, Margaret Daley, Maude Moody; corresponding secretary, Irene Neelon; recording secretary, Anna Austin; treasurer, Norene Walsh. The Association gave a bazaar on November 13, the proceeds to be used for the endowment fund. **New York City.**—MT. SINAI HOSPITAL is to have a new nurses' home with accommodations for 400 nurses. Marion Seaver, graduate of the Post Graduate Hospital, who has been superintendent of nurses at St. Luke's Hospital, New Bedford, for four years, has resigned to become superintendent of nurses at St. Luke's Hospital, Cleveland. Ruth T. Dean has resigned her position at the Presbyterian Hospital and is superintendent of the Homeopathic Hospital, Muncie, Ind. Mabel Davies, class of 1915, has succeeded her in the Administration Office and Dorothy S. Wood, class of 1920, is Miss Young's assistant in the School Office. Eleanor Lee, class of 1920, has returned after spending two years as Instructor of Nurses at Peter Bent Brigham Hospital, Boston. She will be part-time instructor at Presbyterian Hospital and Teachers College. Ruby Carlson, class of 1919, is Instructor of Nurses at the General Hospital in Jamestown. Ruth L. Fitzsimons, class of 1917, has resigned her position as instructor at the Woman's Hospital, New York, and is now Director of Nurses at Bushwick Hospital, Brooklyn. Margaret S. Campbell, class of 1919, sailed October 20 for Montevideo, Uruguay, to open an orthopedic clinic, especially for after-care of poliomyelitis. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held a meeting on October 30 at the Park Avenue Clinical Hospital, when excellent reports of the State meeting were given by Emma H. Kehrig and others. A social hour followed. Emma J. Jones has resigned her position as Superintendent of the Infants' Summer Hospital. THE ROCHESTER HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its annual meeting

at the hospital, November 5. Officers elected were: President, Helen E. Smith; vice-presidents, Helen Hull, Phoebe Beven; treasurer, Elizabeth Weber. A report of the convention at Buffalo was given. A social hour followed. **Saranac Lake.**—DISTRICT No. 8 held its regular meeting at the Trudeau Memorial Room on November 6. Donation day returns for the benefit of the General Hospital and Free Bed Fund amounted to \$250. **Utica.**—Bessie Tibbetts has succeeded Eliza P. Reid as Director of the Central School for Nurses. DISTRICT 7 held a meeting at the Utica State Hospital with about 200 in attendance to hear a fine address by Ida M. Cannon of Boston on Hospital Social Service.

North Carolina. Examinations for trained nurses in North Carolina will be held in Greensboro, at the O. Henry Hotel, December 4, 5 and 6. Applications must be sent ten days prior to this date to the Secretary, Mrs. Dorothy Hayden Conyers, Greensboro. **Greensboro.**—The regular monthly meeting in November was held in the reception room of the Y.W.C.A. A lecture was given by Dr. J. W. Tankersley, Taking Stock of Yourself, emphasizing the necessity of a nurse keeping herself fit, so that she would be more competent to care for her patients, doing better work. The doctor also spoke of the uses of the new treatment for diabetes, insulin, several cases being successfully treated, under his observation. A musical program was also given. At the business session it was decided to elect a delegate to the national meeting in Detroit next year. A social hour followed.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION has selected April 23-25 as the dates for the annual meeting to be held at Jamestown. The State League will meet at the same time.

Ohio: Mrs. Elizabeth P. August has been appointed General Secretary of the State Association. AN INSTITUTE FOR PUBLIC HEALTH NURSES was held at the Ohio State University, Columbus, October 10 and 11, with an attendance of at least 200. The program was very cleverly arranged, beginning as it did with a Home Visit on a Pre-natal Patient, carrying

the patient through the post-natal care of the mother and child and so on in logical sequence until we see the child through an attack of infectious disease and well on the way to becoming a useful citizen. In the "Home Visit on Pre-natal Patient" was demonstrated the necessary preparation for confinement and the baby outfit. Clara Wilhelm of the Out-Patient Obstetrical Department, Ohio State University College of Medicine and Instructive District Nursing Association, Columbus, was demonstrator, and this was followed by a pre-natal clinic with urinalysis, blood pressure, etc., in which Dr. Roy Krigbaum was the physician. Discussion was led by Betty Connelly of Cleveland. There was quite a difference of opinion as to whether a Wasserman and vaginal smear should be made in each clinic case. The consensus of opinion was that it was advisable to do so. The very interesting demonstration of Post-Natal Care of Mother and Baby by Margaret Kaufman, Field Supervisor of the Cincinnati Visiting Nurse Association, left no doubt as to the many ways in which a visiting nurse is of assistance in the homes she visits. The talk on Milk Modification by Margaret Hope of the Babies' Hospital and Dispensary, Cleveland, was very ably given and interest aroused in the new type of bottle designed by one of their local physicians. A practical and inexpensive bottle cap was shown. Edna Womer, Superintendent of the Youngstown Visiting Nurse Association, conducted an Infant Welfare Clinic in a most efficient manner. Following the trend of the newer ideas of preventive medicine, model equipment for a well-baby clinic was shown. A physical examination of each child was made and their mothers were instructed as to diet, rest, and routine care of well babies. She impressed upon them the necessity of a physician's care for all sick children. In the discussion on the Care of the Eyes of a Baby with Ophthalmia Neonatorum it was decided that a medicine dropper should never be used near a baby's eyes, a cotton swab being much safer and just as effective. Miss Hall of Columbus gave the demonstration. Miss Bogrott of Akron, Ohio, demonstrated their methods of treating paralysis following poliomyelitis in contradistinction to the methods used in treating spastic paralysis.

At 4:00 p. m., automobiles carried the assembled nurses to the lovely home of Mrs. Walter H. Martin, President of the Instructive District Nursing Association, for a delightful social gathering. In the evening, Dr. Esther Richards of the Johns Hopkins University gave a very enlightening discourse on *The Trail of Mental Hygiene in Public Health Nursing*. Maintaining that children are fundamentally gregarious, she emphasized the fact that seclusive, moody, jealous, temperry dispositions were flying danger signals; so in order to prevent our institutions for the insane from being overcrowded in the future, it is advisable to control these tendencies in early childhood. On Thursday morning the pictures shown by Helen Boyd, Superintendent of Nurses of the Child Health Demonstration of Mansfield, brought vividly before the delegates the very excellent work being done in their territory. Miss Boyd was well equipped to answer the many queries about her work, and a spirited open discussion showed the widespread interest in this particular piece of work. Marion C. Howell of the School of Public Health Nursing, Western Reserve University, Cleveland, gave a clear and concise demonstration in the technic to be observed in the case of communicable disease patients in the home. No objection could possibly be raised to a nurse going from general cases to infectious ones if the nurse conscientiously used the technic demonstrated. Discussion was led by Elizabeth Holt of the Dayton Visiting Nurse Association. Miss Howell included in her demonstration the Care of Tuberculous Patients in the Home, and left nothing to the imagination in regard to the proper procedure in such cases. An invitation from the Jeffrey Manufacturing Company, given through Rachel Kidwell (in charge of their hospital) was accepted by almost the entire gathering. A bountiful repast was served in their recreation hall at the factory and was thoroughly enjoyed. Nell Martin of the Instructive District Nursing Association of Columbus read an interesting paper on *Mental Nursing*. In the open discussion, Mrs. Selbert of Columbus, Chairman of the Arrangements Committee, spoke very feelingly about the lack of training in mental nursing in some training schools, and urged that more stress be put upon this phase

of the nurse's training. Mrs. Selbert's devotion to her work was evinced in numerous ways, and her very excellent management was evident through every part of the program.

Cincinnati.—DISTRICT 8 met at the Nurses' Residence, General Hospital, October 22. The program was under the auspices of the Public Health Section. Mary Fisher sent an interesting report of the State Public Health Institute held in Columbus, and Mrs. Ada Stokes gave an interesting and enthusiastic report of the American Child Health Association held in Detroit. Refreshments were served by the Alumnae Association of the School of Nursing and Health.

Cleveland.—THE ALUMNAE ASSOCIATION OF THE LAKESIDE SCHOOL OF NURSING held a reception at the Cleveland Nursing Center, October 11, in honor of Laura M. Grant, Principal of the Lakeside School of Nursing. June Ramsey, formerly Assistant Principal of Lakeside School of Nursing, has taken a position as Principal of the School of Nursing of the Pasadena Hospital, Pasadena, California. She has with her, as assistants, Evelyn Childs, and Miss Faddis, graduates of the Lakeside School of Nursing. M. Victoria Stroebel, of the Lakeside School of Nursing, has accepted a position of Medical Supervisor at The Cincinnati General Hospital. THE ALUMNAE ASSOCIATION OF THE LAKESIDE SCHOOL OF NURSING had as their special guest, on October 29, at the Cleveland Nursing Center, Agnes G. Deans, Executive Secretary of the American Nurses' Association. The Nurses of District 4 and other Alumnae Associations were present, and all were extremely interested in what Miss Deans had to say on the Organization of The American Nurses' Association, and special points concerning Constitution and By-laws. On October 3 a tea was held at the Lakeside Hospital in honor of Harriet E. Leet, graduate of the Lakeside School of Nursing.

Columbus.—GRANT HOSPITAL SCHOOL OF NURSING graduated a class of twenty-four nurses on October 18. The exercises were held in the E. Broad Street Baptist Church, followed by a reception in the parlors of the Nurses' Home. On October 16, honoring the graduating class, the Hospital gave the annual dinner at the Athletic Club, with Mary A. Jamieson, Superintendent, as hostess. On October 17, the Alumnae

entertained with a dinner, and on October 19 the Hospital gave a uniform dance in the Nurses' Home. **Delaware:**—THE JANE M. CASE HOSPITAL held the annual commencement on September 13, in the William Street Methodist Church. A reception followed the exercises, at the new nurses' home.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION held its yearly meeting the last week in October, despite floods and Governor Walton. The floods caused recourse to horse drawn ferries and walking, in some instances, and detours and late trains in almost every case, but sixty-four nurses surmounted these difficulties and enjoyed a very good meeting. Helen Scott Hay was the guest. She brought a message from the American Nurses' Association and won the friendship of the nurses by her pleasing personality and willingness to help. Miss Hay's account of the Russian nurses was so interesting that forty-three dollars was raised to be used in their behalf. Mrs. Idora Rose Scroggs attended the meeting and was a constant source of help and inspiration; Oklahoma nurses feel that they are fortunate indeed to have her as one of them. Through all of the discussions the need of better trained nurses was emphasized; not better training in teaching, so much as better training in ideals and ethics. Officers elected were: President, Mrs. Ada Godfrey, 1742 South Main Street, Tulsa; secretary, Mrs. Virginia Tolbert Fowler, 622 East 12th Street, Oklahoma City.

Oregon: Grace Phelps and Emily Saunders have been making an extended trip in eastern and southern Oregon, inspecting schools and hospitals and holding state examinations. **Bend.**—Althea Stoneman has been appointed school nurse at Bend. **The Dalles.**—Priscilla Beem of Boston has been appointed instructor at The Dalles Hospital. **Medford and Ashland.**—Ida Dahl of Grafton, N. D., has been appointed school nurse. **Portland.**—Letha L. Humphrey (class of 1915, Multnomah County Hospital) has been appointed Superintendent of the Shriners' Hospital for Crippled Children which is to open on December 15. This hospital has a capacity of fifty beds and is one of the finest of its kind. It is the "district hospital" for the Pacific northwest. Anna Jacobs, Superintendent of Emanuel

Hospital, has been granted a leave of absence because of ill health.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its twenty-first annual convention at the William Penn Hotel, Pittsburgh, October 22-25. The State League of Nursing Education also held its meeting at this time, and following the meeting an Institute for Instructors was held. Mrs. Marie C. Eden, of Philadelphia, was Chairman of the Program Committee; Jessie J. Turnbull, of Pittsburgh, Chairman of the Arrangements Committee; Sister M. Etheldreda, of Pittsburgh, was Chairman of the Program Committee of the Institute. The meeting was very largely attended, about 500 being registered; about 125 nurses attended the Institute. Dr. Caroline Hedger, of Chicago, was the speaker at the formal opening. The Program of the League of Nursing follows: Mrs. Helene S. Herrmann, President. Round table, The Teaching of Student Nurses, Joy Bairstow. A discussion of the Reorganization of the Pennsylvania State Board of Examiners and the Re-registration of the Graduate Nurses in the State of Pennsylvania, S. Lillian Clayton, President of the Board of Examiners. Paper on Coöperative Teaching, Laura Wilson. A paper on The Content of the Training School Curriculum, written by Dr. Robert A. Kilduffe, read by Sister Rita and a paper on The Report of Progress in the Work Done in the Central School for Nurses in Philadelphia, by Mabel Huntley. Dr. Ambrose L. Suhrie, Dean of Cleveland School of Education, was the speaker for the evening. Private Duty Nurses' Section: Elizabeth Miller, of Municipal Hospital, Philadelphia, gave a most interesting talk on The Care of Communicable Diseases. Dr. Paul Titus, of Pittsburgh, gave an illustrated lecture on Obstetrical Technic. Program of Public Health Section: Red Cross Rural Public Health Nursing, I. Malinde Havey, Director, Public Health Nursing Service, Washington, D. C. Coördination of Nursing Service in a Community, Frances V. Brink, Field Secretary, National Organization for Public Health Nursing. Health Examinations, Dr. Charles H. Miner, State Commissioner of Health. Recent Developments in Child Health, Dr. Richard A. Bolt, Director

of Medical Service, American Child Health Association, New York. The Institute Program is as follows: Psychology, Professor Clyde Moore, University of Pittsburgh. Social Life of the Nurse, Mary B. Breed, Ph.D., Director of Margaret Morrison Carnegie College, Pittsburgh. General Discussion led by Stella Goostray, Philadelphia, Anatomy and Physiology, Dr. Davenport Hooker, University of Pittsburgh. Round table, Method of Enforcing on the Wards What Has Been Taught in Class, Jessie J. Turnbull, Pittsburgh. Communicable Diseases, Dr. H. J. Benz, Director Child Welfare Bureau, Department of Public Health, Pittsburgh. Care of the Psychopathic Patient, Dr. George Wright, University of Pittsburgh. Discussion, Sister M. Laurentine, Pittsburgh. Drugs and Solutions, Edith Stewart, Philadelphia. Use of the Reference Library, John Leete, Director of Public Library, Pittsburgh. Methods of Teaching Nursing History, Stella Goostray, Philadelphia. Methods of Teaching Ethics of Nursing, E. Delehunt, Pittsburgh. Round table, Training School Problems. A banquet was held on Wednesday evening. About 1000 members attended. The speakers for the banquet were Cora H. Coolidge, Dean of Pennsylvania College for Women, and Carolyn E. Gray, Dean, School of Nursing, Western Reserve University, Cleveland. On Wednesday, at 10 a. m., the members of the Association were taken in automobiles to the New Nurses' Home of the Western Pennsylvania Hospital where a delicious luncheon was served. The officers elected for the year are as follows: Graduate Nurses' Association, President, Jessie J. Turnbull, Pittsburgh; vice-presidents, Margaret A. Dunlop, Philadelphia, Mrs. Anna A. Barlow, Reading; secretary-treasurer, Gertrude L. Heatley, Pittsburgh; directors, Janet Grant, Scranton, Williamina Duncan, Pittsburgh, Sister M. Etheldreda, Pittsburgh, S. Lillian Clayton, Philadelphia. Helen F. Greaney, Philadelphia, is Chairman of Eligibility Committee. Private Duty Section: President, Clara Johns, Pittsburgh; vice-president, Rose C. Ford, Wilkes Barre; secretary, Genevieve Bence, Pittsburgh. State League of Nursing Education: President, Elizabeth Miller, Philadelphia; vice-president, Gertrude L. Heatley, Pittsburgh; secretary, Joy Bairstow,

Greensburg; treasurer, Mary A. Rostance, McKeesport; directors, Mrs. Helene S. Herrmann, Philadelphia; Ida F. Giles, Johnstown. **Bethlehem.**—THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL held its annual meeting on St. Luke's day, October 18, and elected: President, Camilla B. Fulper; vice-president, Victoria White; recording secretary, Bessie Ely; corresponding secretary, Mrs. F. Wachter; directors for two years, Helen McDanil, Sadie Gallagher, and Mrs. G. Flick. The Association gave a tea to the graduating class of nine. Graduating exercises were held in the High School Building at 8 p. m. The address was given by Dr. Edgar Green, the diplomas were presented by Dr. F. A. Winter, Superintendent. Presentation of medals by Miss J. M. Coucheur, director of the Training School. To celebrate the Hospital's fiftieth anniversary, Dr. W. L. Estes gave a very interesting history of the Hospital. The Ladies' Aid Scholarship of \$150 was awarded to Margaret Owens, the prize of \$50 to Verna Danner. The three Alumnae prizes of \$10 each given to the honor student of each class were awarded to Margaret Armstrong, Maud Myra, and Mary Longo. The exercises were followed by a reception and dance. **Braddock.**—THE BRADDOCK GENERAL HOSPITAL ALUMNAE ASSOCIATION will hold a bazaar, December 7 and 8, at Masonic Temple. It is hoped there will be greater success than last year. **Columbia.**—THE COLUMBIA HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on October 9 in the Nurses' Home with a good attendance. One new member was accepted. Anna K. Essig has resigned as Superintendent of the Halstead Hospital, Halstead, Kansas. Mary E. Blanck, who has been operating room supervisor at the Pottstown Hospital, Pottstown, has resigned, to take up private nursing. **Huntingdon.**—THE J. C. BLAIR MEMORIAL HOSPITAL ALUMNAE held its annual meeting on October 12 in the Nurses' Home, when the following officers were elected: President, Greta Weston; vice-presidents, Ruth Snyder, Mrs. F. L. Richards; secretary, Blanche McDivitt; treasurer, Anna R. Garner. Four applications from members of the class of 1922 were accepted unanimously. THE J. C. Blair Memorial Hospital held graduating exercises for a class of three on October 12 in the

Presbyterian Church. **Mercer.**—THE MERCER SANITARIUM held graduating exercises for a class of three on November 23. The address was given by Dr. William C. Sandy, Director Bureau of Mental Health, Department of Public Welfare. The diplomas were awarded by Dr. W. W. Richardson; the pins, by the Superintendent of Nurses, Elizabeth Leece.

Philadelphia.—THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOSPITAL held a regular meeting on October 9 at the Hospital, when Henrietta Patrick gave an interesting account of the State meeting in Pittsburgh. Mary Beaner, graduate of the Children's Hospital, is matron of the Home of the Merciful Saviour for Crippled Children of this city.

THE ALUMNAE ASSOCIATION OF THE MEMORIAL HOSPITAL, ROXBOROUGH, held a meeting on November 5, which was well attended. A most interesting report of the State meeting in Pittsburgh was given by Emily F. Smythe, the President. After the business meeting, a musicale was enjoyed. THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA graduated a class of 40 on November 28. THE MT. SINAI HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular meeting on October 25, with a good attendance. After the business was transacted Minnie Silvert, recently returned from San Francisco, gave a brief and interesting talk on private duty nursing there.

Pittsburgh.—THE STUDENT NURSES OF THE MERCY HOSPITAL enjoyed a series of picnics which were held at the different parks and bathing resorts. The nurses in charge were: Katherine Beiter, Sarah Schwerer and Mary Walton. September 26, the student nurses held a corn roast and dance at River View Park. Although the student nurses are busy with their classes and lectures, they enjoy their social evenings every other Friday of the month. Arrangements are being made to visit places of interest as well as of educational value. Mercy Hospital Alumnae and its friends enjoyed a Hallowe'en Masquerade Party on October 26, at K. of C. Hall. THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held the regular monthly meeting at the hospital, November 6. The members were very much pleased to learn from the Sixth District Association Treasurer's report that the Association has averaged

more than \$1 per member to the Nurses' Relief Fund for this year. It is hoped the members will continue to add this amount, or more, to their yearly dues. THE PITTSBURGH SCHOOL OF NURSING IN CONNECTION WITH THE HOMEOPATHIC HOSPITAL has organized a Glee Club. The chorus meets each Monday night under an experienced conductor. **Reading.**

—THE READING HOSPITAL ALUMNAE participated in the Historical Parade of the 175th anniversary of Reading. Eighty-six members in full uniform and forty student nurses were in line. A float representing Sacrifice carried the oldest graduate nurse and the first graduate nurse to locate in Reading who was also the first Directress of the Training School.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held a meeting at the Medical Library, Providence, September 26. The report of the National League meeting was given by the delegate, Ellen M. Selby. Professor Philip H. Mitchell of Brown University spoke on Vitamins in Practical Dietetics. **Providence.**—THE RHODE ISLAND INDUSTRIAL NURSES' CLUB met on October 18 to hear a talk given by Dr. J. F. Conway of Pawtucket on Pyorrhea.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at Pierre, Capitol Building, on January 15 and 16, 1924. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Tennessee: THE STATE NURSES' ASSOCIATION held a meeting in Chattanooga, October 8 and 9. No report has been received as yet. **Memphis.**—Virginia W. Atkinson is Superintendent of Nurses of the Memphis General Hospital which is affiliated with the University of Tennessee.

Texas: Dallas.—Elsie M. Maurer has been appointed Dean of the School of Nursing of the Baylor University Hospital. The School has 165 students.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held its semi-annual meeting in Brattleboro, October 18. The members present far exceeded expectations, because of

the location of the town selected. An address and round table on Parliamentary Law, conducted by Mrs. J. Borden Estee, of Montpelier, was the principal business of the afternoon session. In the evening a very nice supper was served by the Brattleboro Nurses' Alumnae Association, followed by a musical entertainment and an address of welcome by Col. E. W. Gibson, and a very amusing tableaux, "Our Operating Room." Nursing in Vermont, from a Layman's viewpoint, by Richard M. Bradley, of the Thompson Trust, and From a Physician's Viewpoint, by Dr. Lyman Allen, of Burlington, summed up the need of properly trained attendants or nurse's aides, to offset the shortage of graduate nurses. The exhibits were unusually good, a large room being filled with articles pertaining to nursing, samples of hand work by the blind, child welfare work and nursing publications. The meeting closed with a rising vote of thanks to the Brattleboro Alumnae Association for its splendid service and warm welcome.

Virginia: THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA is undertaking to raise the sum of \$50,000 for the purpose of establishing a chair of nursing at the University of Virginia. Agnes D. Randolph is chairman of the Foundation Fund Committee which will make plans for raising this fund. As a start, \$500 was contributed from the treasury of the State Association.

Washington: Seattle.—Margaret Rice, Registrar of Central Directory, King County Association of Graduate Nurses, for the past four years, resigned October 1, to go to her mother in Long Beach, California. The Nurses of the Association united in a gift to Miss Rice to show their appreciation of her good work in developing the Central Directory. Cora E. Gillespie is her successor. Elvira Rosengren, Superintendent of the Swedish Hospital for the past three years, resigned October 1. Members are very sorry to have Miss Rosengren leave Seattle, as she has been a very active member of the Association. Three Seattle nurses attended the National Hospital Association and the Annual Convention of American College of Surgeons at Milwaukee, in October.

Wisconsin: Milwaukee.—Bena M. Henderson, Treasurer of the National League of Nursing Education, has accepted the appointment of Superintendent of the Milwaukee Children's Hospital. Miss Henderson was formerly Superintendent of the Children's Memorial Hospital at Chicago. On October 7 a reception was held at the new Nurses' Home, at which time members of the Board of Directors and of the Staff and friends of the Hospital welcomed Miss Henderson. The new Milwaukee Children's Hospital, which has been under construction for the last year and a half, was dedicated and informally opened to the public on October 28. The hospital includes an Out-patient Department, a nursery, surgical, medical, orthopedic and observation wards and an isolation department. It has 150 beds. It conducts an affiliate training school. The little patients from the old hospital were moved into the new building in November. Mabel Rue has been appointed by the Milwaukee Chapter of the American Red Cross as Director of Instruction in Home Hygiene and Care of the Sick. Miss Rue is a graduate of the Good Samaritan Hospital, Los Angeles. At present the work centers around the Girl Scout classes. THE FOURTH AND FIFTH DISTRICT held its monthly meeting October 9, at the Wisconsin Nurses' Club. J. J. Jacobs from the Council of Social Agencies gave a short talk on the centralized budget. Elvira Neubauer, official delegate from the District to the State convention gave a very excellent report. Mount Sinai Alumnae members were the hostesses of the evening. Wisconsin Nurses' Club Notes: Stella Mathews, who has recently returned from Greece, was the guest of the directors of the club at a banquet, October 8. Miss Mathews spoke of her experience in Greece, at the regular monthly meeting of the Club, October 26. On October 7, the members held open house at their new club house, 88 Prospect Avenue; the delegates to the American Hospital Association were entertained at tea October 31. The same evening, the members enjoyed a Hallowe'en party. The delegates to the Wisconsin Anti-tuberculosis Association were the guests of the club at a luncheon, October 26.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. George Price (**Gladys B. Ackerman**, class of 1919, Hahnemann Hospital, Philadelphia), a son, October 6.

To Mrs. A. Hamilton Rowan (**Louise McLean Ayres**, class of 1920, Presbyterian Hospital, New York City), a son, Stephen Hamilton, September 3.

To Mrs. Albert C. Gray (**Osa Baird**, class of 1914, Georgia Baptist Hospital, Atlanta), a son, Albert C., Jr., September 30.

To Mrs. Don Kinder (**Florence Baum**, class of 1919, Braddock General Hospital, Braddock, Pa.), a daughter, Marian Eileen, September 29.

To Mrs. Max Nemser (**Charlotte Beyer**, class of 1918, Lenox Hill Hospital, New York), a son, Joseph William, September 24.

To Mrs. Robert O. Bouton (**Marjorie Clark**, class of 1920, New York Hospital, New York City), a son, October 2.

To Mrs. Marcus Berman (**Jeanette Cooper**, class of 1917, Mt. Sinai Hospital, Philadelphia), a son, September 17.

To Mrs. Caesare Sunseri (**Martha Crawford**, class of 1919, St. John's Hospital, Pittsburgh, Pa.), a daughter, Nancy Margaret, August 12.

To Mrs. William Graham (**Oceania Doernbach**, class of 1915, Jewish Hospital, Philadelphia, Pa.), a son, William, August 25.

To Mrs. Louis M. Holt (**Jeanette Downey**, at the Tacoma General Hospital, a son, September 26.

To Mrs. Del Toro (**Sarah F. Duncan**, class of 1909, Presbyterian Hospital, New York City), a son, Luis, August 19.

To Mrs. Harry Miller (**Ida Eshleman**, class of 1920, St. Joseph's Hospital, Lancaster, Pa.), a son, October 25.

To Mrs. Howard Fogg Wright (**Phyllis Falding**, class of 1920, Hartford Hospital, Hartford, Conn.), a son, Howard Falding, August 15.

To Mrs. Arthur G. Bristol (**Marion Fernald**, class of 1911, Presbyterian Hospital, New York City), a daughter, Dorothy, August 21.

To Mrs. Fred Rusk (**Margaret Fields**, class of 1921, Jewish Hospital, St. Louis), a son, October 28.

To Mrs. H. O. McInish (**Helen Flood**, class of 1921, Chickasha Hospital, Chickasha, Okla.), a daughter, Helen Patricia, October 18.

To Mrs. John Graham (**Ethel Fuller**, class of 1915, Clearfield Hospital, Clearfield, Pa.), a daughter, Doris Aileen, August 31.

To Mrs. Ralph T. B. Todd (**Margaret Green**, class of 1921, Presbyterian Hospital, New York City), a daughter, Mary Elizabeth, August 24.

To Mrs. George H. Hart (**Edna I. Guymer**, class of 1915, Park Avenue Clinical Hospital, Rochester, N. Y.), a son, George Guymer, October 27.

To Mrs. Nelson Warren Connell (**Natalie Hall**, class of 1921, New York Hospital, New York City), a son, September 14.

To Mrs. E. R. Murray (**Mary Hamilton**, class of 1916, New York Hospital, New York City), a daughter, September 13.

To Mrs. H. Norman Harding (**Hilda C. Hedlund**, class of 1915, New England Deaconess Hospital, Boston, Mass.), a son, Richmond Norman, September 28.

To Mrs. Leonard Mulder (**Blanch Hornbeck**, class of 1920, Evanston Hospital, Evanston, Ill.), a son, Paul, September 12.

To Mrs. Roy Gruwell (**Virginia Jenkins**, class of 1919, Seattle General Hospital), a son, October 8.

To Mrs. Louis Zucker (**Ethel Kaplan**, class of 1917, Mt. Sinai Hospital, Philadelphia), a son, Anatole, October 7.

To Mrs. C. E. Chase (**Eva Kilcoyne**, class of 1918, Clearfield Hospital, Clearfield, Pa.), a daughter, Margaret Jane, September 3.

To Mrs. Guy Skinner (**Hazel Laub**, class of 1919, Illinois Training School, Chicago), a son, August 10.

To Mrs. H. Happe (**Hilda Lobenwein**, class of 1917, Lenox Hill Hospital, New York), a daughter, September 29.

To Mrs. Frank Lundstrom (**Edna Loyd**, City Hospital, East Liverpool, O., a daughter, October 9.

To Mrs. Charles D. Ewing (**Mary McLaughlin**, Union Hospital, Fall River, Mass.), a son, September 8.

To Mrs. Norman Hand (**Minerva Maneely**, class of 1909, Jewish Hospital, Philadelphia, Pa.), a daughter, Mary, August 31.

To Mrs. Esther Morgan Miller (class of 1920, Methodist Hospital, Des Moines, Ia.), a son, November 6.

To Mrs. Earl A. Bowen (**Nettie Moses**, class of 1919, Massachusetts Homeopathic Hospital, Boston), a daughter, Laura Moses, August 27.

To Mrs. Carlton Dewey Smith (**Dorrette Otto**, class of 1914, Christ Hospital, Jersey City, N. J.), a daughter, August 20.

To Mrs. Russell M. Frasier (**Marjorie D. Perkins**, class of 1913, Claremont General Hospital, Claremont, Pa., and class of 1916, Boston Floating Hospital), a son, Dudley Perkins, August 6.

To Mrs. J. L. Reynolds (**May Powell**, class of 1909, Presbyterian Hospital, Philadelphia), a daughter, Mary Adele, October 18.

To Mrs. John E. Fay (**Lucy Quinlan**, class of 1908, Hartford Hospital, Hartford, Conn.), a daughter, Anne Frances, August 27.

To Mrs. Irve Underwood (**Ellen Christine Rentzmann**, class of 1917, West Suburban Hospital, Oak Park, Ill.), a son, Allen Brown, October 28.

To Mrs. Henry Moore (**Ruby Riner**, class of 1920, Memorial Hospital, Roxborough, Philadelphia), a daughter, October 28.

To Mrs. Earl Fine (**Gertrude Robbins**, class of 1914, Sterling Public Hospital, Sterling, Ill.), a daughter, September 4.

To Mrs. George From (**Ethel Roberts**, class of 1917, Women's and Children's Hospital, Newark, N. J.), a son, Kendall Trevor, October 13.

To Mrs. A. G. Dow (**Ruth Robinson**, class of 1920, Bishop Clarkson Memorial Hospital, Omaha, Neb.), a daughter, Georgianne, October 7.

To Mrs. Anne Ryan Cahill (**Anne T. Ryan**, class of 1911, Boston City Hospital), a son, in August.

To Mrs. Harold Glidon (**Stella M. Stafford**, class of 1918, Laconia City Hospital, Laconia, N. H.), a daughter, Margerie Ellen, in September.

To Mrs. Stephen Graves (**Jessie Stanhope**, class of 1921, Hartford Hospital, Hartford, Conn.), a daughter, Agnes Ruth, August 11.

To Mrs. George Allerman (**Virginia Stewart**, Joseph Price Hospital, Philadelphia), a daughter, August 26.

To Mrs. Carrick Carriger Cloud (**Nellie Rebecca Stone**, class of 1922, Louisville City Hospital, Louisville, Ky.), a daughter, Alma Elsie, October 9.

To Mrs. Erik Ackorn (**Rebecca Sullivan**, class of 1917, New York Hospital, New York City), a daughter, August 25, in France.

To Mrs. John Bauer (**Thelma Thompson**, class of 1921, St. John's Hospital, Pittsburgh, Pa.), a daughter, November 3.

To Mrs. John McInnis (**Maude Thornton**, class of 1912, Corry Hospital, Corry, Pa.), a son, Frederick Thornton, November 7.

To Mrs. Arthur E. Catanach (**Margaret Warr**, class of 1920, Jewish Hospital, Philadelphia, Pa.), a daughter, Margaret Warr, August 15.

To Mrs. Eliot Wadsworth (**Nancy Whitman**, class of 1913, Presbyterian Hospital, New York City), a daughter, Nancy, September 27.

To Mrs. E. H. Frazer (**Gertrude Wright**, class of 1918, New York Hospital, New York City), a daughter, September 3.

To Mrs. Isabel Gransdahl Zaralsted (class of 1919, Methodist Episcopal Hospital, Des Moines, Ia.), a son, September 26.

MARRIAGES

Marjorie Irving Allen (class of 1921, Presbyterian Hospital, New York City), to Thomas Cameron Urquhart, September 15.

Mae Auerback (class of 1913, Jewish Hospital, St. Louis), to Martin Gluck, October 4. At home, Pittsburgh, Pa.

Alice M. Bacon (class of 1920, St. Joseph's Hospital, Denver, Colo.), to Cess Turner, August 15. At home, Denver.

Elizabeth K. Balfe (class of 1911, St. Mary's Hospital, Detroit), to Leo F. LeStrange, November 6. At home, Pasadena, Calif.

Maybelle Bertch (class of 1923, St. Elizabeth's Hospital, Youngstown, O.), to Glen Fraser, October 1. At home, Detroit.

Christine Bickford (class of 1922, Clifton Springs Sanitarium, Clifton Springs, N. Y.),

to Clifton Holycross, in September. At home, Plain City, Ohio.

Orlynda Biehle (class of 1920, Illinois Training School, Chicago), to John Zink, Jr., September 1. At home, Chicago.

Cleo Boosinger (class of 1922, Springfield City Hospital, Springfield, O.), to Paul Millenbruck, October 1. At home, Springfield.

Margaret Breen (Union Hospital, Fall River, Mass.), to Thomas F. Burns, M.D., October 16.

Edna K. Bucher (class of 1920, St. Joseph's Hospital, Lancaster, Pa.), to Charles Smithgall, October 9. At home, Lancaster.

Marjorie McCoy Burgess (class of 1916, Presbyterian Hospital, New York City), to J. Westbrook Stoll, September 21.

Catherine Clark (Bellevue Hospital, New York City), to Arthur Benson, M.D., September 22.

Marjorie Conover (class of 1915, Presbyterian Hospital, New York City), to John Wagner, Jr., August 4.

Ada Crawford (class of 1915, Evanston Hospital, Evanston, Ill.), to Hal Ferguson, August 27. At home, Red Oak, Iowa.

Catherine Mary Dalton (class of 1903, St. Vincent's Hospital, Toledo, O.), to James W. Kirkland, August 21. At home, Toledo, O.

Kathleen Davidson (class of 1917, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to Lawrence Anderson, in October. At home, Norwalk, Ohio.

Matie Devitt (class of 1922, Ashtabula General Hospital, Ashtabula, O.), to Frederick L. Poore, October 10. At home, Ashtabula, O.

Martha Dickerson (Methodist Episcopal Hospital, Philadelphia), to Herbert Spier Warren, October 6.

Mary Divver (class of 1920, Georgia Baptist Hospital, Atlanta), to J. G. Dumbauld, in September.

Christina Margaret Donald (Post Graduate Hospital, New York City), to Stewart Monilaws McNeill, September 10. At home, Stavelly, Canada.

Pearl Filley (Hamot Hospital, Erie, Pa.), to J. R. Coopman, September 12.

Laura M. French (class of 1918, Bridgeport General Hospital, Bridgeport, Conn.), to

Albert H. Botsford, September 18. At home, Walnut Beach, Milford, Conn.

Ida M. Fry (class of 1923, Columbia Hospital, Columbia, Pa.), to John C. Evans, October 12. At home, Columbia.

Lucile Goodwin (class of 1923, Georgia Baptist Hospital, Atlanta), to C. J. Harris, September 29.

Louise Hayes (class of 1912, Post Graduate Hospital, New York City), to Ralph M. Pearson, October 9.

Gladys M. Hett (class of 1918, Post Graduate Hospital, New York City), to Richard Rayfult, October 3.

Daisy Hewitt (class of 1921, Mary Lanning Hospital, Hastings, Neb.), to Fay Cramer, November 5.

Geraldine Hooper (class of 1923, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to H. Ken Thompson, in October. At home, Toronto, Ont.

Ada A. Howe (class of 1922, Memorial Hospital, Pawtucket, R. I.), to Joseph Corwan, November 3.

Vernie M. Huckins (class of 1919, Laconia City Hospital, Laconia, N. H.), to Alfred Sidney Malloreay, September 6.

Clementine Impey (class of 1923, Springfield Hospital, Springfield, Mass.), to Floyd J. Brown, September 30.

Elizabeth Jensen (class of 1920, Evanston Hospital, Evanston, Ill.), to Edward Street, October 6. At home, Waukeegan, Ill.

Myrtle E. Kays (class of 1916, Good Samaritan Hospital, Portland, Ore.), to Marsh H. Goodwin, October 15.

Ruth Keister (class of 1922, Methodist Hospital, Des Moines, Ia.), to J. M. Ellis, November 1. At home, Des Moines.

Hester Lambdin (class of 1922, Ashtabula General Hospital, Ashtabula, O.), to William Henry, September 27. At home, Ashtabula, O.

Jane Lewis (class of 1921, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to Harry McVittie, September 15. At home, Shortsville, N. Y.

Hermine Louise Love (class of 1916, Homestead Hospital, Pittsburgh, Pa.), to Martin Joseph Power, October 26. At home, Southgate, Los Angeles, Calif.

Helen Laureda McAndrew (class of 1919, Presbyterian Hospital, New York City), to Graham T. Evans, August 19.

Anne Auret McGee (class of 1917, Charleston General Hospital, Charleston, W. Va.), to C. R. Madden, October 10. At home, Charleston, W. Va.

Irene McMann (class of 1922, Mercy Hospital, Hamilton, Ohio), to Lee Schuler, September 18. At home, Crystal Lake, Ill.

Anne Laurel McNeill (class of 1916, Allegheny General Hospital, Pittsburgh), to Paul B. Steele, M.D., November 9. At home, Pittsburgh, Pa.

Louise McWhorter (class of 1922, Georgia Baptist Hospital, Atlanta), to Guy Cotter, August 30.

Anna C. Mason (class of 1914, Germantown Hospital, Philadelphia), to Robert Woodside, September 29. At home, Philadelphia, Pa.

Dora Mecklenberg (Great Falls, Montana), to Michael P. Driscoll, September 1. At home, Great Falls.

Grace E. Middlehook (class of 1910, Evanston Hospital, Evanston, Ill.), to Arthur C. Christopher, October 27. At home, Cincinnati, O.

Robena Miller (class of 1915, Presbyterian Hospital, New York City), to Gilbert Edmund Haggart, M.D., September 22.

Pauline Moore (class of 1919, Kenosha Hospital, Kenosha, Wis.), to Mathias Lippert, October 22. At home, Kenosha, Wisconsin.

Hazel Morgan (class of 1921, St. Joseph's Hospital, Denver, Colo.), to Arthur Gordon, October 11. At home, Keokuk, Iowa.

Norma Munsey (class of 1912, Salem Hospital, Salem, Mass.), to Robert Y. Leatherman, October 23. At home, Doylestown, Pa.

Christine Murphy (class of 1916, Massachusetts Homeopathic Hospital, Boston), to Bernard John Schueren, September 18. At home, Detroit, Mich.

Helga Nordstrom (class of 1905, Lenox Hill Hospital, New York City), to Benjamin Boss, August 7.

Margaret Parker (class of 1920, Bishop Clarkson Memorial Hospital, Omaha, Neb.), to John A. Rowland, August 20. At home, Farnam, Neb.

Elizabeth C. Patterson (class of 1911, University Hospital, Baltimore, Md.), to Henry Remick Neeson, October 15. At home, Chambersburg, Pa., where Mrs. Neeson will continue her work as Superintendent of the Chambersburg Hospital.

Ruth A. Paul (class of 1920, St. Luke's Hospital, Bethlehem, Pa.), to Earl Davis, September 1. At home, Bethlehem, Pa.

Lillian B. Peterson (class of 1922, Springfield Hospital, Springfield, Mass.), to Karl Arvid Frilen, October 20.

Abbie Pomfret (Union Hospital, Fall River, Mass.), to John Mueller, October 13.

Esther Malinda Robbins (class of 1921, Illinois Training School, Chicago), to William Hobart Creighton, August 18. At home, Warsaw, Ind.

Edith Mary Rose (class of 1916, Boulevard Sanitarium, Detroit, Mich.), to Harry W. Passage, October 9. At home, Detroit.

Marie Ross (Union Hospital, Fall River, Mass.), to Joseph Vandal, October 30.

Mable E. Rowe (class of 1921, Ravenswood Hospital, Chicago), to Wilbur E. Eastman, October 3. At home, Chicago.

Irene Ruhl (class of 1918, Mercy Hospital, Hamilton, Ohio), to Joseph Sackenheim, September 26. At home, Hamilton, Ohio.

Mary Rutherford (Hamot Hospital, Erie, Pa.), to Theodore Nagel, September 24. At home, Erie, Pa.

Beatrice M. Salisbury (class of 1921, Army School of Nursing), to Howard J. Smith, September 22. At home, San Jose, Calif.

Susan Schaefer (class of 1921, Josephine Hospital, St. Louis), to Joseph A. Manion, November 3. At home, Cleveland, O.

Valentina Schmidt (class of 1921, Lutheran Hospital, St. Louis), to Conrad Degal, in August.

Ethel Schoonover (class of 1920, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Bolton Lack, October 20. At home, Brooklyn, N. Y.

Charlotte Schroeder (class of 1916, Madison General Hospital, Madison, Wis.), to Howard Birdsall, October 16. At home, Detroit, Mich.

Amelia Schupp (class of 1922, Lutheran

Hospital, St. Louis), to Herman Medler, September 2.

Kathryn Mayer Seitz (class of 1920, Lankenau Hospital, Philadelphia), to Arthur J. Greenleaf, M.D., October 16. At home, Mountville, Pa.

Erma Noel Skinner (class of 1919, Illinois Training School, Chicago), to Herman William Carlson, September 22. At home, Chicago.

Josephine E. Smith (class of 1921, Corry Hospital, Corry, Pa.), to Loren C. Mason, October 9. At home, Corry.

Anna Struckmeyer (class of 1906, Lutheran Hospital, St. Louis), to Conrad Schmidt, in August.

Augusta E. Swanson (Hamot Hospital, Erie, Pa.), to Joseph Braggins, August 15. At home, Erie, Pa.

Mollie Kate Teasley (class of 1921, Georgia Baptist Hospital, Atlanta), to W. T. Lavender, September 22.

Bertha Thompson (class of 1919, St. Luke's Hospital, Bethlehem, Pa.), to Thomas Dalzell Blair, M.D., October 13. At home, Plainfield, N. J.

May Thompson (class of 1919, Bishop Clarkson Memorial Hospital, Omaha, Neb.), to Theodore Rasmus, October 1. At home, Oakland, Ia.

Ruby Waid (class of 1922, Lakeside Hospital, Chicago), to Dr. Papsdorf, September 7.

Lilla Waite (class of 1923, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Richard Dixon, October 6. At home, Tarrytown, N. Y.

Catherine Welsh (class of 1922, St. John's Hospital, Pittsburgh, Pa.), to Morris Roach, October 15.

Ethel Maude White (class of 1915, Halstead Hospital, Halstead, Kas.), to Edward G. Schroeder, September 19. At home, Ellenwood, Kas.

Ione W. White (class of 1920, Christ Hospital, Jersey City, N. J.), to Floyd L. Mathews, October 24.

Flora Wilson (class of 1913, Massachusetts Homeopathic Hospital, Boston, Mass.), to William Macnaughtan, September 19. At home, Brookline.

Marjorie A. Wright (class of 1920, Presbyterian Hospital, New York City), to William Hazlett Upson, August 8.

Bess Young (Hamot Hospital, Erie, Pa.), to Andrew Shaffer, October 9. At home, Erie, Pa.

DEATHS

Alice Sweeney Augusta (class of 1903, Massachusetts State Infirmary, Tewksbury, Mass.), June 27, at Medford, Mass.

Victoria E. Armstrong (See September *Journal*). The Board of Trustees and the Executive Committee of the Citizens General Hospital have adopted a memorial expressing the deep loss which the hospital and the community have sustained in the loss of its Superintendent. Miss Armstrong came to the institution just two years ago, and during the entire period of her administration, she devoted herself with untiring energy to the interests of the work to which she had been called. During these two years, the Hospital has grown and developed. Miss Armstrong was a woman of the highest talents as a nurse. In her work she combined the rare faculty of observing every standard of trained nursing, and at the same time, exercising a sympathetic kindness and good cheer that brought comfort and hope to her patients, as she visited them daily, either in the private room or in the midst of the busy wards. As Superintendent, her untiring efforts in bringing her work to the highest standard of efficiency, and her personal devotion to her profession filled those whose privilege it was to be her associates with an enthusiasm that inspired every one to do her best.

Mabel Cook (class of 1905, Hamot Hospital, Erie, Pa.), October 18. While on an errand of mercy, Miss Cook was instantly killed by a speeding automobile. Burial was at Acton, Ont. She was industrial nurse for the Burke Electric Company for the past seven years.

Mrs. C. A. Taline (**Marie Edwards**, class of 1915, Mercy Hospital, Davenport, Ia.), on November 7. Mrs. Taline was killed in an automobile accident on the grounds of the National Home for Disabled Soldiers, Milwaukee. She served as a Red Cross nurse in France during the war. Mrs. Taline was a faithful nurse and with her cheerful disposition helped to alleviate the suffering of

those she nursed. Her sudden death was a shock to her many friends.

Mrs. J. E. Robbins (**Ina T. Fish**, class of 1905, University of Pennsylvania Hospital, Philadelphia), at Richmond, California, November 6. Her loss is mourned by her family and friends.

Ella V. Fox (class of 1906, Jewish Hospital, Philadelphia, Pa.), on August 10.

Alice Gilborne (class of 1903, Illinois Training School, Chicago), of carcinoma, on July 12, in Evanston, at the home of a friend and classmate, Mary McElin. Miss Gilborne was one of the first women to enroll with the American Red Cross service, one of the first to respond at the time of the earthquake in San Francisco, and the Dayton, Ohio, flood. She was a member of the first unit to leave Chicago for overseas service in the World War and later went to Russia on a special mission. Unselfish service was the keynote of her character. She was as keen to bring comfort to the poor as to the rich.

Mrs. G. C. Flores (**Katheren Green**, class of 1898, New Orleans Sanitarium, New Orleans, La.), on October 24.

Theresa Grupe, on October 6, at Montefiore Hospital. Miss Grupe was a member of the Henry Street Staff for several years. For a year previous to her illness Miss Grupe was associated with the Brooklyn Visiting Nurse Association.

Mrs. Charles North (**Florence C. Johnson**, class of 1918, Hartford Hospital, Hartford, Conn.), on June 5, at Hartford Hospital, following a Caesarean Section.

Mrs. Mary Keenan Connelly (**Mary Keenan**, class of 1915, Lakeside Hospital, Chicago), September 1, after a long illness of heart trouble. Mrs. Connelly's death means a great loss to her family and friends.

Marjorie Ferauld Lewis (class of 1908, Presbyterian Hospital, New York City), July 26, at the Muhlenburg Hospital, Plainfield, N. J. Miss Lewis was organizer and head nurse of the Visiting Nurse Association, Wilkes-Barre, Pa., and was Industrial Nurse with C. Kenyon & Co., Brooklyn. She had been Secretary of the Industrial Nurses' Club from the time of its organization and the Club owes its existence to her efforts. Miss Lewis

went overseas with the Unit from the Presbyterian Hospital.

Mary E. Lewis (class of 1893, Connecticut Training School, New Haven, Conn.), November 5, at her home in Troy, N. Y., after a lingering illness of nearly two years. Miss Lewis was an active member of the Alumnae Association as long as she was able to attend the meetings, and was ever interested and enthusiastic for all progressive measures. She was generous and self-sacrificing and will be greatly missed by her many friends and former patients, especially in New Haven, where she lived for many years after graduating.

Elsbeth Lienhard (class of 1890, Illinois Training School, Chicago), recently. For nearly 25 years Miss Lienhard did private duty nursing and for the past 9 years she had been in charge of the Stock Yards Station of the Chicago Lying-in Hospital. She was a rare sweet spirit of the finest type. Human sympathy and understanding had endeared her to all whom she served.

Mary B. O'Sullivan (class of 1916, Mercy Hospital, Pittsburgh), at the Hospital, after a few days' illness of pneumonia.

Mattie M. Perdue (class of 1921, Peninsula General Hospital, Salisbury, Md.), at the hospital, September 25. Miss Perdue was fatally injured by an automobile on September 5; with the same indomitable courage which she has shown since her early school days, she bore her pain. Her great ambition was to become a doctor. She will be sincerely missed by her friends and former patients.

Margaret Spitzli (class of 1896, Hartford Hospital, Hartford, Conn.), on December 31, 1922.

Mrs. Mabel S. Stevenson, on August 24, at her home in Harpers Ferry, W. Va. Mrs. Stevenson was widely known in Minnesota, as an efficient and devoted public health nurse.

Nell Swaim (class of 1920, Watts Hospital, West Durham, N. C.), on August 29, after a long and painful illness which she bore with unprecedented courage and unfailing cheerfulness. Miss Swaim was a person of warm affections and a tender heart, as was testified by her daily life. She was constantly over beds of sickness, rendering efficient and valuable aid and giving tender sympathy when sorrow entered the home of

friends. Her earthly life, not long in years but intense in beautiful love for her Saviour and uplift for humanity was crowned by a call to the greater service. Burial was at Winston-Salem, where there were present many sorrowing friends.

Dolores Taylor, a Senior student nurse of Mercy Hospital, Pittsburgh, died after a week's illness. Miss Taylor is sadly missed by her associates, as she had endeared herself to all with whom she came in contact.

Mrs. Harry Kippleman (**Elsie Thomas**, class of 1910, Reading Hospital, Reading, Pa.). Mrs. Keppleman was an active member of the Alumnae Association, and her death was a great shock; she was the first member of the class to go. She will be greatly missed by

her many friends and associates. The Alumnae Association attended her funeral in a body.

Mary Thulin (class of 1911, Dr. White's Sanitarium, Freeport, Ill.), on October 29. Miss Thulin was on duty in the Veterans' Bureau Hospital, Maywood, Ill., but resigned some time ago. She served two years with the Army of Occupation, overseas, and was in Coblenz for six months. Miss Thulin was loved by all who came in contact with her; she was a faithful nurse, loyal to her profession, and is mourned by a host of friends. Burial was at Davenport, Iowa.

Mary A. Turner (Joseph Price Hospital, Philadelphia), on July 20, of tuberculosis contracted during Army duty.

"At last to be identified!
At last, the lamps upon thy side,
The rest of life to see!
Past midnight, past the morning star!
Past sunrise! Ah! what leagues there are
Between our feet and day."

—Emily Dickinson.

BOOK REVIEWS

INSTITUTIONAL HOUSEHOLD ADMINISTRATION. By Lydia Southard, B.A. J. B. Lippincott Company, Philadelphia. Price, \$2.

This little textbook of about two hundred pages will be found useful, as its preface states, "with the general administration of a residence hall or similar house where a large number of persons are living together."

Miss Southard, who has had charge of Whittier Hall (one of the dormitory buildings at Teachers College) speaks as one having had a long and varied experience in dealing with the subject.

The text of the book includes chapters on teaching, office management, buying, wall and floor furnishings and coverings, equipment, cleaning, extermination of household pests, etc. A chapter on office management outlines the desirable location for offices as well as indicating their approximate number and equipment. Valuable advice is given to those responsible for engaging, supervising, or discharging employees. The system for card indexing the work of employees will be of interest to housekeepers who have not applied these modern methods to their domestic situation. The chapter on the much neglected subject of extermination of household pests receives the recognition it deserves, and gives much needed information on the subject.

The book does not go into the ratio of administrative officers and employees for the size of a given building or any estimate of quantities of supplies needed in proportion to the size of buildings and work to be done.

From the hospital and nursing stand-

point, the book will be most useful in those chapters dealing with the care of household equipment and supplies. It will be helpful as a reference book in teaching Household Economics to student nurses, and in the administration of residences for nurses and special hospital departments. We recommend it for libraries in Schools of Nursing.

AMY M. HILLIARD, R.N.,
Troy, N. Y.

FOOD FOR THE DIABETIC. By Mary Pascoe Huddleson. The Macmillan Company, New York. Price, \$1.25.

Unlike most manuals for diabetics, the book written by Mary Pascoe Huddleson is modern. In the last few years there has been rapid improvement in the successful treatment of diabetes. Books written several years ago have now become more or less obsolete. Miss Huddleson's book, "Food for the Diabetic" or "What to eat and how to calculate it with common household measures," though modern, has its good and bad points.

This book deals with the balanced diet for the diabetic rather than the haphazard unbalanced diets of former writers. The explanation of the relation of one food factor to the other factors is very clear and valuable. It is shown in the manual that it does not matter much what kinds of food are ingested by the diabetic from the standpoint of nutrition; however, it does bring out the advantages of certain classes of food, such as coarse vegetables and bran muffins, for regulating constipation and as "fillers."

There is also much good material such

as what diabetes really is; sources of body energy, the use of food in the body, diabetic recipes, examination of urine; and a good list of "do's" and "don'ts" for every diabetic.

While the use of measuring cups, spoons, and rulers as a means of determining the amount of a diet are not accurate, in a great many clinic cases this is necessary and is infinitely better than using no measures at all. It is most important to impress on the mind of every diabetic the necessity for accuracy in weighing foods.

The book is filled with material to suit the practical needs of the diabetic patient, especially its recipes. There is always a place awaiting such an author and "Food for the Diabetic" is well done.

LUTE TROUTT, A.B.,
Indianapolis, Ind.

CURES. By James J. Walsh, M.D. 291 pages. D. Appleton and Company, New York. Price, \$2.

The author calls this "the story of the cures that fail" and seems to have had considerable amusement in the writing of it. This is particularly true of the Chapter, "Cures with a Punch" in which he describes the use of rattlesnake oil and many more offensive remedies. Some of the other Chapter headings are "Magnets and Some Wonderful Cures"; "Absent Treatment, Distance Cures"; "Hypnotism"; "Appliance Cures"; "Manipulation Cures"; "Mystical Cures"; "Psychonanalysis and Coue." The story of all cures seems to show their dependence upon the faith of the patients in the system, whatever it may have been. This is well summed up by one of Dr. Walsh's illustra-

tions. A young tubercular physician asked his own physician if he should take a cure for tuberculosis in vogue at the time. To which the older man replied: "Oh, yes, take it by all means, and take it now while it cures, for after a while it will be found that it does not cure and then of course it will do you no good, and you will have missed your chance."

THE PSYCHOLOGY OF POWER. By Captain J. A. Hadfield, M.A. (Oxon.), M.B. (Edin.). The Macmillan Company, New York. 54 pages. Price, 75 cents.

This compact, well organized, and readable little book was written by one who has seen much of the havoc of war in an English Neurological War Hospital. Says the author, "The increasing demand for the power and energy requisite to face the strain (of modern life) compels us to investigate the sources of their supply." He reveals such sources by discussion of such topics as "The Mental Factor in Fatigue," "The Conversion of the Instincts," and "Energy and Rest."

THE LAND OF HEALTH. By Grace T. Hallock and C. E. A. Winslow. With a chapter on Exercise by Walter Camp. Charles E. Merrill Company, New York. Price, 74 cents.

This little book of 208 pages, many of which are illustrated, is the first of the series of health texts by these writers of fascinating health literature. It is intended for young children and is admirably adapted to their needs, as the health precepts so essential to the healthy living of every child are charmingly embodied in story form.

SOCIAL WORK IN HOSPITALS. By Ida M. Cannon, R.N., Chief of Social Service, Massachusetts General Hospital. A new and revised edition of this standard work. 240 pages. Russell Sage Foundation, New York. Price, \$1.50.

PHYSICAL EXERCISES FOR INVALIDS AND CONVALESCENTS. By Edward H. Ochsner, M.D. Second edition. 56 pages. Well illustrated. C. V. Mosby Company, St. Louis. Price, 75 cents.

A series of brief descriptions of exercises the author has found useful for post-operative and other cases in his own practice. There is no discussion of the application of particular exercises to particular needs.

PRACTICAL TALKS ON THE CARE OF CHILDREN. By Mary E. Bayley, R.N. E. P. Dutton Company, New York. Price, \$3.50.

A compilation of articles which have appeared in the *Ladies Home Journal*, *The Delineator*, and *The Designer*. The introduction is by Virgil P. Gibney, M.D.

BOOKS RECEIVED

DIRECTORY OF CHILD WELFARE AGENCIES OF GREATER NEW YORK. Child Welfare Federation, 505 Pearl Street, New York City. Price, 50 cents.

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"No More Diphtheria"

THIS is the headline of a page in a recent issue of The Saturday Evening Post. It is an announcement of one of the leading life insurance companies, which shows the importance these companies attach to spreading the story of diphtheria prevention.

Yet, effective as this publicity must be, it cannot compare with the potential power of the personal message of the nurse. Her intimate association in the home—the confidence placed in her by the parent, offers an unusual opportunity for the dissemination of information that may be the means of saving thousands of lives.

It is the nurse who can convince the mother of the need of the Schick Test as no one else can do. It is the nurse who can show the parent how Diphtheria Toxin-Antitoxin Mixture builds up the immunity against diphtheria that will protect the child for years.

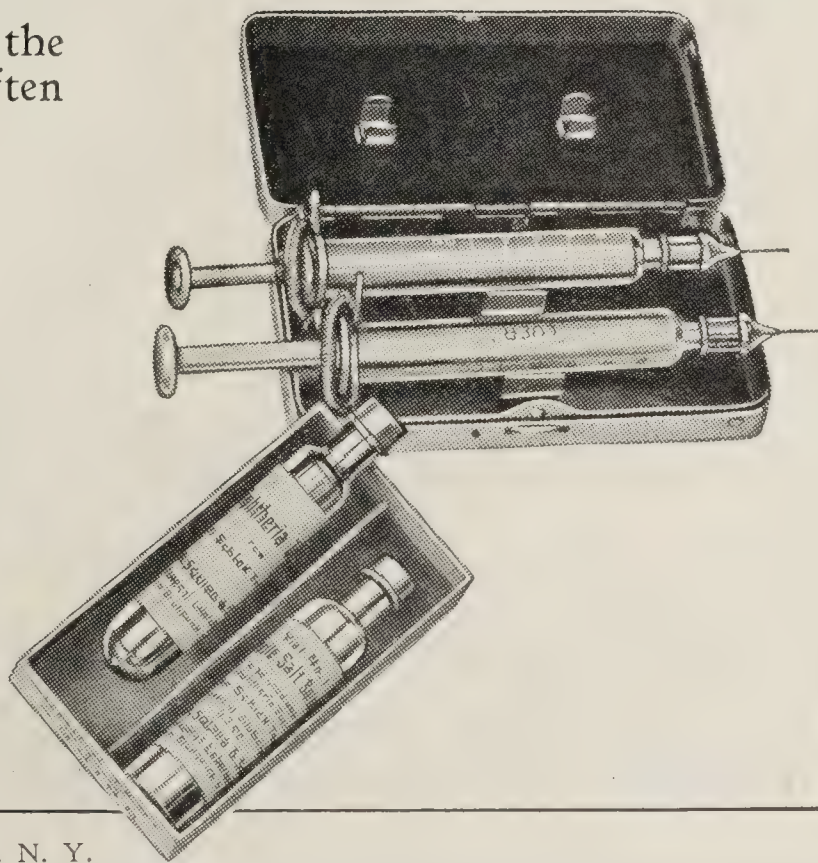
In caring for the children, the nurse's danger is all too often

forgotten, for although adult years have lessened the susceptibility to the disease, the nurse herself is frequently the victim.

The N. Y. C. Department of Health recently announced an improvement in the Diphtheria Toxin-Antitoxin formula—a reduction of the amount of toxin used, without lessening its value. This new formula is now offered by E. R. Squibb & Sons, who produce it. Its advantage lies in avoiding the severe reaction which sometimes follows the treatment of adults and older children. It was the one thing needed to perfect the product.

You can secure this improved product by specifying Squibb's Diphtheria Toxin-Antitoxin Mixture, New Formula.

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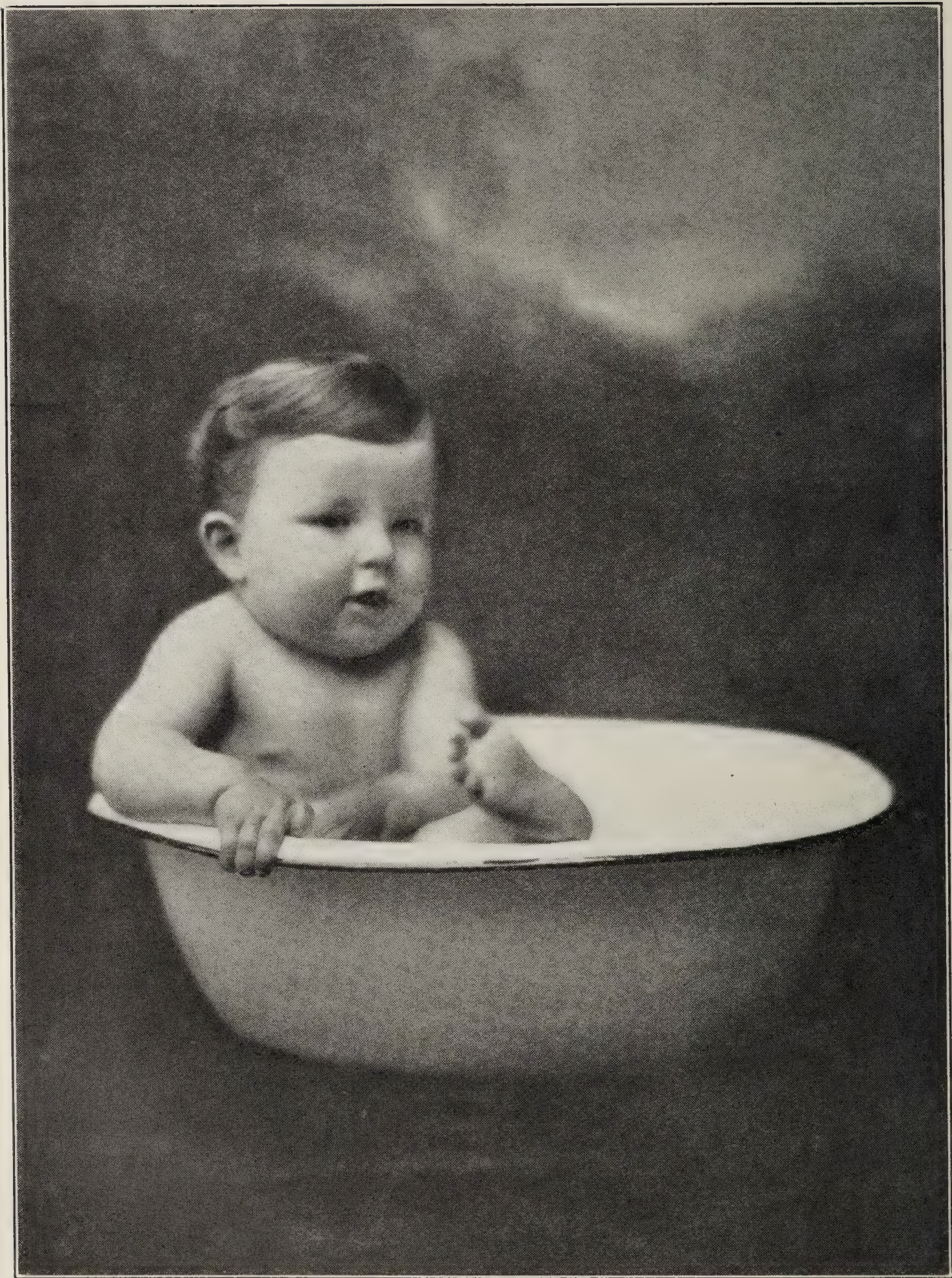
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A HEALTHY, HAPPY NEW YEAR TO YOU, TOO!

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

JANUARY, 1924

No. 4

OPERATING ROOM ROUTINE

BY SISTER M. WILLIAM, R.N.

WHILE the general principles of operating room procedures are the same in all hospitals, there is much variance in minor details of technic. Many hospitals have perfected methods which yield splendid results to themselves though they are entirely unsuited to other hospitals doing a different class of work, managed differently, or differently situated. Each institution must, to a certain extent, develop methods suited to its special requirements, but it may gain much by studying procedures successfully followed in other institutions.

The methods here outlined are not presented as a standard for all hospitals, but merely as methods that are being successfully used in a hospital doing a large amount of surgical work.¹ They have the merit of simplicity which, in turn, implies economy,—economy of supplies, economy of time, economy in the number of employees. "The greater the surgeon, the fewer the fads and instruments," is more than half true. His aim is to get the patient well with as little loss of time as possible; whatever

contributes to this end is adopted; whatever does not, is eliminated.

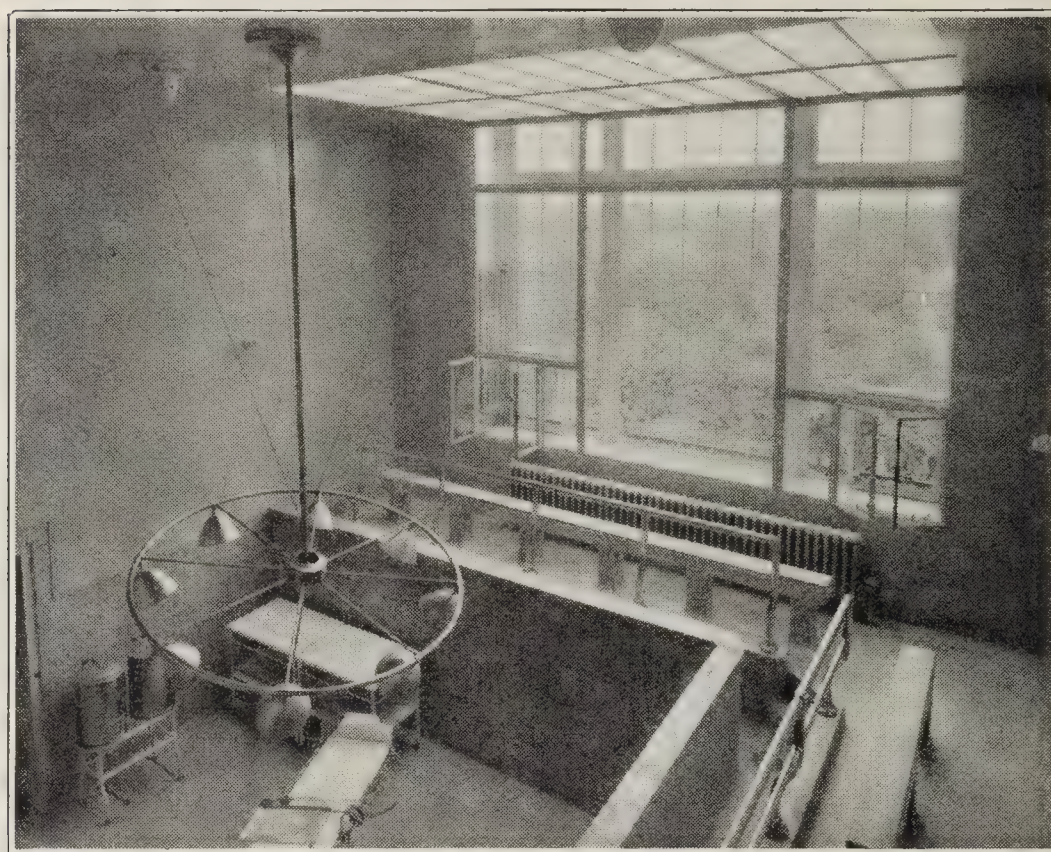
Good technic is not measured by the number of assistants and nurses in the operating room, any more than is asepsis by the pile of soiled linen. The only persons in the operating room arena during an operation at Saint Mary's are the

TO get the patient well with as little loss of time as possible; whatever contributes to this end is adopted; whatever does not, is eliminated.

patient, the surgeon, one first and two second surgical assistants, the operating room supervisor, the anesthetist, the sterile nurse, and the non-sterile nurse. The clinic, wearing white cover-alls, occupies the gallery. The anesthetic is administered in the operating room and the preparation of the operative field goes on at the same time. This saves from fifteen to twenty minutes on each operation.

The surgeons begin their work at 8:30 a. m., and continue until the schedule of operations for the day is completed. Emergencies of course have the right of way at all hours. The schedule for the day is sent to the hospital the preceding afternoon so that preparations can be made accurate in respect to the kind and amount of material required.

¹ St. Mary's Hospital, Rochester, Minn.



1. OPERATING ROOM, SHOWING GALLERY

In the evening the autoclave and boilers are prepared for the next day's work. In the large boiler are placed:

the pan and tray used on the sterile table
to receive the instruments
two basins to hold square packs
four or more packages of square packs
one long pack or more.

Into the small boiler

the basin for holding instruments
safety pins and Jones clips
pan containing lifting forceps.

Water is run into the boilers the following morning.

Basins are wrapped separately in cloth (remnants of worn-out sheets and gowns may be used for the purpose) and sterilized in the autoclave for one hour. When basins are taken out, surgeons' gowns for five cases are put into the drum and sterilized for one hour. The drum is then removed to the operating room and the gowns are taken out the next morning as needed.

After the drum is removed, the following are put into the autoclave:

laparotomy sets
breast sets
goiter sets
dressings
sponges
towels
large and small specimen pans
alcohol bowls
iodine bowls
square pan containing gauze for iodine and
cotton for pledgets
covers for screen
sleeves for cautery
large curtain for operating table
small sheet for table
covers for faucet.

They are sterilized for one hour and unpacked next morning.

Extra laparotomy sets, breast sets, goiter sets, towels, dressings, and specimen pans are kept sterilized. If not used within a certain time they are re-sterilized.

GLOVES

Gloves are all tested and if necessary, mended. They are then boiled right side out for fifteen minutes, hung up to

dry, turned, powdered on the wrong side, and turned right side out. Next they are sorted as first, second, third, and fourth class,—the first class, for surgeons, are unmarked; the cuffs of the second class are turned back two folds to mark them for the surgical assistants. The remainder are marked for the nurses by inserting the cuff of one glove into the cuff of another. Gloves are put together in packages of six pairs and are boiled fifteen minutes as needed.

SCRUBBING UP

Hand sterilization calls for scrubbing hands and arms with soap and water for at least ten minutes. Surgeons' Jumbo, Ivory, or Green soap is used under taps of running cold and hot sterile water. An ample quantity of soap is rubbed into the hands and arms and worked up into a lather; nails are cleansed with a file; hands and arms are rinsed, resoaped, and finger nails and palms scrubbed with brush or gauze. Then follows thorough rinsing in water as hot as can be borne so that every trace of soap is removed; after that the hands and arms are rinsed in 70 per cent alcohol and the finger tips are dipped into 5 per cent iodine or into Harrington's solution.

SETTING UP A ROOM

At 6:30 a. m., the large boiler is filled with water and the steam is turned on so that square packs may boil for an hour. Into the small boiler are put three gallons of water and three ounces of Wyandotte soda, for sterilizing instruments.

At 7 a. m., the pan containing the lifting forceps is taken out of the small

boiler and placed on the table in the sterilizing room. With these forceps, towels are taken from the drum and the sterile table is covered with them. On it are placed the pins, clips, and basins, which have been sterilized in the instrument boiler.

In the small boiler are placed

straight forceps
short and long curved forceps
Backhaus clips
long tissue forceps
fibroid hooks
tenacula

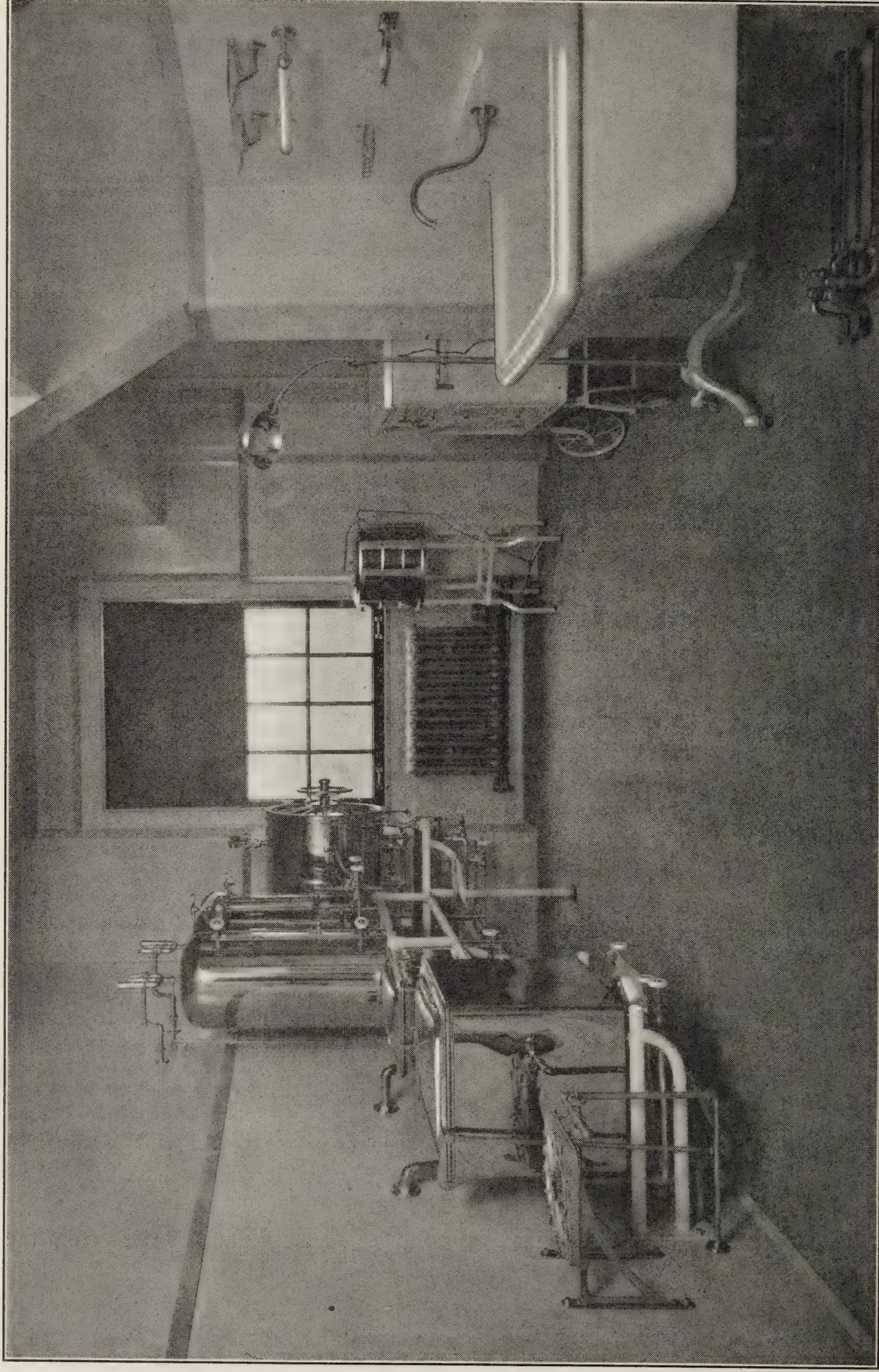
and a pan containing

scissors
pointed forceps
stomach clippers
needle holders
appendix invertors
tissue forceps
discarded forceps, marked, to be used in handling gauze for painting with iodine gloves, which should boil fifteen minutes (for sterile nurse).

All cutting instruments, knives excepted, are boiled for ten minutes; other instruments may boil from twenty to thirty minutes.

As many knives as the day's work will require are put into carbolic acid solution for at least one-half hour or else they are placed in a sterile pan lined with sterile gauze or cotton to protect knife edges, and are boiled for three minutes. The sterile table is draped with a sterile sheet and towels; with sterile safety pins and Jones clips, a large curtain is attached to the rod of the sterile table.

The non-sterile nurse brings from the large boiler the instrument pan and tray and two basins to receive the instruments and sterile packs; then she puts the gloves on to boil for fifteen minutes,



2. STERILIZING ROOM—ONE BETWEEN EACH TWO OPERATING ROOMS

sterilizes her hands, and ties the water faucets with sterile cotton and gauze.

The sterile nurse drapes the basin stand with sterile towels and places on it the pan containing sponges, cotton pledgets, forceps for handling iodinated gauze, a bowl of alcohol, and a bowl of iodine.

With lifting forceps the non-sterile nurse brings the instruments from the small boiler and places them in the tray on the sterile table; the sterile nurse arranges them and covers them with a sterile towel, (Illustration 3).

The non-sterile nurse places in the small boiler

- extra instruments
- tubes for drains
- safety pins
- needles
- syringes
- Jones clips

and on the basin stand she places a sterile basin containing plain water and another containing 1:10,000 bichlorid.

Then she places in cups on the table

- catgut taken from the five per cent carbolic solution
- silk taken from the four per cent iodine solution
- Silk taken from the seventy per cent alcohol solution.

The knives are taken out of carbolic solution and put into seventy-five per cent alcohol in a sterile pan until needed. Dermal is stripped of two outer covers and boiled for two minutes. Extra instruments and dermal are put into the drum.

At 7:45 the surgical assistants and the anesthetist come to the operating room.

The first assistant scrubs up for ten minutes.

The anesthetist prepares ether, masks,

cotton, and any other supplies she may need.

The orderly telephones for the patient and the nurse brings him to the waiting room.

At 8:15 the surgeon arrives and the second assistant informs the operating room staff.

The second assistant brings the patient from the waiting room and introduces him to the anesthetist and nurses.

The patient is assisted to the table; the anesthetist takes his bathrobe and slippers and places them on the carriage in the hall.

The non-sterile nurse cleanses the operative field with 1:1,000 iodinated benzine and then with ether. (Soap and water are used for hemorrhoids and fistulas; in vaginal cases, iodine is applied after the vagina has been cleansed with alcohol.)

The first assistant applies to the operative field two coats of iodine; the first is allowed to dry before the second is put on.

Further preparations vary with the nature of the operation.

The assistant puts on sterile gown and gloves.

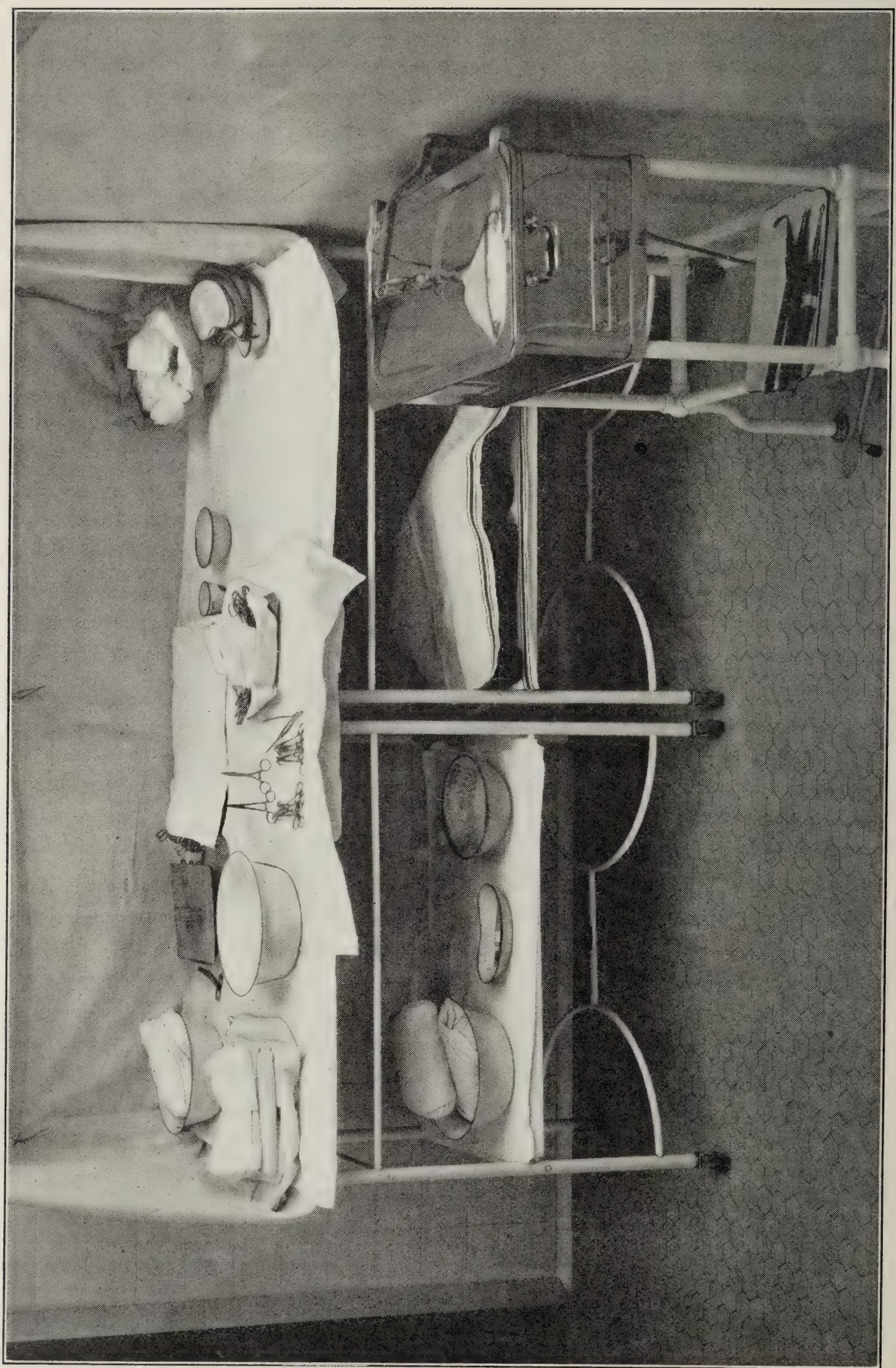
The sterile nurse and first surgical assistant drape the patient.

When the surgeon is ready to operate, the second nurse switches the signal light on the bulletin boards and the clinic files into the gallery.

The second assistant reads the history of the case.

AFTER THE OPERATION

When the surgeon has finished his work, the clinic files out. At Saint Mary's Hospital, the surgeon has two second assistants who alternate at the



3. STERILE TABLE

operating table. The one who is not assisting at the table has the next patient in readiness.

The orderly brings in the carriage for the patient and places it beside the operating table. The anesthetist lifts the patient's head.

The two second assistants take position opposite each other, one beside the carriage and the other beside the operating table. The assistant next to the table extends his arms under the patient, one arm under the shoulders, the other under the buttocks, raises the patient,

grasps the hands of the assistant opposite, who by a straight pull brings the patient gently and easily to the carriage.

One assistant accompanies the orderly taking the patient to his room, makes sure the bed has been properly warmed, sees that the patient's condition is right, puts him in charge of a nurse, and writes orders for him. Meantime the other assistant and the anesthetist dress the table, prepare towel, jacket, sheet, and blanket for the next patient, and have his history at hand. The routine proceeds for the next case.

SEVERANCE HOSPITAL, SEOUL, KOREA

BY ANNA C. JAMME, R.N.

IT was the coldest day Seoul had had thus far this winter. I was en route to Peking from Tokyo, via Korea (Chosen). It was a beautiful run through rural Japan from Toyko with a stop-over at Kyoto, and then on to Shiminosaki where I took the night boat for Fusan. All day we passed through Japanese villages and skirted the shores of the Inland Sea; the day was brilliant and the sunset over the sea near Myrojima was something always to remember.

It was like awaking in another planet at Fusan to see the transformation in dress from the Japanese to the Korean. The large stalwart Korean men and women in white voluminous garments, walking quickly and erect, often carrying great loads on each side, or on the head; often walking beside their patient bullocks dragging the loads of produce or merchandise to and from the ships

in port, a vigorous, but quietly spoken race.

From Fusan to Seoul it grew colder as we went north. The stops at the stations were made interesting by the numbers of Koreans who flocked there and the variety of their costumes. Afar in the fields and on the mountain sides they could be seen working in their white garments; frequently we passed their mushroom-like villages. Their habitations are built of mud, low and round, with a round brown thatched roof which gives the appearance of a mushroom, and as they build their homes close together, the villages looked like clusters of mushrooms. It seems remarkable that such white garments could come out of these low mud huts. I noticed some women washing through a hole in a frozen stream.

It was intensely cold when I arrived in Seoul in the evening and I was glad

of the shelter of the comfortable Chosen Hotel. The next day, New Year's, was a holiday; the city was very quiet and no shops were open. I found my way early to the Severance Hospital which is connected with the Severance Union Medical College. One approaches it through the beautiful South Gate, built several centuries ago, which was a part of the old wall. I soon found myself at the hospital and in the Nurses' Home talking with a group of American nurses, and I realized as never before the great fellowship of our profession. Zola Payne, graduate of Indianapolis City Hospital, is in charge of the hospital and of the school of nursing. She has with her four foreign nurses acting as heads of departments. The hospital can accommodate about one hundred patients. There is a large out-patient department, having on an average two hundred patients a day. I was sorry not to see it in action, but because it was New Year's day, there were no patients.

The school is for Korean nurses only. There were then thirty-three students. The course covers three years with a probation of six months, which I found was the usual length of the preparatory period throughout the Orient. Considerable time is necessary for the preliminary work, as the Japanese and Korean women must be taught slowly and the instruction repeated until it is thoroughly grasped, but once this is accomplished it is rarely forgotten. The Korean nurses are excellent students, and in the course of my rounds in the hospital I found them at their studies. They are hampered by not having textbooks, as they use the Japanese language and there have been no textbooks translated and no original texts. There

is great need of this in the schools of Korea. At the Severance Hospital during the six months probationary period, the students are on duty for two hours a day for practice work in the wards and supply rooms, the remainder of the time they are in the classroom. The classes commence twice a year, and there are enough applicants to afford a good selection; many drop out due to lack of education. Education was very much retarded in Korea until the Japanese took charge, now the schools are coming up, notably the schools for girls. The course of instruction for the student nurses follows largely the plan of the Standard Curriculum. The foreign nurses teach in English, which is interpreted into Japanese. The physicians give part of the instruction. The students pay a tuition fee of ten yen (\$5.00). They receive during the first year fifty sen (25c) a month. During the second year seventy-five sen (38c); and in the third year one yen (50c) a month. The eight-hour system is observed, and the students change at seven, three and eleven. I saw the students at their noonday meal (tiffin). They were most intelligent and alert looking young women in their attractive blue and white uniforms, the probationers wear the native white dress which is full, of good length and very comfortable. They were partaking of their native food and using chopsticks. Their matron or house mother was present, a motherly attractive middle aged woman dressed in the native Korean costume. They had a good class and demonstration room; a Chase doll was on its way from America, a present from Pomona, California. Their sleeping rooms were meagerly furnished, but very neat and

clean; they used beds. The students were rejoicing in beautifully colored, large wool scarfs which had been sent to them for Christmas by the nurses of Pomona Valley Hospital, California. Miss Lawrence, the nurse in charge of the out-patient department, is a graduate of Pomona Valley Hospital and has interested her alumnae and others in Pomona, from whom the generous gifts were forthcoming. It meant so much to these little students, this touch with their American sister nurses.

As for the hospital, one might be fastidious as to equipment, beds, linen, furnishings, but when it is considered what is being done by the doctors and nurses, and the spirit that is behind it, beds, straw mattresses, dark linen, even ragged linen, are of small consequence. "Are you happy here?" I asked the nurses. The light in their eyes was sufficient, and the ready response, "I would not care to be in any other place" told what was back of their work.

There is a fine organization of graduate nurses, composed at present of foreign nurses and called the Occidental Nurses' Association. I asked about their meetings. These are held an-

nually, and more frequently if necessary. The nurses are very scattered in the country, distances are great, and means of transportation limited. They have to come by various ways, ox-carts, horseback, rickshaw, or on train, if fortunate enough to live near the railroad. I had the pleasure of reading the minutes of their last meeting, held in Seoul, which showed an excellently well conducted meeting and some active work. One activity upon which they are launched is a translation into Korean of Pope and Maxwell's "Practical Nursing" which will be done at the expense of the organization. Ethel Butts, superintendent of nurses at Pingyang Hospital, is president of the association. They contemplate organizing the Korean nurses into an organization called the Korean Nurses' Association in order that the graduates of Korean schools may conduct meetings in their own language.

Altogether it was an inspirational visit and I came away feeling awed by my brief contact with these nurses and the fine spirit of their work, and as I walked again through the beautiful old South Gate I felt it would be a New Year's day of wonderful memory.

"When we finally recognize the fact that the American child is a country child and that he comes into the world far from medical and nursing service, when we reach out over the plains, down through the valleys and swamps or climb high beyond the hills, into the fastnesses of remote mountains, we shall find the backbone of the country and really reach the crux of the question, the heart, the brain, the brawn of the American nation."—*Frances S. Bradley, M.D.*

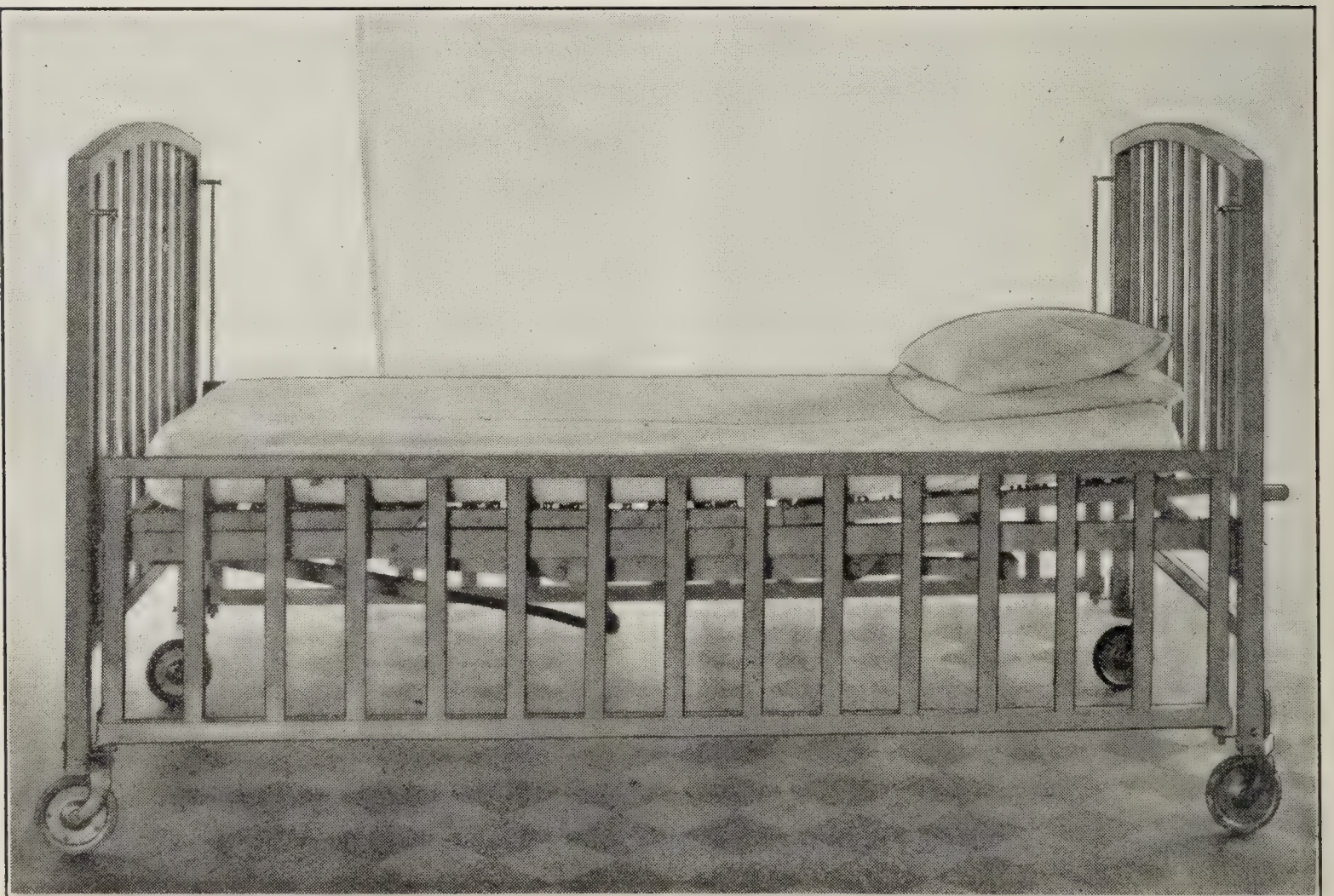
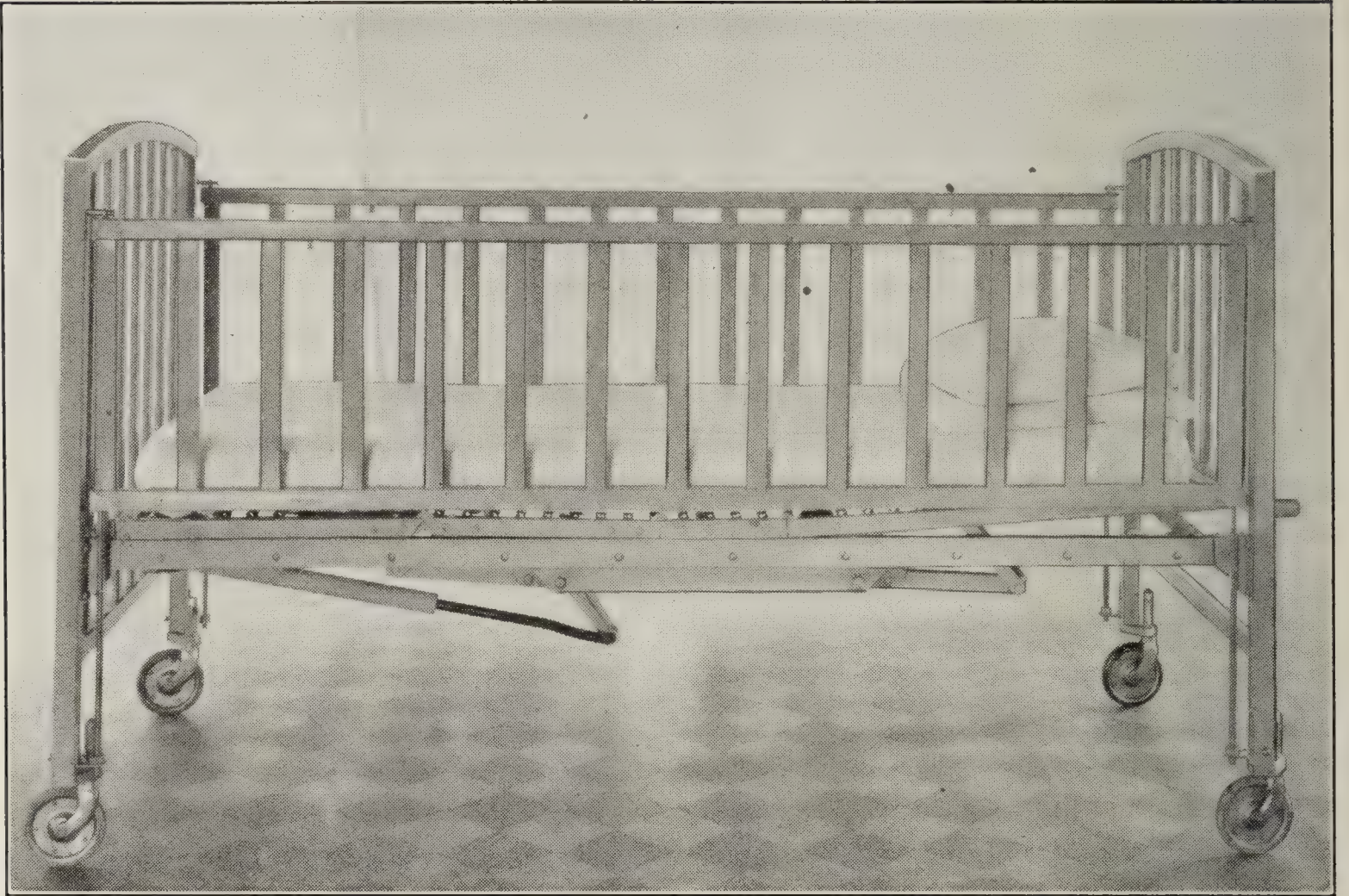
From an address given at the convention of the American Child Health Association, Detroit.

OHIO'S GIFT TO NURSING EDUCATION

At a recent meeting of the Board of Directors of the Ohio State Association of Graduate Nurses it was voted that \$400 be given to the National League of Nursing Education.

The Ohio State League of Nursing Education Board of Directors at a meeting held the same day voted \$100 toward the support of the National League of Nursing Education.

A BED FOR HELPLESS PATIENTS



A bed designed for the care of unconscious or other patients at the Henry Ford Hospital, Detroit. It is an adaptation of the sliding sides long in use in cribs to a standard Simmons bed with attachments.

THE PRIVATE DUTY NURSE AND THE REGISTRY¹

BY ELVIRA NEUBAUER, R.N.

YOU have all, I trust, read the splendid article in the September number of *The American Journal of Nursing*, by Elizabeth Gibson, entitled *The Private Duty Nurse: A Pioneer Health Worker*. What wonderful credit and honor she has given to the private duty nurses for the progress which has been made in the nursing profession. May we continue in our efforts to strive onward and not become discouraged at any time, for the problems which confront and perplex us today, though they may appear like huge boulders, cannot be any more difficult to clear away than those of the past.

One of the problems of the private duty nurses of today (I mention the private duty nurses because it seems to affect them mostly) is the Official Central Registry, better known to all of us as The Wisconsin Nurses' Club and Directory.

The registry should be of interest to every nurse, but there is no doubt that its main service is to the private duty nurses; therefore we should do all in our power to improve and perfect the registry, so that what has been accomplished up to the present time shall remain, and that the ever arising new difficulties, problems, and obstacles, which will appear, possibly due to progress of time and new demands made upon the nursing profession, may be solved and cleared.

The Wisconsin Nurses' Club and

¹ Read at the convention of the Wisconsin State Nurses' Association.

Directory is not a local registry, inasmuch as we register graduates from every part of the state and many from other states, also nurses are not only sent on cases in Milwaukee and vicinity but to cities and country towns all over the state. It is not my intention to find fault, but rather to bring before a large number of sister nurses some of the criticisms which have reached me, so that we may face these rebukes and judge who is to blame so that, when corrections are made, the registry, as well as the private duty nurse may profit.

Have we who are here today studied the aim and usefulness of the registry to the doctors, hospitals, and the inhabitants of the entire state, as well as its benefit to us? Have we who know of its value and service, recommended, upheld, and supported the registry at all times? Or are some of us guilty of having used the registry merely as a convenience and given naught but our dues in return? Not so long ago I heard a nurse say, "Well, I paid my dues and I take very few cases from the Registry; they should be satisfied." It is true there are many who pay their required amount in dollars and cents promptly, which is greatly appreciated and very essential, but they shift the responsible work upon "the willing few." Oh, that we might all remember that our dues are not paid unless we give of our time and energy.

How many nurses are guilty of having a long list of "I will not take" below their names on the registry card? I

grant there are instances or long periods of time when some nurse, either due to some recent illness or some unusual amount of responsibility, is prevented from taking out-of-town or certain kinds of cases, but could not some of the long list be eliminated? Or, if not, in some cases, is it not possible to have a personal interview with the Registrar and discuss our impediments with her and compromise or solve the problem in such a manner as will be satisfactory and beneficial to the Registry and to the nurse? Just how could the Registrar know of our misfortunes or afflictions unless we communicate with her? and then surely we can expect consideration and coöperation in return.

There are many kinds of cases, one call comes from a hospital, another comes from a doctor out in the country, there are two nurses on call, one has just reported for the first time in several months, because she has had a fracture, surely this nurse should be sent to the hospital case, where she can give as good service as though she were in perfect health and can perform her duty without undue danger towards her weak member, and the other nurse sent to the country case. Such harmonious conditions will exist if all strive for the same goal and seek the welfare of the Registry as well as the welfare of the private duty nurse.

It was only last month I had the pleasure of relieving the Registrar for a few days; the experience was somewhat of a revelation. I shall relate a few of the difficulties which I encountered: I arrived early at the Club and the Registrar departed within an hour. Left to myself I looked over the cards of the nurses on call and did recognize

a familiar name. During the morning two more nurses reported for duty; they were friends and graduates of the same Training School; they registered about two hours apart. It so happened that the first to register had below her name on the registry card, "Will not take Ob's, contagious, typhoid, drug addicts, alcoholics or out of town cases." The second nurse did not have a long list. A call came from a near-by country town; the doctor wanted a nurse for a country case; there were at the time four nurses on call and the very last one to register was the only one who did not have on her card, "Will not go out of town." I telephoned her, gave her the particulars and directions. She thanked me and must have gone. Within half an hour the telephone rang. I answered. "Could you explain to me why my friend who, I know, did not register until noon was sent on a case ahead of me, when I registered early this morning?" Neither the spirit that prompted such a question nor the voice that transmitted it were what I would call pleasant. For a moment I was not so certain but that I had made a mistake, so I asked for her name as well as the name of her friend. With both cards before me I said, "Miss Blank, you have on your card, 'Will not take Ob's, contagious, typhoid, drug addicts, alcoholics or out of town cases,' is that correct?" "Yes," was the answer. My reply was short but to the point: "Your friend, Miss Blank, was sent to an out-of-town case." She did not apologize though she is forgiven, for her voice which said, "Oh, was it?" was very humble and I'm sure she realized her error.

Time and again a nurse will report

for duty and when called will not be in,—often much precious time is wasted by useless telephoning, because a nurse has gone out for several hours, and has taken a chance. We cannot expect to keep our place on the list by such careless habits. During the busy season or times, this means very little loss, but when there is a lull in the work and you or I lose our place on the registry, when it means days and often a week or more loss of time, we are apt to hear murmurings of discontent and heavy complaints voiced against the registry, all of which might be prevented by a little more forethought. Whether our absence be for business or pleasure would make little difference, our trip could be undertaken with a care free spirit if we had reported our plans, for surely we ought to expect some consideration when we work faithfully and are loyal to the registry.

In many instances the position of the Registrar is very trying, especially when an urgent request is made to send a nurse to a very ill country patient and the nurses on call refuse to go. Just how much thought has been given to the cause of such refusals, I do not know. I doubt if there are many nurses who would refuse to go on a case, though they may be registered against it, if a special appeal is made. Maybe we have a legitimate right to refuse to go; our reserve strength may have been taxed to the utmost on our last case and we feel that to go on another hard and long fever case and lose many nights of proper rest and endanger our health would be sheer folly. Have we not all heard, when some nurse has broken down from overstrain, "She should not have taken such a hard case," or "She

should have asked for relief sooner," or "Why did she take the case?" In our ardent desire to do our duty we often fail to notice the danger signals of over-taxed strength slowly undermining our health.

It is impossible to judge the amount of strength required on any case. One patient may not be so seriously ill, yet the demands and the nerve strain may be sufficient to wear out two nurses. Another patient may be very ill and require a great amount of attention and work, but the cheerful atmosphere and surroundings help to lighten our labors.

It seems to me that the hardest task we are asked to perform, very frequently, is to take repeated short cases. This is more difficult than it seems, for being with a patient only a day or two, usually beginning the morning of the operation, we give up our hours on the first day; the first night or two our rest is broken often, and we leave late on the second or third day and report for duty, only to be sent out on another short case, tired and weary.

Have we all been so busy in other lines or branches of the profession? If so, let us in the coming year show a more conscientious and keener interest towards the registry.

Are the older graduates, are we as private duty nurses in our sojourn at the various hospitals, properly impressing and arousing a keen interest for the registry amongst the nurses who are about to graduate? Are we faithfully availing ourselves of every possible opportunity to influence these young graduates? Do we let them feel that we really want them and are interested in their welfare? Much has been done by the program of the Fourth and Fifth

Districts to bring about a keener interest between the graduating classes of the various hospitals and graduates, through the social evening at the club. May we have similar gatherings in the coming year and may they serve to arouse the enthusiasm of all the Senior nurses as well as strengthen our own bonds of interest.

Just like any other private duty nurse, I am called to various hospitals, and I admit that the interest in The Wisconsin Nurses' Club and Directory is very noticeable in the graduating classes of the hospitals whose superintendents have turned their private registry over to the Directory and have refused to call nurses on special duty to their respective hospitals who have not registered at the general Directory. On the other hand, in the hospitals where the private registry has not been turned over to the general registry, the graduating class has scarcely heard of the existence and true value to the profession of the Wisconsin Nurses' Club and Directory.

While speaking to several of the nurses in the graduating class in a hospital like the last mentioned, we were

discussing the general registry, its beneficial and time-saving service, when one of the Senior nurses spoke up rather sharply and said, "Oh, yes, that is all very fine, but why spend ten perfectly good dollars when our hospital will give us all the work we want?" Is this nurse so near through training at fault for such careless and lax attitude towards the registry, or has some older graduate been thoughtless in the way she expressed her attitude?

Why do so few hospitals, only three, realize the importance and benefit to the hospitals, doctors, and nurses, of the Wisconsin Nurses' Club and Directory? Is it justice to the young graduates to send them out from the hospitals with so little knowledge of their duty towards aiding the progress of their profession? Is there not some way by which we, as private duty nurses, could arouse sufficient interest among the superintendents of the hospitals, so that they may realize how great the advantage may be of a little instruction along this line to the graduating class, how much depends upon such information? How could it do anything but "elevate the standards of the profession?"

INFORMATION WANTED

Information is desired regarding the whereabouts of Jeanne Parisian, Nurse, French Canadian, last heard from in January, 1923, when on the staff of the City Hospital, Scranton Road, Cleveland, Ohio. Communicate with Madam E. Richard, 250 Sherbrooke Street, West, Montreal, Canada.

MEMORIAL ADDRESS ¹

BY JOHN M. T. FINNEY, M.D.

WE are gathered here today to pay homage to those of our comrades and friends who, during the World War, laid down their lives in the cause of justice and liberty and to unveil this beautiful tablet of bronze erected to perpetuate their memory. It is fitting that we should pause for a moment to consider just what their supreme sacrifice has meant to the world, to our country and to ourselves. We should not forget that these, our honored dead, represent but an infinitesimal fraction of that great multitude of those "whom no man can number," who, during the World War, laid down their lives willingly, yes gladly, for the cause of freedom, justice, and honor, as opposed to dishonor, frightfulness and force. Multiply our feelings of loss, our heartaches and yearnings for those who are gone never to return, by those of that vast throng of other races and tongues, who mourn as we do now, and try, if you will, to comprehend the measure of it all, the extent of grief, the sense of loss, the ruthless destruction and wanton waste. Then think of the causes back of and responsible for it all,—selfishness writ large, greed of gain, lust for power upon the part of one misguided nation led by a vainglorious, self-styled inspired warlord, now a fugitive from justice, a prisoner interned in a foreign land

whither he had ignominiously fled to escape retribution. As a result of his madness, the whole world has been plunged into a state of chaos and confusion from which, up to the present moment, there has been found no safe and sure release. What has been gained by all the suffering, the loss of life and limb and property, the social unrest, the international hates and suspicions, the lowering of moral standards, national and personal, that flow from wars such as this? Is there no lesson in it all for us who survive, for the nations of the earth, for our country? Have the sacrifices of these, our brave and heroic comrades, been made in vain? Is the world to become worse rather than better by reason of what they have suffered? Are the nations of the earth still to continue, in spite of international peace leagues and disarmament conferences and such like, to go on stealthily piling up their armaments, reconstructing and improving their various engines of war, and all the while manufacturing poisonous gasses of still deadlier power, in order, when the favorable time comes, again to unleash the dogs of war? God forbid! Rather may we not hope with confident assurance that finally, by reason of the very sacrifices that have been made, the nations of the earth may come to see and to know, by actual experience, the truth of the ancient proverb, "Righteousness exalteth a nation, but sin is a reproach to any people." The blessed heritage of the lives of these, our comrades in arms, the good fight that they have fought, the record of how

¹ Read at the services held at the Army Field Medical School, Carlisle, Pa., October, 1923, when a memorial tablet was dedicated to the memory of officers, nurses, and enlisted men of the Medical Department who died in the World War. Somewhat abridged.

well they have kept the faith, the memory of their splendid achievements cannot, must not, fail to be a constant stimulus to higher thinking and better living to us who knew and loved them, and to those who shall come after us, until the end of time.

We, as present and former members of the Medical Corps of the Army, may well be proud of the part played by the men and women composing that important arm of the service during the late war. When the call came, the Medical Profession, as a whole, responded with commendable alacrity, and the whole-hearted devotion to duty, and the remarkable efficiency manifested by them, as a whole, has reflected great credit upon our Guild. What has just been said of the medical profession applies with equal force to all other departments of the service, but more especially, perhaps, to our sister profession of nursing. Nothing could have been finer than the way in which the nurses responded and volunteered for service, both in the field and in the hospitals, in this country and abroad. This splendid exhibition of patriotism was only surpassed by the unselfish devotion to the welfare of the soldiers which at all times characterized their ministrations. And what could have been more inspiring than the splendid service rendered by the enlisted personnel of the Hospital and Sanitary Corps? The many instances of personal heroism performed by individual members of the entire Medical Corps furnish one of the most brilliant chapters in the history of the World War. Where the standard of excellence in the performance of duty was so uniformly high, it would be invidious indeed to try to make distinc-

tions, to mention one group without the others. From the greater prominence of their position, the accomplishments of the commissioned officers were of such a character, perhaps, as to attract more general attention, and thus become more widely known. They speak for themselves. But those who were in a position to know the facts are very familiar with the splendid work done by the entire nursing corps of the Army, both in France and this country. The remarkable results achieved in the low mortality rate of the World War could never have been obtained without the hearty coöperation of that noble body of women who, as nurses, so freely gave their all to the care and attention of the sick and wounded. Many a doughboy who, wounded and ill and homesick in a foreign land, his sufferings relieved, his wants supplied, and himself nursed back to life and health by their ministrations, will "rise up and call them blessed." Their heroism so often displayed in the face of danger, their fortitude in undergoing hardships and their unfailing cheerfulness through it all, contributed more to the building up and keeping up of the high morale of the Army than can possibly be estimated. The wholesome effect of the very presence of the nurses in the hospitals, and their eagerness to undergo the same hardships and dangers as their brothers in the trenches, was most beneficial. The willingness to make the supreme sacrifice, if necessary, was well-nigh universal, and that some of them were actually called upon to make it, is attested by the erection of this tablet.

Could anything be more heroic or worthy of higher praise than was the character of the services rendered by

the enlisted men in the various branches of the Medical Corps? To go over the top, armed with rifle and pistol and other weapons of offense and defence, is one thing. But it was quite another to go over armed only with litter and splints and dressings and bandages, and to meet face to face a hostile foe, reputed to pay little respect to the ordinary amenities of war, no more indeed than to "a scrap of paper." Their duty was to go to the aid of wounded comrades lying helpless upon the battlefield where the shot and shell were flying thickest, and in gravest peril of their own lives, to render aid and succor. How well they played their part is witnessed both by the high mortality rate among the enlisted medical personnel as well as by the comparatively low mortality rate of the Army as a whole. The long roll of names of enlisted men commemorated by this tablet speaks eloquently of their devotion to duty. When the history of the war comes to be written, the many deeds of unselfish valor performed by unknown heroes in the ranks will merit a large place.

5772 members of the Medical Corps, as a whole, made the supreme sacrifice, a truly remarkable record of devotion to duty.

It will be seen from the statistics obtained from the records of the Surgeon-General's Office that the Medical Corps suffered a higher percentage of casualties than did several divisions of the combat troops. The unprecedentedly low mortality rate of the World War speaks in loudest praise of the excellence of the service rendered by the Medical Corps of the Army, in all of its branches. This was the first war in history in which the number of those

killed in battle and who died of wounds exceeded the number of those who died of disease.

But great as is the lesson to be learned from the self-denial and heroism and duty well performed by these our comrades, whose virtues we extol, yet, if I mistake not, there is another and even greater lesson for us to learn from their spirit of sacrifice and consecration. If any virtue goes out from occasions such as these, if any good is to come from them, it should be (it can only be) in the effect that they have upon those of us who remain. Paraphrasing the language of our great martyred President, used upon a somewhat similar occasion not many miles from here: We cannot dedicate, we cannot consecrate this tablet. The brave men and women who struggled and died have consecrated it. It is for us, the living, rather to be dedicated here to the unfinished work which they have thus so nobly advanced; to rededicate ourselves to the great task remaining to be done; that from these honored dead we may take increased devotion to that cause for which they gave the last full measure of their strength; that we here highly resolve that these dead shall not have died in vain. In spite of the selfish machinations of petty politicians posing as statesmen in high places, who are willing to put personal considerations above patriotism, politics above statesmanship, we will not be discouraged, but will continue to "carry on," as we believe these, our devoted dead would have done and, by the same token, would have us do. These same misguided politicians have, by their selfish, short-sighted policy, been responsible for the real tragedy of the war, namely, the

failure of this country to assume and maintain its rightful place as the leader of the world in international righteousness. The age-old question, "Am I my brother's keeper?" is still pressing for an answer, and will continue to do so until we, as a nation, are willing to abandon our selfish position of so-called "splendid isolation" and take our rightful place in the councils of the nations and accept our full share of responsibility and exert our power and influence in the proper solution of the many problems so sorely perplexing the less fortunate nations of the earth. No question is ever really settled until it has been rightly settled. One may cry "Peace, Peace," but there is no peace, nor can there ever be any lasting world peace until this country, as a member of the family of nations, is willing to relinquish its present policy of selfish aloofness and to accept and perform its unavoidable responsibility in a world-wide rehabilitation. We, as medical men, gathered here to do honor to our sainted dead, we who, both from the nature of our duties and from the very reason of our being here, know the meaning of war in terms of human suffering, of anguish of mind and of body, of loss of life and limb, it is for us soldiers past and present to raise our hearts and voices in support of those principles as embodied in the League of Nations, or an international agreement, call it by whatsoever name you will, that has for its object the abolition of this damnable thing that we call "war," that makes for the settlement of international disputes by more humane and less barbarous methods than brute force, with all of its attendant evils. The continuous development of the airplane and explosive

bomb and the discovery and use of still more destructive poisonous gasses will inevitably further revolutionize warfare, and soon make it too horrible even for contemplation. Perhaps this very fact may outlaw it quicker than international leagues or agreements of any kind. Meanwhile, until some such international agreement has become an established fact, and so long as other nations continue warlike preparations, common prudence and the law of self defense will compel us to do likewise, in order not to be taken unprepared.

I should be untrue to myself, to my convictions and to my understanding of the significance of this occasion; I should be false to the memory of our honored dead and their heroic example, if I failed to give utterance to the deep conviction within me, namely, that the real lesson of the war is bound up in the prevention of its recurrence. The world is sick, sick unto death. The only remedy that offers the slightest hope for its recovery is the application, in our international relations of the principles of the Golden Rule. Skeptics may scoff as they will, and call it too idealistic and too altruistic for this materialistic age. But there is that fine balance of international justice so essential for the firm establishment of a mutual understanding and confidence in the family of nations. Without it, all is chaos and confusion. Until all the nations of the earth are willing to work together to this end, no satisfactory solution of these pressing problems need be hoped for. All other specious and spurious remedies proposed from time to time by false prophets and strange political theorists are but as "sounding brass and a tinkling cymbal." Surely statesmanship is

not wholly dead. Provincialism is no fit substitute for patriotism. But in order that this may not happen, and our nation become a reproach and a by-word among the nations of the earth, it is

necessary that you and I should speak in no uncertain sound for those whose voices are forever stilled, and say for them the words that we are sure they would have us utter.

CLINICAL MANIFESTATION OF LUES IN THE NOSE AND THROAT¹

BY ANDY CARR, M.D.

SYPHILIS in all of its states and types manifests itself in lesions located about the nose and throat. The infection may be inherited or acquired, and all variations of the primary, secondary or tertiary states are encountered. The telltale blemish of the luetic may be visible, or the infectious sores responsible for the innocent inoculation of others frequently are about the nose and throat. Syphilis is usually considered in the light of a venereal disease, but there are countless cases of infection acquired through inoculation from nose and throat lesions. The easily recognized pathological conditions in this region may and surely do many times give forth the first suspicions of the disease. Hence it is of great import that all who are actively engaged in public health work of any kind should be thoroughly acquainted with this phase of nose and throat disease, not only for the good they may do by early advice to the patients, but primarily as a safeguard for themselves. The doctor and the nurse must care for the sick with their hands. A chancre on the

finger may be the penalty for failing to recognize active syphilitic lesions.

Lues or syphilis is a chronic, constitutional, infectious and contagious disorder, hereditary or acquired, which may attack any tissue or organ of the body; it is characterized by symptoms referable to the part attacked and is produced by the Spirochete, *Treponema pallidum*. In acquired syphilis, the first evidence of its existence is the initial sore or chancre which appears about twenty-one days after infection. This is called the primary lesion, or the primary stage. Nearly 10 per cent of all chancres are located about the lips, tongue, tonsils or face. The lesion may originate in a scratch or other superficial excoriation, erosion, fissure or herpetic lesion and in these locations is usually contracted during the act of kissing. The chancre is a circumscribed ulcer with clean cut walls, penetrating deeply into the skin or mucuous membrane, and always has a hard indurated base. However, it may assume various typical forms and any lesion of the lips, tongue or pharynx that persists longer than two or three weeks should surely be looked upon with suspicion. It is important that the primary lesion be

¹ Read at the eleventh annual meeting of the North Dakota State Nurses' Association, Minot, N. D.

recognized, as recognition not only prevents undue exposure of others to the infection, but gives an opportunity for early treatment.

In about six weeks after the beginning of the chancre, more or less generalized cutaneous manifestations appear. This is the beginning of the so-called second incubation period, or the secondary stage of syphilis. Usually at the beginning of this second stage, there is to be seen a pharyngeal or pharyngonasal blush extending irregularly or symmetrically over the parts, accompanied often by engorgement of the tonsils. There may also be associated laryngeal hoarseness, cough, dyspnea, aphonia, and nasal discharge. The classical lesions of this stage are the mucous patches. They are found on all mucous surfaces, but especially in the mouth, where they are most annoying and most persistent. These patches are roundish or oval, flattened or slightly depressed, pale, rosy or whitish spots, covered by a film or membrane beneath which a reddish, raw-looking surface appears. They are most often seen inside the lips, near the angles of the mouth, on the buccal mucous membrane, the fauces, the tonsils and on the tongue. At the angles of the mouth some thickening with consequent fissure-sores unfrequently occur, leaving the telltale scars. In the tonsil region, deep, destructive ulceration may develop. Recognition of the mucous patch is very easily learned, and once this knowledge is firmly established, one may be almost certain of the diagnosis, without history or Wasserman findings. The secretions of these lesions are highly infectious.

Another familiar type of secondary

lues found in the mouth is the leuoplastic opaline plaque. These are flat, smooth, bluish white, firm, slightly indurated, roundish areas. They occur mostly on the dorsum of the tongue, on the mucous lining of the cheeks and at the angles of the mouth. In the later stages, sometimes designated as the tertiary or gummatous stage, infiltrations of the mucous membrane of the mouth occur in both circumscribed and diffuse forms and may be either superficial or deep. These gummas tend to break down and ulcerate, causing marked destruction in the pharynx, and leave thick contractile bands of scar tissue taking the place of the elastic pillars and pharyngeal muscles. The soft and even the hard palate may be destroyed, connecting the mouth directly with the nasal cavities. The larynx is frequently involved and there results destruction of the vocal chords to a variable degree. As a result of gummatous destruction to the framework of the nose, there is produced the sunken in or saddle nose. This is one of the most characteristic end results of lues in this region.

Congenital or hereditary lues differs from the acquired form by the absence of a primary lesion and usually by greater severity of symptoms. The child may be born with a clear skin, be plump and well nourished, or active lesions may be present from the start.

Of the nose and throat lesions in hereditary syphilis, coryza, more familiarly known as snuffles, is perhaps the most important of the earlier symptoms. The discharge from the nose is due to the specific involvement of the mucous membrane of the nares. At first this discharge is clear and watery, but later

becomes purulent, crusts may accumulate externally about the nasal orifices and interfere markedly with breathing. It is well to remember that any baby with a running nose persisting for several weeks, might be luetic and that it is worth while investigating. The de-

formed or peg-shaped teeth described by Hutchinson and called Hutchinson teeth, are blemishes found in the older child. All of the other lesions about the nose and throat described under the acquired type are also encountered in the congenital form.

EXAMINATION FOR STATE REGISTRATION OF NURSES¹

BY HARRIET L. P. FRIEND, R.N.

THE whole subject of examination is being given such serious consideration today, there is so much discussion and trial of methods, that one has the feeling that some newer way of testing ability may develop. There does not seem to be any good reason why Boards of Nurse Examiners should not avail themselves of, and profit by, the knowledge gained through an experiment with various types of examination in our colleges. One of these types, the completion test, has been used to a certain extent, in one state at least, in examination of nurses for state registration. This article, however, does not pretend to offer anything in the field of new methods, but will discuss certain features of state board examinations for nurses, given in the usual manner.

The ordinary type of examination as given consists of a number of questions on the various subjects relating directly to the theory and practice of nursing. There may be a different set of ques-

tions for each subject or one set of questions may cover several different subjects. There may be in addition an oral examination in and demonstration of practical procedures in nursing by the nurse being examined. In relation to this last type, an examination demonstrating practical procedures is conceded to be of much value as a test of ability, also indirectly in stimulating schools of nursing to perfect methods and to give adequate supervised practice of these procedures. Although an examination including demonstrations is more difficult to arrange for than one merely written, the advantages seem to outweigh the disadvantages. Good arrangements have to be made to handle large groups of applicants in sections, ample thought and preparation are necessary to assemble the equipment necessary, and probably provision must be made for extra examiners by the employment of nurse instructors as assistants. Even though the group of applicants is large and the time is short, experience has shown that a pretty fair idea can be gained of the nurse's ability to perform and her knowledge of underlying principles, and

¹ This is the third and last of a series of articles dealing with the duties of state boards or of inspectors. A few reprints of each article are available at five cents each. These should be ordered from the Rochester office of the *Journal*.

in a sense her ability to meet emergency situations.

Regarding the examination in practical procedures, an interesting suggestion has been made, that is, to have the inspector of schools of nursing add to her other functions that of giving a practical examination to the Senior students in each school, as it is visited. Such students as demonstrate adequate skill could be given credit and excused from the practical examination at the time of their examination for state registration. Such students as could not demonstrate adequate skill would have a chance to perfect themselves before the state board test. There would be time for a much more thorough examination if it were given in this manner and certain other advantages appear. Among these are: stimulation of equipment of demonstration rooms and of methods in each school, economy from many points of view. It is also easy to see that the inspector might be placed in a position of greater helpfulness to the schools in the elaboration of procedures.

Any one who has graded papers written at nurse registration examinations will agree that one of the greatest difficulties apparent from the point of view of the applicant is that of expression. Student nurses need constant practice in writing short concise answers, for the very reason that their knowledge must be in such shape for quick use in emergencies. Short frequent written examinations have proved very helpful. One successful instructor has developed a method of giving one written question at the beginning of a period at least once a week. The question relates to the subject in hand, the students may

write for five minutes. Incidentally such questions will help to disclose misapprehensions that are apt to arise in the minds of the students. This practice of short frequent written examinations can be developed in a manner that will add very little to the instructor's burden, and it does interest and develop the students.

Events seem to point toward creating a position for a chief examiner in connection with state boards of nurse examiners. Under ordinary circumstances, to have to make questions for examination is a great burden for these boards, in addition to the days that have to be given to board meetings. Being responsible for examinations, there is, of course, the obligation on the part of the board to review and approve questions. Such questions could, however, very well be gathered by the chief examiner with the help of experts who could also grade the papers written at the examination. One problem is always that of duplication of former questions. Considerable time should be allowed for checking with former questions, certainly the board of nurse examiners has not time to spare for this. Experience seems to show that it is valuable to have written answers submitted with the questions and to ascertain that the questions are well within the range of recommended texts.

In reviewing questions, there are a number of things to consider. First, the function of a nurse is not to treat, therefore a question should never begin with the phrase "How would you treat, etc." Certainly the nurse must be familiar with ordinary forms of treatment, therefore a question might be asked, "What are the ordinary forms of treatment of, etc." Probably a better

type of question is found in "What is the nursing care of, etc?"

The aim in question in regard to nursing care should be to develop the fact that the nurse writing is a safe person to be left in charge of the sick. Does she know why she gives a treatment? Does she understand how to prepare for and perform it, in order to get the desired result? Does she know what the desired result is? Does she know what observations to make to ascertain the result, and does she know what to do if untoward results appear? In addition to knowledge of specific treatment, questions in nursing care should ascertain her knowledge of routine nursing care in surgical, medical, communicable, obstetrical, mental, and children's nursing. If there is not yet provision for a separate paper on nursing of nervous and mental diseases, several questions regarding this subject should be incorporated among those on medical nursing.

Next is the type of question of which the answer is a few words learned by rote. I will quote the classic: "Name three protein foods." It is perfectly possible for a candidate to answer such a question correctly and at the same time to be unable to classify foods, or to plan a protein free diet. Certainly any question on Dietetics should aim to test the ability of the candidate to intelligently use and prepare foods as ordered for treatment. With the emphasis laid on importance of correct feeding in normal life, it would seem that our examinations should frequently contain questions pertaining to feeding of the well, particularly children. The average school of nursing today is giving some instruction in chemistry.

While we have not yet made a place for an examination in chemistry as a separate subject, questions relating to chemistry can and should be incorporated among those as applied to appropriate subjects. The same may be said for physics, as it is the foundation for intelligent methods in such procedures as the cold sponge, etc.

In questions on Anatomy and Physiology, it is important to stress Physiology, as a nurse must know the functions of organs, etc., as a part of intelligent practice. A good type of question applies her knowledge of this subject to nursing procedures as: "What happens in the body when a cold sponge is given, a counter-irritant applied, a hypodermic injection given?" It is well to note that a description of a cell, or an organ, may be asked for in the form of a drawing, and this may save many words, as well as giving a clearer impression of the applicant's knowledge.

Questions on meeting emergencies should be given frequently, certainly a nurse must be able to meet medical and surgical emergencies in hospitals and abroad if she is to be given the stamp of approval as a registered nurse. We must know that she is capable of first aid care in fainting, hemorrhage, fractures, convulsions, etc., and of taking charge of emergency conditions, able to direct lifting, carrying, transportation of wounded, etc.

Questions in Hygiene and Bacteriology should aim to show the nurse's knowledge of protection of the patient, the family, the environment, the community and herself from infection. Also does she know how to care for her own health? Does she know how to teach others to keep well? It seems to be

customary to include questions on maternal hygiene with questions on obstetrical nursing, and such questions are of much importance.

Knowledge of mental hygiene grows in importance and every examination for nurse registration should ask some question or questions about this subject.

In order to determine the ability of a nurse safely to use and administer drugs, questions should test her knowledge of ordinary doses and properties of commonly used medicines, of idiosyncrasies and untoward effects, as well as usual effects, different methods of administration, etc. Questions on making of solutions, practical dosage, ought to be included in each set of papers and an answer to these questions should be required, that is, should not be optional. Poisons and antidotes should be given consideration from the point of view of emergency use and of chemical principles involved.

In a test of ability to care for children, as much weight must be given to the care of the normal as of the sick child in the matter of feeding and hygiene. In addition, I believe that there should always be one question relating to the point of view of the nurse in case her opinion is asked in regard to the advisability of exposing children to communicable diseases. She is continually asked for such advice. Such questions will also emphasize to schools of nursing the importance of teaching prevention, as well as care of disease.

Ideals are so essential to a true social service in nursing, and a study of the history of nursing is so essential in forming these ideals, that a set of questions on Ethics and History of Nursing must

be framed with much care, the purpose being to determine the applicant's idea of her relation to the patient, the physician, the public, and herself, in the practice of her profession. It is not enough that she should know the text of the Golden Rule and the Nightingale Pledge. She must understand also the implications and obligations of each in application to her practice and have in addition a knowledge of other sources of ideals, as well as the historical background of her profession.

I cannot close this discussion without speaking of the application form for examination from the standpoint of fitness of the applicant. We all recognize the fact that occasionally pressure is exerted that occasions the graduation of a person unfit for the obligations and responsibilities of the nursing profession. Does this not indicate that application forms should be carefully planned, scanned, and ample time allowed for investigation of challenging statements? This seems to be so important that a check in the form of a list of all necessary requirements should be used in determining the eligibility of each applicant from her application blank.

Conducting examinations for state registration of nurses must be viewed as a serious responsibility, assumed by the board of nurse examiners in the interest of the welfare of the community at large. It therefore imposes a necessity for considerable knowledge of the nursing needs of the community and of the best methods for testing the ability of the nurse who is to meet these needs, in order to decide with fairness to each whether or not the stamp of approval of state registration is to be given to the applicant taking examination.

OUTSIDE INTERESTS OF THE PRIVATE DUTY NURSE¹

BY BESSIE PATTON, R.N.

WE agree with Miss DeWitt that private duty nursing is one of the most important and interesting branches of nursing work. It is certainly as needed as any and combines the obligations of all.

A nurse, whether she be on private duty, institutional, public health work or in whatever field, desires to yield efficient service. The graduate of today is not content with her present condition. She seeks improvement. She knows if she stands still and lets others go ahead she will lose ground. There is an evolution in the world that she cannot stop, though she may hinder it. She can only maintain her position by having ideals and living as near to them as she can.

This means that she has professional obligations. That she must not allow herself to get into a groove. She must be apt to learn. She must be adaptable to circumstances. She must be progressive. The nurse who was up to date yesterday is a day behind her sister nurses in her reckoning, if she sleeps for twenty-four hours and neglects to tear the page from her daily calendar. The nurse who neglects to read her *Journal* for a month is behind the times. All this goes to say that outside interests are necessary.

We strongly urge every private duty nurse to have a hobby. Let her become interested and active in the affairs of

life, that she may not stagnate in the professional field of nursing. We are not especially particular, and are somewhat prone to suggest any certain outside interest, but we do advocate and encourage some wholesome interest in the world other than her chosen profession. It goes without saying, nurses have a wonderful part in the plan of the universe, and it is more or less up to the nurse herself if she is to be a real help, or a real detriment.

A very great factor in efficiency is health. Health comes before knowledge and also has an important bearing upon character. Health is the deciding influence of life, yet its importance is usually ignored. It is one of God's gifts, given so freely that it is not assessed at its right value. A nurse who does not enjoy good health is certainly not fitted to care for those who are seeking relief from pain, seeking health. If we are to be successful nurses, we cannot afford to take the risk of being inefficient or unreliable as a result of ill health. Nothing breaks one more quickly, nor more surely, than continuous work with no recreation. "All work and no play makes Jack a dull boy." Quite true.

The private duty nurse is very often subject to strenuous days and nights with no relief and very little sleep. In her few hours off duty it is necessary that she sleep in order that she may be able to continue the case in hand. In this manner she is deprived of the glorious outdoors and the sunlight. Sunlight benefits all bodily functions,

¹ Read at the annual meeting of the Indiana State Nurses' Association, Evansville, October, 1923.

stimulates growth and assists in the elimination of toxic wastes. Loss of sunlight therefore reacts disastrously, and the nurse jeopardizes her health, and by so doing lessens her opportunity to give service to those who may need her later.

Any wholesome outside interest in the life of a private duty nurse may be considered an asset in her profession. Nurses, in common with a great many other people, are sometimes fearful of public criticism, and refrain from indulging in several hours of delightful recreation. If this can be successfully overcome, as nature demands, and the nurse becomes enthused and adopts a hobby, she will not only gain personally, but will contribute graciously to the nursing profession and to the world of sickness.

Perhaps the private duty nurse wonders how to spend to the best advantage a few days of recuperation following a very strenuous case. Perhaps it is two or three hours' relief from a delirious pneumonia patient, but whether the time at hand is a few off-duty hours during the day, or an annual summer vacation, the nurse acts wisely in giving it due consideration.

Let us deal first with a summer vacation. We insist that the busy nurse get entirely away from the nursing field and the hospital household. The wisdom of a wholesome variety and the mixing of play with work should drive not only the private duty nurse, but any nurse afield in certain seasons of the year in search of change and recreation. She lives and works in an atmosphere of distress and sickness, and she cannot help being influenced by it. The indoor life is an unnatural life. The graduate

of today finds herself confined indefinitely numerous hours, and if she is wise and fortunate, she for a season turns her back upon the scenes of artificial life and seeks the places in the open that have not been defiled by human hands. Let her go where she can look up to the blue sky, and let her roam the fields, or woods or sea; she will be a better nurse for it, and her patients will receive better service, more attention, when she returns.

There are many diversions which are helpful to the practice of nursing,—riding, driving, walking, and the outdoor games. They are all there waiting for the nurse who will let them take hold of her and help her. Walking has much to recommend it. It is an ancient pastime. Among our primitive ancestors it was cultivated as the most approved means of travel. To those in the age of the motor car I commend it. Take with you the society in which, of all the world, you find the greatest joy, and walk the fields, breathe deeply, inhale the breath of flowers, behold the pictures nature has made, listen to the songs of birds; and when you return to work, you will radiate joy just in the proportion that you have absorbed it out of the great world of beauty in which you have sojourned.

The institutional, industrial, or public health nurse leads a more rounded life. She is less apt to be addicted too much to one thing. She has her regular hours and wholesome diversions. Many of these diversions the private duty nurse is not allowed to undertake; but they would lengthen her days. Still the private duty worker would profit much by certain relaxation which she too rarely takes. She needs the inspiration of the

contact with others in her profession. She needs to acquire interest in nursing literature and organization life. She probably needs the meetings of the nursing societies more than does any other class of nurses. At such meetings she exchanges ideas with nurses of larger experience and wider observation than she. She needs to have her faith in certain things strengthened, and her doubts in others confirmed. The pleasure in her work can be much increased by finding the ideas which she has gained from one case agreeing with the experiences in a hundred others. What has been in her mind as an unsettled theory, becomes a solid working fact through the results of others' observations; and she goes back to her work with new inspirations and a firmer hold upon the essentials of her art.

As the practice of nursing goes, most nurses devote themselves so persistently and self-sacrificingly to their work that some form of relaxation does good and helps their minds and bodies; and, in many cases, it becomes a necessity. Properly viewed, this is true, unfortunately. The necessity for a vacation is an acknowledgement that something is wrong; and as a matter of fact, something *is* wrong. Few private duty nurses are doing their work under the best conditions. This being true, there are few nurses who do not need a vacation, or who are not benefitted by one.

The average nurse, in whatever field, must have her summer vacation. She shortens her life without it. Essentially, it is not the summer vacation that is so good, as it is the preceding months of work that are so bad. She has violated the laws of health; the vacation is the therapy, she takes it as a cure to save

her life. Better that she should not need the cure; prophylaxis is the thing. Let us hope that we may attain to that state in which work and play shall be so harmoniously combined and progress together so smoothly and naturally that no useful nurse shall envy the nurse who has a great stock of health and nothing more.

Besides all this, the successful private duty nurse requires an open unprejudiced mind. She must be able to talk intelligently on various subjects, must be up to date on current events. It is just as wrong for a nurse to know nothing but nursing, as it is for the doctor to know nothing but medicine, the lawyer nothing but law, etc. Is it not a mistake for a private duty nurse to give up all her natural accomplishments; give up her music, her painting, the things that delighted her heart before she became interested in the great social and economic questions of which nursing is a part? By all means she must not be deprived of the opportunity of continuing her interests. It is unfair. The breadth of her accomplishments adds to her efficiency. If suggestive therapeutics is of value to the physician for the few minutes he is with the patient, how much more important are outside interests and the knowledge of psychology to the nurse who is required to remain and entertain and occupy the patient's time twenty hours out of every twenty-four? From the professional standpoint it is required that the private duty nurse have outside interests.

Without outside interests the nurse finds herself obsolete, a back number and in danger of coming to grief. The wise private duty nurse takes advantage of her off duty hours during the day and

engages in the play which is as productive as is restful repose. Nurses in Utopia, who are untrammelled by the necessity of the dollar know outdoor sports. They know the joy of golf in getting off the long, low drive that goes and keeps on going and contributes to the beating of the Bogey; they are familiar with the satisfaction in winning a close set in tennis; they love the delightful exhilaration of a dash in the saddle through the still woods or across the plains. They return to their patients and minister to them physically and mentally just what is best for them, nothing more, nothing less, that is the only consideration; and their reward is measured by the conscientious devotion,

intelligence and skill which they put into the task. We have some few skillful nurses in Utopia but a great many more are needed.

If there is any joy which a human should prize, it is the joy of relieving distress. There is but one greater, and that is the joy of preventing distress. The life of the nurse is spent in the midst of both of these, and she should be the most blessed of mortals. Bacon says: "I hold every man a debtor to his profession." Therefore, out of loyalty to the nursing profession, and love for suffering humanity, let us combine our efforts, and make for perfection outside interests for the private duty nurse.

THE SIGNIFICANCE OF CONVULSIONS IN CHILDREN

BY IDA C. EULER, R.N.

CONVULSIONS occur in infancy and early childhood, being relatively uncommon after the seventh year; they are symptoms of trouble rather than a disease.

Causes: They are not always associated with diseases of the brain or nervous system, but are more often due to undigested food in the stomach and bowels (Acute and chronic gastrointestinal disorders.) Other causes are: Beginning of acute infectious diseases, toxemia from uremia and different poisonings, disease or injury to the brain, tumors, epilepsy and emotional disturbances such as fright, anger, violent crying, etc.

Symptoms: Convulsions are usually

sudden in onset. The face becomes pale, eyes fixed, sometimes rolling or crossing and there is a general stiffness of the body. Twitching begins in some part of the body and increases in severity and extends until all parts of the body are involved. The child loses consciousness, the head is held backward, arms flexed and back arched. The movements of the extremities are quick and jerking. The breathing is sometimes suspended, irregular or ineffectual. The child becomes cyanotic especially about the lips. The pulse is weak and irregular. The convulsion usually lasts several minutes, the movements becoming weaker and finally ceasing. The body relaxes and consciousness returns

unless the convulsion has been very severe, then the child may remain in a stuporous condition.

Treatment: The doctor should be called immediately and in the meantime the child should be placed in a hot bath, (100 F), with an ice cap or cold cloth to the head. Something should be placed between the teeth to prevent him from biting his tongue. The nurse can use her discretion about giving a colon flush but the mustard pack, bath, sedatives, and other medication are

ordered by the doctor. When the convulsions cease the child should be wrapped in a warm blanket, placed in bed and kept perfectly quiet. Food should be carefully regulated, the child kept in bed for a few days and efforts made to determine the cause of convulsion and measures taken to guard against a repetition. It is important for the nurse to observe all symptoms, character of movements and type of convulsion, so that an accurate report can be given to the doctor.

BLESSED LOUISE DE MARILLAC

(Also known as Mlle. le Gras)

BY ANNA B. SCHWOCHERT, R.N.

IT is difficult for us, being contemporary, to realize the great good done in the world today by organized charity, of which nursing is an important part. This will be easier if we recall the condition of Europe a few centuries ago when the poor, sick and unfortunate were shunned by the society, and charity was practised by individuals only.

The early part of the seventeenth century was an especially dark period in the history of France; the poor were the greatest sufferers. The sick poor were regarded as enemies of the state, and were often left uncared for, to live or die. Just as every time of stress produced its particular hero, so at this period there arose a man, St. Vincent de Paul, whose particular mission was to befriend the poor.

St. Vincent de Paul is fittingly called "the Father of the Poor." He had not gone far in his service when he realized

that these poor needed a mother. He looked about him and his eyes fell upon Louise de Marillac who, herself an orphan, was destined to become the mother of many orphans. She was born in Paris, August 12, 1591, was highly educated and practiced great virtue from her tender years. She desired to give herself to God in the cloister, but Providence had other designs for her. At the age of twenty her family, as was the custom at that time, arranged a suitable marriage for her, and she accepted as her husband a worthy man named le Gras. She engaged in works of charity during her married life, and when left a widow at the age of twenty-four, she dedicated the remainder of her life to the care of the poor and the sick. Her time was entirely devoted to prayer, charity, and the care of her son, Michel, whom she loved dearly and who in his youth caused her great anxiety.

St. Vincent de Paul is the originator



O how it does good, only to have God,
and to love Him with all your heart.

—*L. de Marillac.*

of all forms of organized charity; many of his theories and principles are just today being applied by the world to its social service activities.

One Sunday, during a sermon, he called the attention of his congregation to a family in need. Immediately that particular family was overwhelmed with attention. When St. Vincent saw this generous response to his appeal, he realized that in a few weeks the same family would again be destitute; he consequently organized the Ladies of Charity. This society soon spread throughout France, and consisted of women chosen from the ranks of the nobility. The demands of their social position prevented personal attendance on the sick, so they sent their servants.

It was at this time that St. Vincent called Louise de Marillac to his assistance, and when he sent her on the first mission as superintendent of the various "Charities," he gave her a solemn and pathetic benediction: "Go in the name of the Lord," he said; "May His Divine goodness accompany you; may it be your consolation on the road, your shade in the heat of the sun, your shelter in the cold and the rain, your soft couch in weariness, your strength in toil, and may it finally bring you back to us in perfect health, and full of good works."

Blessed Louise de Marillac visited a number of the "Charities" scattered throughout France. She advised the ladies about the organization, the work done, and the means employed. She visited the sick, and often personally ministered to their wants. From her experience she realized the need of the service of women whose interests were not divided, and who would devote their lives to the sick.

St. Vincent de Paul secured a house and soon Louise de Merillac was surrounded by willing workers. Many of these were village girls, who did not wish to marry, but chose rather to devote their lives to the sick. They were taught how to care for the sick in their homes, to attend to the spiritual as well as temporal welfare of their patients. Detailed instructions were given them as to the food, the care of wounds, the administration of medicines, the time to be spent with each patient, to devote most to those in the greatest need. This was the beginning of one of the greatest armies of charity in the world today. In his organization of the Sisters of Charity, St. Vincent de Paul did not

wish them to be strictly "religious" and he asked them to bind themselves by a vow only from year to year. To warn them he said: "You are not religious in the strict sense, and must, therefore, be even holier than nuns, since you have greater temptations and less security. If you are not holy you will certainly be lost. You have no grating to shut you off from the world, you must erect one in your inner self, which will be far better."

It was not long before the need of a more extensive training became evident, and on November 29, 1633, Blessed Louise de Marillac and these girls began community life. She, herself, was the first to instruct the Sisters to supervise their service in the homes of the sick poor. It is very proper, then, that

the small gray book, containing many of the facts she taught the Sisters, and which today is used in training schools all over the world, should be called in her honor the "Marillac Guide." She remained in active service to the end of her life, in spite of ill health during later years.

Even before her death, which occurred March 15, 1660. Blessed Louise de Marillac had the gratification of seeing her community spread to many parts of the world, and today this vast army of workers has reached every corner of the earth. She was beatified at Rome, June, 1920. Her feast occurs March 15, the anniversary of her happy death.

NOTE.—See also, *History of Nursing*, Nutting and Dock, Vol. I, page 416 ff; *Outlines of Nursing History*, Goodnow, page 34.

SHOEMAKER—STICK TO THY LAST

Recently a visiting nurse in a large city received in a letter from a social service worker of one of the best local dispensaries, a physician's order for a vaginal douch to be given a patient unable to attend the dispensary regularly. It was an irrigation requiring the use of six quarts of water, but the part of the order which especially attracted the attention of the nurse was that one ounce of iodine was to be added to the last two quarts. The nurse had not troubled her *Materia Medica* unduly since her graduation several years before, but one ounce of iodine seemed to her a pretty large amount; therefore she not only consulted a *Materia Medica*, but spoke to several other nurses and then went directly to the dispensary, taking the letter with her, and asked the social worker to show her the original order. It was written hastily, as most physicians write their prescriptions, but it was very distinctly written "one drachm," the symbol for drachm being used. When the nurse explained that the difference between an ounce and a drachm in quantity is much greater than the difference between one hook more or less on a druggist's symbol, the social worker had a pretty uncomfortable half hour.

We are frequently asked why we want graduate nurses in the public health nursing field. To the initiated, this discussion has been closed for years; nevertheless it is constantly cropping up. Hospital social workers who are not closely in touch or not in sympathy with the work that public health nurses are trying to do, probably ask this question as often as other professional workers. This is a small point to bring up, but if the nurse, believing that some new treatment was being instituted by the clinic of one of the best-known men in a large city, had gone blindly ahead and carried out this order, whose would have been the liability: the visiting nurse's, the social worker's, the physician's or the dispensary's?

WHO'S WHO IN THE NURSING WORLD



XXXI. LOUISE M. POWELL

BIRTHPLACE: Staunton, Virginia. PARENTAGE: American. PRELIMINARY EDUCATION: Private schools. COLLEGE: Columbia University, Teachers College, B. S. 1922. PROFESSIONAL EDUCATION: Training School for Nurses, St. Luke's Hospital, Richmond, Virginia, 1899. POSTGRADUATE WORK: Hospital for Sick Children, Mt. Wilson, Maryland; Municipal Hospital, Contagious Diseases, Philadelphia, Pa.; Teachers College, Diploma in Education, 1908-10; Teachers College, Second Semester, 1916-17; University of Virginia, Summer Session, 1919; Smith College, Northampton, Mass., Second Semester, 1921-1922. POSITIONS HELD: Superintendent of Nurses, St. Luke's Hospital, Richmond, Va., 1899-1904; Infirmary Nurse, The Baldwin

School, Bryn Mawr, Pa., 1905-08; Superintendent, School of Nursing, University of Minnesota, 1910-21; Acting Superintendent, University Hospital, 1918-19; Director, School of Nursing, 1922. AUTHOR OF: Several articles on Nursing. OFFICES HELD: President, Minnesota League of Nursing Education; Vice-President and Director, National League of Nursing Education; Secretary, Treasurer and Director, Minnesota State Registered Nurses' Association; Member, State and National Committees, American Red Cross; Honorary President, Minnesota State Organization for Public Health Nursing. PRESENT ADDRESS: The School of Nursing, Millard Hall, University of Minnesota, Minneapolis, Minnesota.

EDITORIALS

WHAT IS THE GOAL OF THE AMERICAN NURSES' ASSOCIATION?

WHAT is our goal? After eighteen months as president of the American Nurses' Association I find myself still asking this question and, while not answering it with positive assurance, yet seeing endless possibilities for advancement.

That much has been achieved in the last year by way of getting into closer touch with the various State Associations, both through letters and published reports, is due to the increased dues that have made possible the bringing of the secretary to Headquarters; the employing of a sufficient office force for this expansion; the necessary committee meetings for efficient work and, besides this, the appointing of the much needed second person at Headquarters which will make it possible for one of our representatives to visit the states as the necessity arises.

Bringing the three national associations together has emphasized our interdependence.

The meeting of the Executive Committee of the International Council of Nurses at Copenhagen again brings us in touch with our sister nurses in foreign lands. Several new vice-presidents were appointed to represent those countries where nursing is not yet sufficiently developed to have nursing associations. Several of these vice-presidents are American nurses. The president of the Nurses' Association of China and the executive secretary of the Association are American, as are many of the other members. These facts make us realize that, in whatever splendid political iso-

lation the United States may remain, American nurses are taking an active part in establishing standards and helping to bear the world's burden of sickness and suffering, and are assuming their share of responsibility for the teaching of health among the less fortunate nations.

We have a vision of health education for every one; an American Nurses' Association in which every eligible nurse in the country is a member; a million dollar Relief Fund, with similar amounts for the educational funds; every nurse a reader of the *American Journal of Nursing*; headquarters, with a full time secretary, in every state; an active Private Duty Section in every state and every district; the American Hospital Association referring every institution desirous of maintaining a school of nursing to the proper nursing body for advice and plans; representatives of the medical profession and the public serving on advisory boards to Central Directories for Nurses, and the medical profession using none but such nurse-controlled directories; and American nurses everywhere a power for service.

Our vision is too great for immediate realization, therefore, I offer, with a New Year's Greeting, the following resolutions for the coming year and suggest their adoption by each member of the American Nurses' Association:

1. A new year with renewed effort to increase our membership until every eligible nurse of my acquaintance is a member of the American Nurses' Association.

2. To so work that the alumnae, the district, and the state in which I am a member may function to the utmost.

3. To assist in increasing the Relief Fund to \$100,000 before June 1st, 1925.

4. To induce as many as possible of the 46,000 nurses in the American Nurses' Association to subscribe for the *Journal*, and to read it.

5. To help to increase both the Robb and the McIsaac funds.

6. To complete the Delano Memorial.

7. To coöperate to the best of my ability with the LEAGUE and the N.O.P.H.N.

8. To read and study all nursing problems so that I may fully understand what *I* wish the goal of the American Nurses' Association to be.

ADDA ELDREDGE, *President*.

WHAT WE MAY EXPECT OF THE NATIONAL LEAGUE OF NURSING EDUCATION IN 1924

IT will hardly be possible to place bounds to our expectations from the work of the National League of Nursing Education for the coming year. Our expectations, if interpreted in the spirit at the annual meeting and thirtieth anniversary review held in Swampscott, Massachusetts, June last, we strongly hope, may be realized in a greater coöperation of all those responsible for nursing education standards. Under the impetus of the National League of Nursing Education there will be in 1924 larger numbers of nurses preparing themselves with academic soundness for the work of nursing education. We confidently expect there will be a measurable growth in the scientific attitude toward experiments in nursing education which have been under way for some time as well as toward important new research.

To best measure our expectations we must review the purposes of the organization:

To consider all questions relating to nursing education; to define and maintain in schools

of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

One very important goal then in our year's work will be to reach through increased membership all of the 1800 accredited schools of nursing in the United States. The present membership of the League is about 900, or half the number of nursing schools in our country. To carry out its function of defining and maintaining in schools of nursing minimum standards for admission and graduation, the National League of Nursing Education should have the close coöperation through membership of the heads of every recognized school of nursing and an average of at least one instructor from each of these schools. The bringing into membership of all the above will require earnest work on the part of each member of the League in every state. This individual work is possible to all, even the youngest nursing educator. It is the immediate step needed to give the greatest possible impetus to nursing education. It will mean a total membership of not less than 4000. Such a membership under the present conditions of our by-laws will go far toward insuring the work of the National League of Nursing Education at Headquarters and in the country at large. It is our hope that this very substantial increase in membership may be attained in 1924. Increased membership together with the work of our Ways and

Means Committee, we have reason to believe, will during the year place the National League of Nursing Education on the firm financial footing necessary for the accomplishment of its objects.

Through the work of the Committee on Revision we look confidently for a rearrangement of the framework of our organization which shall lead toward its better functioning in all parts of the country, in the states and in the localities.

We expect long steps to be taken in the revision of the Minimum Standard Curriculum.

The work of the grading of schools of nursing so long planned for by the National League of Nursing Education will undoubtedly go forward with the close coöperation of the other national nursing, medical and hospital organizations interested.

Through the study of budgets for schools of nursing, we hope that important steps may be taken toward placing all schools of nursing upon sounder financial bases before the community as ends in themselves as educational institutions. It was thought that a helpful factor toward this end would be a practical revision of our nursing education nomenclature.

It is our plan to make available for the workers in our 1800 schools of nursing many important technical publications on nursing education. These may be obtained at our Headquarters, 370 Seventh Avenue, New York. Through our Placement Bureau, a very important activity carried on at Headquarters, we hope to render in 1924 a very real assistance to schools of nursing throughout the country. Through the centralization of the work at Headquarters,

begun in 1923, we hope in the coming year in larger measure than ever before to fulfill the wide purposes of the organization.

LAURA R. LOGAN, *President*.

WHAT THE PUBLIC HEALTH MOVEMENT EXPECTS OF NURSES

“IN the last fifty years science has made tremendous strides with respect to our knowledge of the behavior and treatment of the human body and mind. Scientific explorations have yielded a vast amount of knowledge which has transformed modern medical practice and enormously developed the field of preventive medicine. There is sufficient knowledge available today to bring about, if applied, a great reduction of disease and prolongation of life. ‘If applied,’ there lies the key to the situation.

“It avails nothing to the people if this priceless knowledge remains locked up in textbooks, in laboratories, in the minds of men of science and men of medicine. Not until it becomes the possession and not only the possession but the practice of the man in the streets, the mother in the home, and the child, will it begin to show tangible results.” This quotation from an address given by the writer last summer gives the basis for the service all nurses may render to the cause of public health.

“Health education” is the password of the day. The wide dissemination of instruction concerning sanitation and hygiene is now considered to be one of the most important activities in any public health program. Further great reductions in the morbidity and mortality rates will come largely through a permanent change in the popular

attitude toward sickness and health and in the efforts of the individual to prevent the one and to maintain the other. This change, however, will not be accomplished merely by the imparting of information. Lectures, magazine and newspaper articles, exhibits, films and other similar devices are valuable channels of propaganda and of instruction, but to bring about a real revolution in the hygienic habits of people a more personal method is necessary.

The nurse through her work with individuals has an ideal opportunity to spread the gospel of health under circumstances which make it most effective. This opportunity lies before the private duty nurse and the hospital nurse as well as the public health nurse. The hospital nurse may teach the new mother how to care for her baby according to the best hygienic practices. She may train the little patients in the children's wards in health habits. She may inculcate an ideal of health and an understanding of how it is to be had in all her patients.

The private duty nurse may help to make health fashionable by teaching its meaning and value in every home she enters. She may do much to supplant superstition, prejudice and old fashioned ideas with modern scientific truths. She may teach the how and the why of hygienic living to many families. She may widely promote the idea of annual health examinations.

There are many other ways in which the hospital nurse and the private duty nurse may join the public health nurse as crusaders for health. There are countless opportunities for them to carry the message of health to the multitude. But with opportunity comes responsi-

bility. The public health movement looks especially to nurses to be these messengers, interpreters and teachers of health.

ELIZABETH G. FOX, *President*.

MISUSE OF NURSES' UNIFORMS AND PINS

ANY nurse who was in service knows how difficult it is to secure real uniformity. As some observant person said: "Twenty thousand nurses' hats went to France and were worn in twenty thousand ways." It is almost equally difficult to persuade nurses to think clearly about the use of other uniforms and of the use of school, state, or Red Cross pins.

We have never forgotten the feeling of repugnance that swept over us when we beheld a nurse clad in white uniform, standing in a conspicuous spot in a crowded station, and vigorously chewing gum. Nor can we forget innumerable other violations of good taste which have called themselves, all too loudly, to our attention.

The use of nurses' pins was recently discussed in our Question and Answer Department. We did not stress the fact that nurses' pins should be worn *only* by nurses. It then seemed too obvious to require discussion, for if the pin means anything at all, it should mean that the wearer has won the right to use it, but we find that this is not always true.

Recently we visited one of the greatest clinics in our country, a clinic which receives patients from all over the world. The whole organization is most hospitable; professional visitors are made to feel very welcome. The ignorantly curious, friends of patients and others, covet the privilege extended the professional

groups and, because of this, many reprehensible practices have sprung up. Such a practice is that of borrowing nurses' school pins for use as credentials. Those who borrow seem to us far less blameworthy than those who lend.

How can we expect others to respect our insignia, and the profession which it represents, if we stoop to such practices? Beyond all this lies, too, the professional obligation to protect patients from unnecessary publicity or scrutiny. The professional person visiting a clinic does

so in the hope of acquiring further professional knowledge. The lay person who stoops to fraud in order to gain access to such clinics has no motive other than that of curiosity.

It is not always easy to refuse the requests made by our friends, but surely in such instances we are justified. Let us hold the insignia of our profession inviolable and increase our efforts to have our uniforms, and the pins of which they are a part, worn with dignity, in suitable places, and by those who have earned the privilege.

OUR CONTRIBUTORS

Sister M. William, R.N., is a graduate of St. Mary's School of Nursing, Rochester, Minn., 1912. She is now Supervisor of an operating room in St. Mary's Hospital.

Anna C. Jamme, R.N. (See *Who's Who* in the *Journal* for September, 1921.)

Elvira Neubauer, R.N., graduated from the Lakeside Training School of Milwaukee, Wis., 1914. She was night supervisor at Mount Sinai Hospital for one year and has since done private duty nursing.

John M. T. Finney, M.D., is Associate Professor of Surgery at Johns Hopkins University. He was in service during the war with Base Hospital No. 18, A.E.F., and was later appointed Chief Surgical Consultant, A.E.F. He was cited for exceptionally meritorious service and received the Distinguished Service Medal. On his discharge from the service, having held the rank of Major, then of Colonel, he was appointed Brigadier General in the Reserve Corps.

Andy Carr, M.D., is a physician in Minot, N. D.

Harriet L. P. Friend, R.N. (See *Journal* for November, 1923, page 115.)

Bessie Patton, R.N., has charge of the Methodist Hospital, Princeton, Indiana.

Ida C. Euler, R.N., is a graduate in 1912 of the Cincinnati General Hospital. She has had two years of industrial nursing in a large factory in Cincinnati; six months in charge of a children's ward at Bellevue; fifteen months in the American Red Cross during the war; for two years and a half with the San Francisco Hospital, first as supervisor in the children's ward, then as social service investigator.

Anna B. Schwochert, R.N., is a graduate of St. Mary's Hospital, Milwaukee, Wis.

Irene Koechig is Instructor in the Department of Biological Chemistry, Washington University Medical School, St. Louis.

Nellie G. Brown, R.N. (See *Journal* for October, 1923, page 46.)

Bertha L. Knapp, R.N., is a graduate of the University of Michigan Hospital. She was Supervisor of children's and medical departments for two years and Assistant Superintendent of Nurses, one year, in her own school. For two years she was in the Visiting Nurse work in Chicago and for fifteen years she has been in her present position, Principal of Wesley Memorial Hospital School of Nursing, Chicago, Illinois.

A CORRECTION.—In the December *Journal*, under the heading *Our Contributors*, we spoke of Miss Landis as "a member of the staff of the School of Nursing, Lane Hospital, Stanford University Hospital, San Francisco." This is not an adequate description of Miss Landis' position, as the members of the School Faculty have academic standing on the Stanford University faculty. Miss Landis is Professor of Nursing.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PLACE OF CHEMISTRY IN THE CURRICULUM OF THE SCHOOL OF NURSING

BY IRENE KOECHIG

WITH the increasing complexity of modern life, we find ourselves confronted by the necessity for many readjustments of our habits, traditions, and especially of our modes of thinking. Our point of view has been broadened a little here and a little there until we have come to the realization that we no longer belong to our own group or community alone, but are citizens of the world, taking part in the activities of the world and owing therefore a correspondingly larger debt to the whole world. In no field is this more true than in the great service of nursing. The World War did much in defining for us this broader sense of the profession and with it brought a more intense interest in the purpose and scope of the nurses' education. It is no longer enough that this shall serve the needs of its own institution or community, it must develop an individual ready to serve at large and to meet conditions as she finds them in different kinds of communities. She must be prepared adequately to meet the responsibilities of her profession.

It is becoming clearly evident that to accomplish this effectively, we must revise many of our old ideas about nurses' education. The opening of so many new fields of service and the increasing specialization of the work are making the preparation that was considered quite adequate a few years ago no longer sufficient. If the patient is to have intelligent, scientific nursing care, if the

nurse is to keep pace with the rapid advances in medicine, her educational foundation must be more than a routine technic of deft manipulation decorated with scattered fragments of scientific information. She must have a sound scientific basis as each new situation arises. Her skill in technic tells her *how* things should be done but her theoretical education alone tells her *what* should be done and the reason *why*.

The newer methods of diagnosis and of the treatment of disease are placing an increased emphasis on physiological, dietetic and hygienic factors and are thus adding responsibility to the nurse for which reason we must provide for her a more thorough scientific knowledge and a better training in observation and in judgment to act as a basis for her practical duties. To build up practical work of a really good quality we must have a thorough foundation of the theoretical upon which to build the superstructure.

Among the fundamental courses for the student nurse, Applied Chemistry plays a very large role. When we look out into the world in which we live, we observe the most striking fact that everything about us is undergoing a continual change. A seed drops to the ground, it germinates and starts a wonderful series of changes by which it converts the materials of the soil and air into a food which we in turn consume

and transform into living animal tissues. These tissues are in turn used up and another set of changes takes place, giving rise to waste products which must be converted again into useful materials in the air and soil.

Chemistry deals with this endless circulation of matter; and so in chemistry we find our answers to the questions concerning these processes as they normally take place and to the questions about deviations from the usual behavior. Chemistry is not an interesting and entertaining theoretical exercise in which we go into the laboratory to produce rare substances and to investigate the properties of compounds unknown to the laity. Chemistry embraces the every-day changes by which we cook our food, the changes by which we wash our clothing, purify our water, and make soap, vinegar and what-not. The warmth that we feel in our bodies is supplied by chemical changes, the waste products that we eliminate are the results of chemical changes. And so chemistry is not a strange, theoretical abracadabra remote from us, but covers the changes that we use in every-day life, the very life within us; for without the phenomena of chemistry we would be unable even to draw breath. Thus chemistry is a live topic of every-day interest, not to be confined to the laboratory or the theoretical lecture but to be projected out into a basic understanding of our activities and our life processes.

On the other hand, chemistry can be made into a very useful preparatory course. The young woman comes into the nursing school with certain prerequisites but all told she has a rather indifferent preparation for the work she

must take in hand. It is here that the general methods required in the chemical training give her a link between the theoretical courses of her high school work and the extremely nice and exacting technic of her nursing career.

She learns that there is a correct way to remove a stopper from a bottle and that this is of use in the performance of her duties. She learns that the tap water, although it looks clear and good and is used for drinking, is not pure enough for all purposes. She learns that the directions given her cannot be disregarded in the slightest way and that the most extreme accuracy is of vast importance in getting the required results. In the world of chemistry so little difference as that between Hg Cl and Hg Cl_2 forms the vast difference between the useful drug, calomel, and the violently poisonous bichloride of mercury. She receives an introduction to scientific methods and learns the importance of the most rigid accuracy. In her laboratory she receives systematic instruction in observation. It is here that after carefully following directions she is called upon to make observations and to record them. She learns to see exactly what is going on, to see all that is going on and in this way is unconsciously building up for herself the habit of accurate and complete observation which will be of much service in later years. But Chemistry asks for even more. What do these observations mean? How are they related to facts already known? Thus the pupil is led into the valuable habit of interpretation of her observations, into the highest type of mental activity, into reasoning.

In the teaching of Chemistry to student nurses it is very important to keep

in view clearly the objects of the professional nursing course. The different illustrations and examples used must be selected from the every-day bedside experiences of the student nurse in every case possible. In this way she will be led to project her theoretical knowledge into her practical work and will even bring into class for explanation questions suggested by the ward work. Thus, the pupil is brought to see the reason for her instruction in Chemistry.

An important point to bear in mind is a correlation of the different subjects of the curriculum. Especially, is this necessary in the large school where there are almost as many instructors as subjects taught and where the different departments are widely separated. To overcome this at the beginning of each year we ask for a schedule of the courses of the student nurses in our classes. We watch this schedule very closely. We have prepared an outline of our course, arranging it according to the weeks. This may be put in the hands of all the instructors to be used as a reference and should be used frequently.

Besides this, by an occasional questioning of the students, it is possible to discover their ability to correlate and classify their ideas, and to see in how far they have been able to grasp the essential points and to subordinate the unessential. This forms an index as to how far the education as a whole is accomplishing its object.

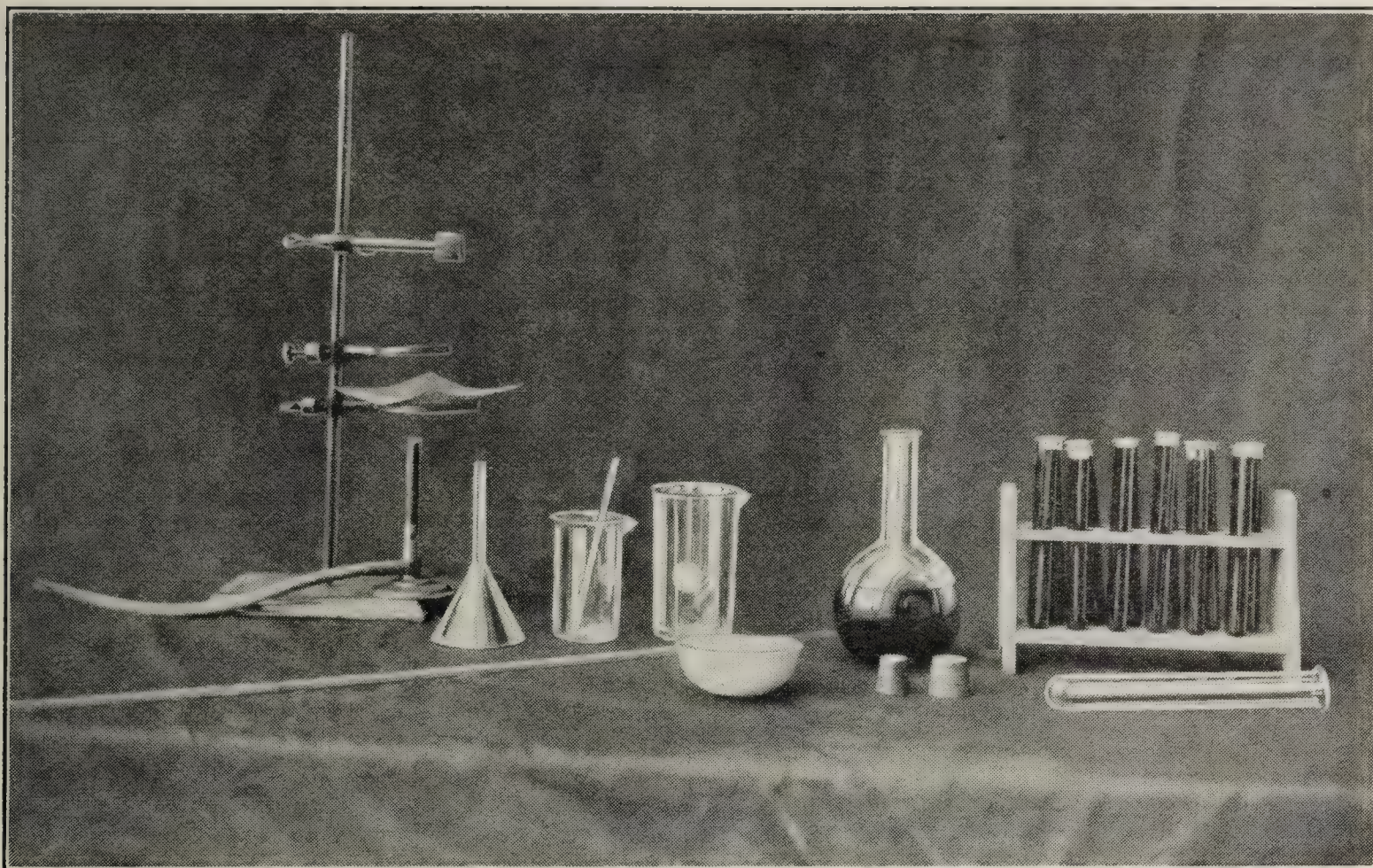
In our work we devote sixty hours to the chemistry course. This is divided into twenty hours of lecture and forty hours of laboratory and quiz. The lecture is conducted in a formal way, with no questions or responses by the pupils.

In as far as possible the pupils are held to certain readings to be prepared before each lecture. The lectures do not follow the text book too closely but are built up with an idea of correlation with other courses and, especially, with any practical work that is going on in the wards.

It seems very profitable to the pupils to have outlines of the lectures on the board and to lecture from these, filling in details and illustrations. We have found it advantageous to exhibit during the lecture specimens of the various substances under discussion and to perform certain simple demonstrations. It might seem that these would be rather time consuming and troublesome, but it is surprising to see how many worthwhile demonstrations can be made with very meager apparatus and a minimum of effort.

This formal method of teaching is very valuable, but of equal if not greater value, is the informal method, the laboratory and the quiz. Well arranged questioning forms the clearing house where the student nurse can take stock of her knowledge. Here practical questions can help her to apply her theoretical learning, giving her a chance to do some live thinking. It is here that wrong ideas are straightened out and here that the student brings in the questions suggested by her practical work.

The laboratory method is another valuable way of teaching chemistry, but unfortunately this method has been much neglected in the past. Here the pupil gets first hand information and sees for herself the things that have been talked about in the lecture. Here scientific technic is built up and the power



of observation and interpretation is developed. It is surprising to see how many really valuable experiments can be performed by the pupils with a small amount of apparatus. The test tube can be employed to a large extent and but simple and relatively inexpensive equipment, when used with understanding, can be made to cover a good field.

To illustrate it might be well to list the apparatus used in our own laboratory for a rather comprehensive course occupying forty hours' time.

APPARATUS SUPPLIED EACH STUDENT

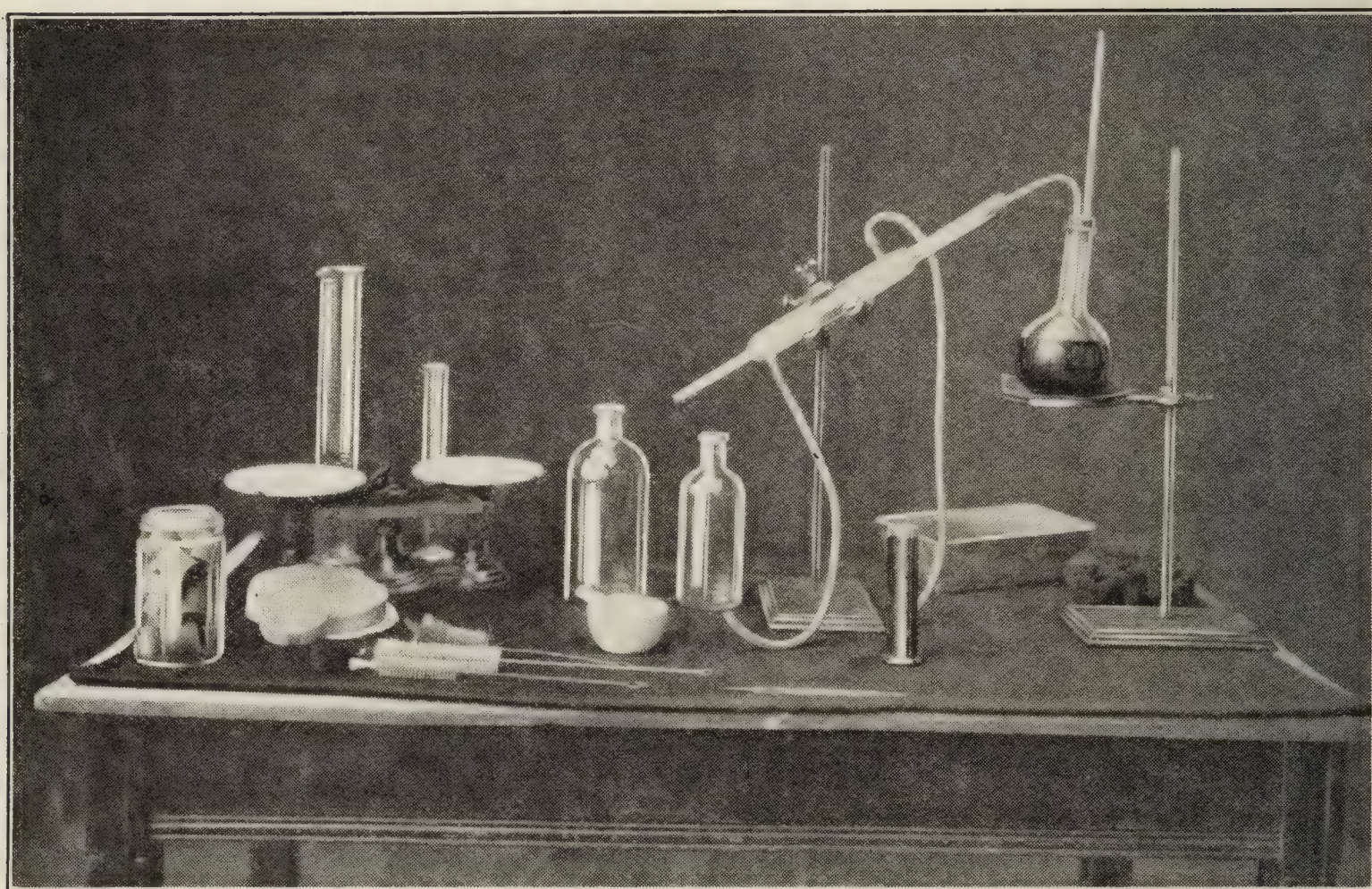
- 1 Bunsen burner and tubing
- 1 ring stand with 2 rings
- 1 clamp
- 1 square wire gauze
- 1 test tube rack
- 6 hard glass test tubes, 15 c.m.
- 6 soft glass test tubes, 15 c.m.
- 1 Pyrex test tube, 20 c.m.
- 1 1-hole rubber stopper to fit
- 1 funnel, 4 in.
- 1 evaporating dish, 4 in.
- 1 flask
- 1 2-hole rubber stopper to fit

- 1 beaker, 200 cc.
- 1 beaker, 300 cc.
- 1 glass stirring rod
- 2 ft. glass tubing

GENERAL LABORATORY APPARATUS

- 1 thermometer
- 1 condenser
- 1 distilling flask
- 1 scale with weights
- 6 bottles, 500 cc.
- 6 bottles, 1000 cc.
- 1 graduate cylinder, 100 cc.
- 1 graduate cylinder, 500 cc.
- 1 mortar and pestle
- 1 urinometer
- 1 triangular file
- Assorted cork stoppers
- Test tube brushes
- Sponges
- Gas collecting pans
- Reagents bottles
- Filter paper

The efficiency of the laboratory does not depend directly on elaborateness of the equipment, but upon the selection of experiments that can be applied directly to the practical work. To the alert instructor the hospital itself offers a



wealth of material to be used in the laboratory and furnishes supplies more valuable in their application than any that could be purchased. With a little careful planning the experiments can be

varied to suit the material at hand and in this way so connected with other courses of study as to establish the definite connection in the student's mind.

ABSTRACT OF REPORT OF INSTRUCTORS BASED ON SIXTY-ONE REPLIES TO QUESTIONNAIRES¹

BY NELLIE G. BROWN, R.N.

SIZE OF SCHOOLS REPRESENTED

HOSPITALS in which these 61 instructors are located range in size from 30 to 1748 patients, and the number of students from 8 to 250.

PREPARATION FOR TEACHING OF INSTRUCTORS

High school education only—16, or 26.1 per cent.

Four years college—12, or 19.6 per cent.

Previous teaching experience in grade schools, high schools or colleges—26, or 42.6 per cent.

HOURS OF TEACHING

Teaching hours per week given vary from 3 to 36. The largest number come in the 20-hour week group—8 reported this. The medium comes at 16 hours, and the average is 16 hours and 33 minutes.

In the 3-hour a week group, the individual teaches bandaging, surgical nursing, obstetrical nursing and gynecological nursing, and assists with bacteriology,

¹ Report given at the annual meeting of the National League of Nursing Education, Swampscott, June, 1923.

materia medica, and dietetics. Her non-teaching work is assisting in the operating room.

The one teaching the greatest number of any hours given, which is 36, teaches nursing theory and practice, anatomy and physiology, bacteriology, hygiene, chemistry, materia medica, dietetics—7 subjects—and assists with surgical nursing, medical nursing, obstetrical nursing, ethics, nursing history and orthopedics—6 subjects. She also takes charge of the school in the absence of the director, and very mildly states at the end of the questionnaire: "It would be very nice if duties of instructors could be more clearly defined."

It would seem, therefore, that the work of the instructors is not planned to promote teaching efficiency. There is too great a variety in the subjects that are taught, necessitating varied types of preparation and tending to encourage a superficial and inefficient presentation of any one subject with too little attention given to drill.

THE NUMBER OF SUBJECTS TAUGHT

Five instructors are teaching only one subject, but at the other extreme is one instructor who is teaching 17 subjects. The greatest number in any one group is 10, teaching 3 subjects, and the average is 3.5 subjects to an instructor, with 5 as a median.

This makes a total of 22 subjects which are being taught by instructors, and further analysis of the number who are teaching the same subject shows a much wider variation.

DUTIES OTHER THAN TEACHING

The work which has been reported as non-teaching work may be divided into two groups:

A. Those directly associated with teaching work, viz:

1. Preparation and clearing of demonstration rooms and laboratories.
2. Correcting students' notebooks.
3. Following up ward work, and
4. Individual preparation for teaching.

B. Those bearing no relation to teaching, viz:

1. Record keeping.
2. Chaperoning classes.
3. Assisting in the nursing school office.

To summarize the educational and non-educational duties regularly performed by instructors:

If A "3," or following students' work on the wards is considered as educational, then the total average time spent in A (educational work aside from teaching) is 23 hours and 31 minutes a week, with 14 hours and 16 minutes given to B (the non-educational duties).

If follow-up work is transferred to the non-educational group B, then the average total for A (educational duties) is 15 hours and 28 minutes, and B (non-educational) is 21 hours and 20 minutes.

THE HOURS PER WEEK ACCOUNTED FOR DEFINITELY

Average number teaching hours per week—16 hours, 33 minutes.

Average number hours in other educational duties—23 hours, 31 minutes.

Average number hours in non-educational duties—14 hours, 16 minutes.

Total—54 hours, 20 minutes per week, or 9 hours a day excluding Sundays.

Such a total means that too great a proportion of the week's time is definitely accounted for, leaving no time for interviews with individual students, library work, or familiarizing herself with clinical material from which much of her illustrative material should come.

THE POSITION AND RESPONSIBILITY OF THE INSTRUCTOR

This more intangible subject is, of course, more difficult to determine, but may be approximately estimated by considering definite items which have to do with the executive side of the schools:

A. Planning the curriculum.

27 have the entire responsibility for the curriculum.

12 assist the director of the school.

B. Planning the courses taught.

4 have no part in determining the content of courses.

11 assist the director of the school in deciding this.

36 have entire charge and

2 follow the outline provided by the Board of Examiners.

2 those found in the "Standard Curriculum."

C. Class schedules.

The hours at which classes shall be held are determined by 41, 8 subject to the approval of the director, and 33 have the entire responsibility, while 11 have nothing to do with the choice of class hours.

D. Varied hospital duties.

This group excludes such duties as following students' work on the wards

which was considered under educational duties properly belonging to the instructor. We find 9 instructors with the following duties regularly assigned to their care:

1 makes regular inspection rounds.

2 have charge of the patients' histories.

3 have charge of the distribution of the nurses' laundry.

4 care for ill students.

1 has charge of the cystoscopic room.

8 relieve the director of the school during her absences.

6 have charge of the nurses' residence and act as chaperones.

1 has charge of the new students' apartments only.

E. Rank on the staff.

5 have rank next to the director of the school.

4 have rank third below the director and next the assistant director.

2 rank with the assistant director, acting as first assistant on the educational side.

15 rank as members of the staff, their grade comparing to that of the supervisors.

8 have distinctive rank and titles such as Educational Director, Instructor in Theory, Instructor in Science, or Instructor in Practical Nursing.

FACILITIES PROVIDED FOR THE EDUCATIONAL DEPARTMENT

A. Offices: 14 have none, 27 have one, and 2 have two.

Of the 14 without offices, all of the instructors' work in 9 institutions is carried on in the nursing school office

with the directors' assistants, and 5 use desks in the class room.

	Number of schools
One room serves as class room, demonstration room and labora- tory -----	5
Lecture room and separate demon- stration room -----	25
Science laboratory -----	7
Dietetics laboratory -----	3
Library, special room, not a living room -----	7
Privilege of a medical school's equipment -----	2

The school connected with Mount Sinai Hospital, New York City, should head the list with its educational building.

SALARIES

Salaries range from \$85 to \$166 per month.

To summarize briefly: A fair proportion of nurse instructors have taught in grade or secondary schools, and about one-third of them have either full college or normal school training.

The number of hours of teaching a week is too high in most instances, but even more serious than this is the wide variation in the types of subjects taught and the number taught by one instructor. We doubt seriously whether any woman can teach from five to seven subjects and have sufficient knowledge of her subjects to do good work. Of course, it does not need to be said that it is impossible to teach seventeen subjects.

It is doubtful whether diseases of the eye, ear, nose and throat, mental and nervous diseases, venereal diseases, skin diseases, pathology, medical and surgi-

cal diseases are within the nurses' province. Granting that much of the teaching in these subjects, which has been done by the medical profession, had been unsatisfactory, the remedy does not lie in giving the unsatisfactory courses to the nurse instructor.

Anatomy and physiology is taught by 28, materia medica by 30, and hygiene and sanitation by 34. Considering that only 32 of the instructors have had more than one year of college work, it is quite evident that not all of these can have had advanced courses in these subjects and that their knowledge cannot be much broader than that of their students.

Too much time is taken up with non-educational duties—14 hours a week being used that could be spent in other ways.

The position of the instructors on the staff should be more clearly defined. Realizing that no organization can have two chief executives, the logical rank would seem to be that of first assistant on the educational side of the school and the usual first assistant would continue to rank as assistant on the administrative side. With this position should go more responsibility for the administration of the educational department, planning courses and schedules and correlation of practice and theory, but the instructor must make schedules that can be carried out without upsetting the machinery of the institution.

A salary of \$1500 a year with no living expenses compares favorably with that of high school and college teachers who are not heads of departments and it is interesting to note that in the questionnaires suggestions concerning salary were not prominent.

SUGGESTIONS

The adjustments necessary to make the instructors more valuable to the schools seem to be these:

1. Better educational preparation for women taking teaching positions.

2. Duties not educational in character should be omitted. Examples: office duty, chaperoning classes not bearing directly on the subjects which the instructor is to teach. A better grouping of subjects to be taught by the instructors should be worked as: A, Science; B, Several grades of nursing parallel with the physicians' courses in the various subjects.

3. Rank should be given the instructor parallel with that of the first executive assistant.

4. Student aid should be provided for detail work such as note book correction and laboratory assistance.

5. Relief from hours of duty, allowing freedom to use the hours aside from class and personal office hours as may be most advantageous.

6. Elimination of night classes.

7. Allow the instructors more part in determining the fitness of students for acceptance and in disciplining for poor scholarship.

8. Arrange for time to be granted for advanced study in summer sessions or

for an occasional winter course at colleges in the community.

9. Better coöperation on part of instructors with members of the administrative staff which may be shown by more consideration of the needs of the hospital when planning schedules of class hours.

10. More correlation of theory and practice by ward classes or supervisory rounds.

11. More use of the clinical material in the hospital for purposes of illustration.

To attract more nurses to the teaching field such adjustments as the foregoing will help and in addition may we suggest:

1. That third year students be given opportunity to act as assistant instructors under close supervision.

2. That instructors in a community form groups for discussion of their problems and invite the student instructors.

In closing may we state that it will need vigorous effort and close coöperation and patience on the part of both the directors of the schools and the instructors to bring about changes in the existing scheme of things but, with the increasing emphasis which we are placing on the educational side of our schools, no work could be more timely or more productive of good.

AN INSTITUTE FOR STUDENT NURSES IN CALIFORNIA

Tuesday, December 4, was Tuberculosis Day in the twelve schools of nursing in San Francisco. The San Francisco Tuberculosis Association and the Bureau of Registration of Nurses united in conducting an institute for the student nurses of San Francisco, on the subject of tuberculosis. The institute consisted of three sessions of two hours each; morning, afternoon, and evening. The program, arranged especially to meet the needs of students, presented for discussion the topics: Is Tuberculosis Nursing Dangerous for Nurses?, The Nurse's Part in

the Prevention of Tuberculosis, Nutrition in Relation to Prevention of Tuberculosis, Organized Forces Combating Tuberculosis, The Nurse's Place in Tuberculosis Work, Technic in Tuberculosis Nursing. Each topic was handled by physicians and nurses who were well equipped to present it in a comprehensive manner to the students.

The institute was held in the auditorium of the Stanford School of Nursing which is exceptionally well fitted for a large gathering. The attendance at all three sessions totaled 814 students; at the evening session alone there were 383. The San Francisco Tuberculosis Association has offered two prizes for the best two essays on Tuberculosis submitted by students who took part in the institute.

The success of the institute rested in a large degree in the coöperative ability of the superintendents of the schools in arranging their schedule so that all of their students could attend at least one session. Class work was suspended and the full attention of the students was focused for that day on the one great problem. Credit was given by each school for attendance at the session.

This is the first institute of this kind that has been undertaken in California. The interest shown by the students is encouraging to further efforts in carrying the message to them of their part in the great work of health education and the opportunity that lies before them in their future professional field. It is probable that more such work will be undertaken and although it means much effort on the part of the schools it should undoubtedly bring results.

LATEST REPORT ON CLASSIFICATION OF GOVERNMENT NURSES

The latest report on reclassification, later than that to be found in our news items, is that Senator Wadsworth has suggested a very definite plan on reclassification. The Committee has decided to request Congress for an additional class in the professional service in the Reclassification Bill with a salary range from \$1,680 to \$1,860 in which staff nurses shall be placed, continuing through the other classes up to the full professional class.

A MESSAGE TO THE STATE ASSOCIATIONS OF NURSES

The President of the American Nurses' Association is most grateful to those states that responded to her questionnaire with information as to the happenings within the year 1923. Not all arrived in time to be used in the paper for the *Modern Hospital*, but the valuable information contained in them will be placed on file at Headquarters.

STATISTICAL REPORT ON NURSING SERVICES

"Hourly Nursing Services" conducted by thirteen public health nursing organizations in as many cities and towns of the United States is the subject of a report prepared by the Statistical Department of the National Organization for Public Health Nursing. A copy of this report will be sent to anyone requesting it.



EBBA M. DJUPE, RED CROSS NURSE, AND AMERICAN RED CROSS FIELD REPRESENTATIVE FOR ALASKA, AT NOME, IN THE NATIVE COSTUME CONSISTING OF THE HOODED COAT, (PARKA), AND MUKLUKS, (BOOTS)

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

SISTER AGNES KARLL, President of the German Nurses' Association and a Vice-President of the International Council of Nurses, attended the meeting of the Executive Committee of the latter organization last July at Copenhagen, where I met her for the first time. While I had never seen her before, I felt that I knew her, for I was familiar with the struggle of the German Free Sisters for independence and the splendid leadership of Sister Agnes in the face of all but overwhelming difficulties. She had also managed with great efficiency the last Congress of the International Council of Nursing held at Cologne in 1912.

After hearing her story of the suffering of the professional classes, especially the nurses of Germany, I decided that I would stop for a few days in Berlin on my return from Poland for the purpose of visiting the hospitals, schools of nursing, and meeting some of the nurses.

Upon my arrival I went to the Kaiserhof, where I had an exceedingly good dinner,—well cooked and well served,—consisting of hors d'ouvres, lamb chops, spinach, potatoes, bread and butter, and coffee, all at a cost, including tips, of 3,000,000 marks,—something less than \$1 at that time.

After a good night's rest, Sister Agnes and I started early on our tour of exploration. I had heard much of Berlin hospitals and German methods, even as I had about those of Vienna, but I was somewhat disappointed in both cities.

The Moabite Hospital, a city institu-

tion of 900 beds, general in character and including children, contagious diseases, and tuberculosis, is situated in a fairly large tract of land with spacious gardens, trees, walks and flowers, all showing, however, very evident traces of neglect due to the inability to pay the high prices of labor.

The nursing staff for an institution of this size included a director, an assistant, 200 graduate nurses, 48 women student nurses, and six men in the school. That the wards were not as well kept as one would expect to find in a German hospital was not, therefore, surprising.

The school had been forced by a socialistic form of government to admit men students and, regardless of educational qualifications, it had also been compelled to admit such former hospital orderlies and ward maids as wished to enter the school for training. This lowering of entrance requirements has been most detrimental to the progress and maintenance of proper standards, while one of the outstanding pernicious results has been obtained through the reduction of the number of students admitted from 100 yearly to 40. All these factors have resulted in dangerously lengthened hours of work and a seriously fatigued staff of nurses.

The nurses' home was fairly comfortable, and the student nurses use the same class room as do the medical students. The teaching equipment and the old fashioned desks would indicate that both practical and theoretical instruction are limited.

Repairs are reserved for the absolutely essential things, while new paint and the replacement of worn or broken articles have not been possible. A general air of apathy and discouragement seems to have settled like a pall over patients and workers alike. The nurses and doctors especially are below par because, unlike the laboring groups, they cannot go on strike when their salaries, owing to the fluctuation of currency, fail to meet their needs.

The Kaiser and Kaiserin Frederick Hospital for Children is in practically the same condition, albeit a hospital of fairly modern construction, and some of the buildings are most up-to-date. Here as at the former institution I found the same dull depression of the workers. There is no school of nursing connected with this institution, but graduates are admitted for a year of training, as it is impossible for a nurse to register in Germany for the care of children without a year of postgraduate work.

The nurses employed in city institutions were receiving but 50,000,000 marks monthly, this being the equivalent of \$15 at that time. There was a charge of 153,000 marks per day, however, against this salary for rations, which reduced the amount received by the nurses to about \$12 per month.

A small room in each ward, devoid of all furniture except a table, is set aside

as a place in which the nurses eat. In a cupboard divided into small compartments, accommodating table service for three, the extra supplies are kept, together with a nondescript collection of dishes. We were told, however, that conditions in the private duty field are so much more hazardous that graduates strive for the institutional positions, certain at least of a bed and food, insufficient as the latter may be.

A recent letter from Sister Agnes states that the situation grows more hopeless from day to day, and that state and private hospitals and sanatoria have been obliged to close, throwing many of the younger nurses entirely out of employment. She further says that little or no demand for private duty exists, and that some of the older women have been obliged to lay aside their uniforms and beg on the streets for money for bread which costs ten thousand million marks a loaf.

Says Sister Agnes:

So that means want of employment for many nurses. These cannot pay their fees, (to the State Nurses' Association). * * * The winter with cold and darkness will make all this as bad as possible, and hopeless, too, for many who cannot stand it bodily. The hygienic conditions become dangerous as water, heat and light go into prices of many thousands of millions. * * * Even a bath is impossible for most people. * * * We live over again after 300 years the Thirty Years' War.

EXTENSION OF THE DELANO RED CROSS NURSING SERVICE

THE Delano Red Cross Nursing Service is extending its operations to include Buchanan County, Virginia, and Mary Emily Thornhill has been chosen to grapple with the problems of this field which presents

all the traditional difficulties necessary to the assignment of a nurse to this Memorial Service, which is the especial pride of all American Red Cross nurses.

Buchanan County, according to

M. L. Combs, County Superintendent of Public Schools,

is a tragically isolated area in the Alleghany Mountains, and situated in the southwestern corner of the State of Virginia. It is shut away from progressive industries and modern social and civic movements. There is not a mile of hard surface road in the county, and many of the so-called roads are hardly worthy of the name, since they are little more than mountain trails.

Practically all travel over the county is by horseback. Lumbering and farming on a small scale are the principal industries, and there is great potential wealth in minerals.

The population numbers 15,000, and is scattered. There are no negroes nor foreigners. There are two physicians in the county in general practice, and two physicians associated with lumber companies. There are no nurses.

Buchanan County has the highest birth rate of any county in the State, and while the average infant death rate for the other counties is one baby under one year of age for every six deaths, in Buchanan County, the ratio is one infant for every three adults.

There is strong leadership at Grundy, the county seat, and a nice town of 700 population. Here is located a graded grammar and high school. There are also other schools in other parts of the county conducted by the Baptist and Methodist Home Mission Boards.

Miss Thornhill spent one week in surveying the field before accepting the appointment. During this period she worked with a Tuberculosis Association unit conducting a brief program of dental, child welfare and chest examination clinics. She returned with great enthusiasm concerning the needs and possibilities of Buchanan County, which

we believe will prove the measure of her ultimate success.

Miss Thornhill is a graduate of the Children's Hospital, Washington, D. C., and served during the late war at Camp Sheridan. She received her training in Public Health Nursing with the Instructive Visiting Nurses' Association at Richmond, Virginia, and has served with the Virginia State Anti-tuberculosis Association for eighteen months.

It is a matter of interest that Miss Thornhill's father was many years ago a Baptist missionary in a group of counties of which Buchanan County was one, hence Miss Thornhill approaches her work with an unusual understanding of the problems confronting her.

ITEMS

GRACE W. BLACKWELL has returned from three years of service with the Near East Relief, having been assigned to that organization by the American Red Cross Nursing Service. Her first year in Turkey was spent in charge of a hospital in Samsoun at the time of the Graeco-Turko War when conditions were most difficult, and massacres frequent.

Following a severe attack of malaria, Miss Blackwell was sent to the Caucasus region of Russian Armenia, where she organized a school of nursing in a 600-bed hospital at Alexandropol, with students from the higher grades of the schools. The center where the ex-Czar trained his Cossacks constitutes the present base for the educating of these children, of whom there are 25,000 located at various "posts" in the Alexandropol plain. The Near East Relief is partially engaged in a ten years' educational program of a broad and highly constructive character, this phase of the work being now in the second year of its development.

On her way home, Miss Blackwell reached Athens, Greece, to find that the staff in that country was needing extra nurses. She consented to remain for a time and had been at

Corfu but three days when the attack of the Italians began. Seemingly out of a clear sky, submarines, destroyers, planes of all descriptions, and ships containing 8,000 troops with their entire paraphernalia arrived in one day.

Old unfortified forts containing refugees were fired upon and several of the latter were killed, while six orphans were accidentally struck, sustaining slight wounds. There are 1500 orphans in Corfu, also two hospitals for their care. One of these is located at St. George's Palace and the other, an infirmary, at the Kaiser's Summer Palace.

Miss Blackwell spoke very interestingly of the recognition by the Near East Relief of the value of the American Red Cross nurse in regard to general executive ability and training along all practical lines which enable her to excel wherever placed. Consequently, A.R.C. nurses are not only being given charge of hospitals and schools of nursing, but are also being placed in positions of leadership in educational and industrial programs, orphanages, medical warehouses and canteen work.

Miss Blackwell is a graduate of the School of Nursing of the Altoona Hospital and a postgraduate of the Bellevue and Allied Hospitals School. She later served as head nurse of the Dispensary Service and Accident Ward at Fordham Hospital for five years, and in school work with crippled children in New York for one year. During the late war she served for a time at Camp Sevier, later spending a year and a half in overseas service. Her plans for the future have not yet been definitely decided.

The many friends of Ebba M. Djupe, Red Cross Nurse, who have watched with great interest her strong work as American Red Cross Field Representative in difficult but fascinating Alaska, will probably be surprised to hear of her recent marriage, and deplore with us our loss to the work in a niche which

will be hard to fill. At the same time, however, we foresee her value as Mrs. J. E. Bishop of Longview, Washington, to the Nursing and Red Cross programs in a State with which she is already more or less familiar through public health nursing service which she has rendered in the adjoining states of Idaho and Oregon prior to her appointment to the Alaska field with the American Red Cross. Mrs. Bishop is a graduate of the Swedish Covenant Hospital of Chicago.

Emily Barclay Heard has returned from one year of service in Red Cross Public Health Nursing at St. Thomas and St. John, Virgin Islands, where she worked in connection with the schools, the Americanization program, and also, where she organized Junior Red Cross. She supervised a native nurse working in the schools, followed up absentees, carried a pre-school program, and taught the modified course of Home Hygiene and Care of the Sick to students in the high schools. Miss Heard is a graduate of the Walker Memorial Hospital of Wilmington, N. C.

Pansy V. Besom has been appointed to service as Director of Nursing in the Philippines Chapter of the American Red Cross, to succeed Virginia Gibbes who has resigned from that position. Miss Besom is a graduate of the Delaware Hospital School of Nursing at Wilmington, and has had a long and valuable professional record. She served with the American Red Cross Commission in Serbia in 1920, going from thence to Prague, where she was assigned to the teaching staff of the Czechoslovakian State School of Nursing. She later became Director of the American Red Cross Child Welfare work in Czechoslovakia, serving in this capacity until the Summer of 1922, spending the school year of 1922-23 in study at Teachers College, Columbia University.

TOO LATE FOR CLASSIFICATION

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION will hold its annual meeting at 2 p. m., January 21, at the Medical Library, Francis Street, Providence.

Virginia: THE STATE BOARD OF EXAMINERS OF NURSES OF VIRGINIA will hold semi-annual examination at Richmond, January 23, 24 and 25, 1924. For further information, write Ethel M. Smith, Secretary, Craigsville.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AN INFORMAL CONFERENCE

TWO years ago, the Visiting Nurse Association of Chicago felt that an informal, face to face talk with some of its more immediate neighbors would be more satisfactory than a good deal of correspondence, which, after all, is more or less of a makeshift and seldom touches upon the more intimate details that any organization wishes to know if it would keep its machinery in working order.

Therefore it issued invitations to nineteen different cities, asking each organization doing similar work,—for the most part, Visiting Nurse Associations,—to send its President and its Superintendent to an informal round-table conference. The response was almost unanimous and two whole days were spent in very profitable meetings. During the first day the Presidents (or where they were unable to attend, their representatives, selected from the membership of the Board of Directors), met alone to discuss problems from the viewpoint of people who must raise the money and present the need of the work to the public. The Superintendents met by themselves to discuss the problems of the executives. In the afternoon a joint conference of the two groups was held. The following day, the Superintendents met in the morning and in the afternoon, to continue their discussions, but the Presidents' meetings closed at the adjournment of the joint session.

This year there were several requests for a similar conference and although it seemed better that it should not be held

in Chicago but that the different cities represented should, in turn, serve as hostesses, Chicago's geographical location resulted in the conference being called again by the local Visiting Nurse Association.

Representatives from the Boards of Directors of Canton, Ohio, Cincinnati, Cleveland, Davenport, Ia., Des Moines, Grand Rapids, Mich., Kansas City, Minneapolis, Moline, Ill., Omaha, St. Louis, South Bend, Ind., Toledo and Chicago, were present and Superintendents (and in one instance, the Assistant Superintendent), from the same cities and from Columbus, Ohio, Dayton, Indianapolis, Milwaukee, and Muscatine, Iowa, were also present.

When the invitation was issued, each city was asked to submit topics that it wished discussed and before the dates of the meeting, which was held on November 7 and 8, at least four closely typewritten pages of topics were sent in. It was impossible to discuss all of them, although the main points were covered to the general satisfaction of everybody.

Some of the Board members felt that one day was too brief a time in which to discuss their problems; therefore the Committee room of the Visiting Nurse Association was put at their disposal for the morning of the second day and half a dozen of them met to discuss further details of their work and also to go over some of the special bits of work being done in Chicago.

The luncheon on the first day was served at the Women's Athletic Club and the tea that followed the joint

session was served by the Chicago Association to its out-of-town guests and its own supervisors. The Chicago Association entertained the Superintendents at luncheon on the second day and Board members who had remained over were also invited to this.

Some of the topics discussed in the Presidents' meeting were the work of different Committees and the conduct of a Board meeting. The question was asked if committees really worked and if chairmen of committees presented brief oral reports or written reports, and in order to demonstrate just exactly what one large association did by means of its committees and at its Board meeting, the minutes of an entire Board meeting were read. The chairmen of various Committees on the Chicago Board presented reports and discussed the work done by their Committees.

As the community chest had been discussed rather fully two years before, it was mentioned only incidentally during this meeting, but the usefulness of a Central Council of Social Agencies and of a Social Service Exchange, especially as both relate to the work of a public health nursing group, were discussed fully.

The work of the Finance Committee and the raising of finances, even through the chest, brought up a good many questions, and the matter of salaries and salary increases was very fully discussed in both sections.

Other topics in the Board members' meeting were: A discussion of furnishing uniforms and requiring uniforms; the selection, training and appointment of supervisors; educational work with children and among the tuberculous; publicity work; orthopedic nursing in

the homes; the assignment of nurses to clinics; the question of fees; and the position of the public health nurse in the community.

At the joint session in the afternoon, Dr. Ludvig Hektoen, an epidemiologist of international fame, discussed briefly the question of the need of a delivery service, under the auspices of a Visiting Nurse Association, in cities where this field is not reasonably well covered by the out-patient departments of lying-in hospitals, and also the question of visiting nursing care in homes in which there is infectious disease.

The topic of the education and training of new nurses was gone into rather fully. It is still almost universally believed that assigning a nurse and giving her a special title equip her for the work which she is expected to do; whereas, actually, nurses who have ever done field work know that the readjustment which an extremely well educated graduate nurse must make when she first goes into any form of public health nursing which involves home visiting and special case work, is almost as difficult and trying as the readjustment which a young woman must make when she first enters a hospital.

The amount and kind of supervision given new nurses, the teaching and class work arranged for them, as well as the class work and lecture work prepared for the entire staff, came in for general discussion. Nurses who have had postgraduate work are apparently better equipped than nurses who have not, but the average postgraduate course cannot teach the method of human approach nor does it prepare a nurse to recognize the things which she does not know, until she actually gets into the situation

which discloses to her her own ignorance of certain methods of procedure which visiting sick people in their own homes makes requisite to successful public health nursing. The spirit in which a nurse does her work, the spirit in which the Association helps her to do it, and in fact, the close coördination of the work of the Board of Directors and of the field and office staff (in other words, the morale or the atmosphere which an Association throws around a nurse), may make or mar its eventual success. Discussion brought out the fact that most of the cities represented made very definite plans for this kind of conference and class work for their staffs.

In the discussion of the care of patients who are quarantined with infectious diseases, by nurses who are caring for other patients, several points were stressed: first, the fact that few good nurses want to bear the responsibility of attempting to give post-partum care when they are at the same time carrying cases of scarlet fever, diphtheria or measles; and that practically no cities expect them to do so; also the fact that while, theoretically, the well trained nurse is safe in attempting to give this care in the average home while she undertakes, at the same time, to visit patients who require surgical dressings or who are ill from other causes, the pitifully inadequate equipment of the average district home makes proper and adequate disinfection of the hands next to impossible. The time element, too, proves to be an important factor, for few cities, even those desiring to institute this service, are able to give the nurses as much time as this type of nursing care and nursing precaution require. In Illinois, a state ordinance for-

bids this sort of care; therefore it is not a subject of special importance to a private organization, except during periods of epidemic, and although the consensus of opinion seemed to be that the whole problem of hospitalization, quarantine and proper provision for the sick poor should be regulated by the local Department of Health, the fact was brought out that adequate provision was made in practically no city represented, unless a private agency were permitted to help.

Prenatal work and delivery service were discussed at length. The question of visiting nursing to employes who come under group insurance was discussed briefly. The work of the visiting housekeeper and the dietitian or nutrition worker also came in for general discussion and the associations using such workers testified most generously and willingly to their value. The Public Health Association of Dayton has four such workers on its staff, the expense of one of whom is borne by the Junior League. Detroit has an Association of Visiting Housekeepers to which all of the agencies turn when that sort of work is needed. Chicago, Canton, and other cities use the visiting housekeepers of the Associated Charities or other groups.

The question of the advisability of having the office of the public health nursing association in the same building with a Family Welfare association was discussed briefly and was found to be a very good thing in some cities and to work less well in others.

The cost per visit was touched upon briefly but in this respect local work seemed to make each city a law unto itself. The advantage of charging for

educational visits was brought up as a source of income to different associations, but practically no cities had succeeded in persuading families that this kind of visiting was something that should be paid for. It was pretty generally felt that all good visiting nursing, like infant welfare, school and tuberculosis nursing, is educational in character and that if too much stress is put upon a charge for that visit in families where people are unable to pay, except by making some direct readjustment or sacrifice, the patient is lost to the Association and work which the Association is organized to do thereby loses out.

Nursing attendants came in for general discussion. Such women are so difficult to secure in large cities where there are any number of jobs for both men and women workers who would come under the head of unskilled labor, that none of the larger associations had succeeded in securing them. In fact, it developed that the maiden aunt had more or less ceased to exist as a neighborhood helper or as an assistant to her own relatives. Here and there an occasional practical nurse or helper, known to an organization for years and paid

almost as much as the graduate nurse is receiving, could be secured occasionally, but for the most part, untrained women look upon nursing and the household duties involved in the care of the sick, as work beneath them and much harder than factory or other eight-hour-day labor and they refuse to have anything to do with it. The suggestion that all of us urge our public schools to put into their curricula the American Red Cross courses in Home Hygiene and Care of the Sick, met with very general approval.

Some of these topics were further elaborated in the Superintendents' sessions and the question of hours, quality vs. quantity of work, salaries paid, use of cars, promotions, appointments, teaching, etc., came in for very earnest and serious discussion.

The letters which have been received from different individuals who attended this Conference seem to indicate that more such conferences could be of community value as well as distinct mutual help. The conference is not organized and nothing could be much more informal, but perhaps for these two reasons, it is of special help and value to the people attending it.

AN INSTITUTE FOR SUPERVISORS

THE NEW HAVEN VISITING NURSE ASSOCIATION is planning to run a four-day Institute for Supervisors, to be held at their headquarters, 35 Elm Street, the week of February 24, beginning Monday night, and carrying through Tuesday, Wednesday, Thursday and Friday. The institute will be open to any Supervisors of New England, but will be restricted to a registration of thirty, exclusive of the New Haven group. The charge will be \$10. The Institute will not take up rural problems, the plan being to take up questions of pedagogy, general supervision and special supervision. For this reason, the registration is restricted to nurses who have at least four nurses under them. For further information write directly to the Superintendent of the Visiting Nurse Association, New Haven, Conn.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE RECRUITING, ADMISSION AND GRADUATION OF STUDENT NURSES¹

BY BERTHA L. KNAPP, R.N.

THE extended scope of the subject assigned me reminds me of the small boy who was told by his teacher that he must write an essay containing three hundred words. He cast about in his mind to find a subject sufficiently comprehensive to admit the use of so many words and finally chose, "The World and What It Contains."

The recruiting of nurses has come to be an important factor in most schools of nursing. Now that women may enter so many fields that were not formerly open to them, there is less need for their consideration of nursing. With other arts and professions and with business calling them, they have greater opportunity to humor their tastes and inclinations. So schools of nursing must compete with factors of strong drawing power in securing students. The school should, therefore, give consideration to the things that appeal to young women.

The advantage of nursing as a means of livelihood, as an interesting field of endeavor, as an opportunity to serve humanity, should be kept constantly before the public; not alone that part of the public composed entirely of young women, but also that part where parents are wont to thrive, for strange as it may seem to some in this day, parents still have much to say concerning their

daughters' activities. Perhaps the strongest appeal to the young woman herself is the greatness of service to humanity, the desire so to live and to do, that the world may be better and that suffering may be lessened. The young woman to whom this does not appeal will be neither successful nor contented in nursing and the profession will be better off without her. Our efforts should be to avoid, not to attract her.

Once it has been determined by the young woman that she will enter nursing, she naturally gives thought to where she can obtain the best instruction and how best she can equip herself for her life work. The school that makes the greatest effort to meet this reasonable demand will be most likely to receive her application. At the same time it will contribute more to the nursing profession and to humanity. To this end the school will provide the best possible course of instruction.

The prospective student is not so much interested in the shortness of the course as in its thoroughness. I can but look with some suspicion upon the value of a shorter course in nursing now so much under consideration. It seems to me we can accomplish more by giving a well-grounded, well-considered and well-developed course in nursing; by adding to it rather than subtracting, as experience and knowledge shall direct.

¹ Read at the annual meeting of the Illinois State Association of Graduate Nurses, Peoria, October, 1923.

The more comprehensive the training the broader the viewpoint of the student, and the more capable she will be of making proper choice of her particular field of nursing.

The worth-while woman wishes to make the most of herself and she will seek that place which gives the most thorough and complete training to aid her in her ambition; in fact she will continue studying long after her graduation, as numerous postgraduate courses and courses in institutions of higher education bear evidence.

Perhaps the best test any school can have to determine if it is meeting the expectations of its students is the relation of the new students to those already enrolled. If the enrolled students are asking their own sisters and friends to enter their school of nursing, you may be sure that school is traveling the right road. If the doctors on your staff are recommending your school to their young friends, if the pastors of the churches are sending you their parishioners, you may take heart and continue in the thought that your methods are good. If your school is not so assisted, it is time to pause and consider.

The excellence of the training having been determined, the nurse applicant will consider the environment she is to enter during her three years' residence. She will expect the spiritual side of her nature to receive the same thoughtful consideration provided for her educational development. She will want to complete her course more strongly entrenched in habits that are good, than when she began it. Schools greatly err and do incalculable injury that neglect this part of their duty. No normal woman wishes to live in an atmosphere

redolent with petty jealousy, bickerings and selfishness.

Whether we like it or not, whether we believe it or not, the reputation of our school goes into undreamed-of places and determines in a large measure both the number and character of applicants. A human, fair-minded, considerate faculty will attract more students than will printer's ink. The spirit which actuates an institution determines its future.

Other things being equal, the school with the most comfortable nurses' home will prove the most attractive. We must realize that the nurse-in-making is not a new species of womankind; she is susceptible to all the things that appeal to other young women. An enjoyable home, a pleasant place for the reception and entertainment of her friends, a quiet restful room, all her own, where she may retire for study and sleep, are rightfully hers by virtue of the facts that she is young, that she is a woman, that she is making an earnest effort to equip herself for life, that she is daily giving to the institution which should provide these comforts, a service that is worthy of compensation.

By the admission of students I apprehend is meant what we generally speak of as "entrance requirements." Nursing is both an art and a profession. The success attainable in it can be forecast largely by the fundamental education of the aspirant. I would that everyone entering a nursing career might have a university education. For the present, at least, this is not practicable. We are confronted by stern realities and not theories only. Therefore, we must take that stand which will get the best results with the restrictions under which we labor. I believe that graduation

from an accredited high school is a practicable minimum educational requirement. I am not so simple as to think that no one without such educational advantage can succeed as a nurse, but taken as a class, success is more likely to come to those who are so qualified, than to others. Since rules must be made and must be lived up to, else there is no use in making them, as high a standard should be adopted as is compatible with our needs.

What should constitute the minimum age of an entrant is always a mooted question. Since grave responsibilities are assumed by the student, it is not fair to the patients she will serve, nor to herself, to enroll her at an immature age. For her practical work in training, she would do better if she could be not less than twenty-five years old; her theoretical work could be acquired at an earlier age; but again stern realities confront us. High schools graduate students as early as seventeen years of age, though most such graduates are eighteen. These young women, as a rule, will not wait for more mature mentality, but will enter at once that avenue which will receive them, and there are many such. Schools of nursing must of necessity accept them early or not at all. Taking everything into consideration, perhaps the best we can do is to make the minimum entrance age nineteen years, encouraging applicants to secure further education, where that is possible, and to enter later.

Age and preliminary education are extremely important considerations. Morality is even more important. That the applicant must be of good moral character is not open to question. It would be an unworthy service to our

profession to admit thereto anyone not firmly rooted in womanly virtues.

In considering the third phase of my subject, Graduation, the first thought is as to the time when it should eventuate. The natural suggestion is, "at the end of three years." But is that necessarily the time? If the school and the student have done their full duty it is. No nurse, however, should be given a diploma signifying that she has completed her training acceptably until she has actually done so. She should have passed every subject in the curriculum with a standing creditable to her and to the school. She should have done the practical work prescribed for her. Remember, the school is saying to the sick and to the injured, that the nurse is competent to serve them skillfully in their hour of adversity. They have a right to depend upon the truthfulness of the school's statement and untruthfulness under such conditions is a baseness hardly forgivable.

However, let us assume that the nurse has finished her tasks well and faithfully and is entitled to the school's recommendation. She is about to bring to a close, a period in her life when warmest friendships were formed, when character was in the building, when she was fitting herself for her career. For student nurses live differently than other students; they are together at night as well as during the day; they are the observers, and to some extent, the sharers, of the joys and sorrows of others; they behold the varied currents of life constantly flowing before them; they mingle their thoughts, experiences, sympathies, ambitions. The nurse is about to separate from much that she holds dear. It is a solemn moment in

her life and should be so treated. How far short of what ought to be done does the school fall that merely gives the graduate a diploma and sends her away, with nothing to mark the occasion as one of accomplishment, with no ceremony to assure her of the school's continued interest in her? Let the school do all in its power to make the occasion

one long to be remembered, one to be treasured in her heart. Let the exercises be such that commencement time may stand out as one of the brightest spots in her life, to which, in years that follow, her thoughts may revert with pleasure, and with the conviction that she owes much of the best in her life to her Alma Mater.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of December:

Over 100%

Oklahoma

Between 80% and 90%

Idaho

Between 70% and 80%

Arizona, Florida

Between 60% and 70%

South Carolina, South Dakota

Between 50% and 60%

West Virginia, Wyoming, Wisconsin, Alabama, Pennsylvania, Kentucky

Between 40% and 50%

Mississippi, New Jersey, Oregon, New Mexico, North Carolina, Kansas, Delaware, Illinois, Massachusetts

Between 30% and 40%

Virginia, Minnesota, North Dakota, Georgia, Iowa, Indiana, Ohio, Maine, Connecticut, Arkansas, Nebraska, New Hampshire, District of Columbia, Vermont, Utah, Michigan

Between 20% and 30%

Texas, Rhode Island, New York, Tennessee, Washington, Missouri, Montana, Louisiana, Colorado, Hawaii

Below 20%

California, Maryland

STUDENT NURSES' PAGE

REFLECTIONS OF A WESLEY NURSE

BY KATE MARIE SUTTON

Wesley Memorial Hospital Training School, Emory University, Georgia

WHAT a train of recollections come when I think of the happenings, some sad, some happy, some funny, some serious, during three years spent at Wesley Memorial Hospital.

Though probation days are far behind me, how vivid is my recollection of those two long months. How appalling was my ignorance, how great my ambitions, how high my aspirations when Miss Greenhorn went a-nursing.

The first few days of nursing soon taught me that being a nurse meant more than taking temperatures and wearing a fresh uniform. The time that wasn't spent in scrubbing something ("Scrubbing" is a strong word for "dusting") was mostly spent in dodging doctors and rising to Senior nurses. Then, to me, a uniformed nurse was a glorified angel with a beautiful white cap for a halo. No day can ever hold the bliss of the day I first donned the coveted uniform. But those were care-free days; no one expected a probationer to know anything.

Soon responsibility cast itself upon me. Who can ever forget the first night duty sentence. Things that appear perfectly normal in daylight take on a serious and solemn aspect about one or two a. m. Sick people seem sicker, ten times sicker, in the wee small hours of the night. How slowly the hours do creep. How we do yearn for one little nap. You feel as if you could sleep on a razor blade, about three o'clock in the morning.

However, the memories of night duty don't compare with those of the diet kitchen. If patients ever fuss you may be sure it is about their trays. The eggs are either too soft or too hard, and what should be hot is always cold, and what should be cold has had a rise in temperature, and there you go!

About the time I began thinking I was a regular nurse and knew everything, I was put in charge of a floor. I learned the excruciating joy of being blamed for the other fellow's mistakes and along with all this came those frequent visits to the office, for leaving undone those things that should have been done. But after all, there is a certain satisfaction in being able to make things run smoothly and systematically.

Of course, every nurse knows that some time in the dim and distant future she will enter the operating room. I tremble now when I think of the day I reported there. I felt like an unnecessary piece of furniture. It was "don't touch this," and "don't touch that," until I wondered what there was I could touch. But finally I mastered the mysteries of aseptic technic, learned to keep my head when doctors yelled (even though my ears did tingle for a week), and was able to answer, "Yes, Doctor," when asked if all the sponges were accounted for. These days were full of interest and the training was very valuable for accuracy, quickness and skill, but it was a glorious day when I went

back on the halls and became once more familiar with people's faces instead of their insides.

The bane of my existence was class work. The weary hours I spent on Anatomy and Materia Medica! Such labor never entered my mind when I was having fond dreams of being a nurse and relieving suffering humanity. Why couldn't bones be named something shorter than Ossa Innominata, or a drug something simpler than Hexamethylamine, and why are there so many nerves, muscles and blood vessels? Indeed, we are fearfully and wonderfully made. And how discouraging, when trying to make one small head hold all that knowledge, to have a doctor remark: "They are the brightest looking class of girls to be so stupid I ever saw."

There were days that were a contin-

ued grind; when nobody could be pleased; when life didn't seem worth living. Ye shades of Florence Nightingale! where have all our beautiful ideals flown? We vowed daily to go home, but why didn't we? We were held fast by the lure of nursing. There is a fascination that every girl feels if she has the true spirit of a nurse. Can any joy equal that when we have had a part in the saving of a life? Oh! there are hundreds of rewards for our toil and we are glad that we are nurses. We want to live up to our Wesley ideals as they have ever been held up before us by our Superintendent, Miss Alberta Dozier. She has been our constant inspiration and we think Longfellow must have had her in mind when he wrote:

A noble type of good
Heroic womanhood.

PRAYER

BY MILDRED M. ROBBINS

St. Luke's Hospital, Kansas City, Missouri

She asked for love—
And He gave her the love of humanity.

She asked for a home—
And He gave her the homes of the sick.

She asked for children—
And He gave her His children to mother.

She has received nothing she asked for—
Yet she received more than she hoped for.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

NOTE ON STANDARDIZATION

DEAR EDITOR: We are all eagerly looking for the standardization whereby every means known to medical science shall be used for the best possible care of our patients,—the definite standard as maximum and minimum established where we may measure our efficiency as to service and end results. In our earnestness to help the physical, let us not forget the spiritual; this may be just the thing that is needed, the word of "Our Master" who is directing our every move which will tend toward the best end results. Let us not forget the human side of nursing care, nor use that touch which is so mechanical, minus sympathy, at times present among our group. As this standardization is developing may the spiritual develop also, and good must prevail in order that this be accomplished. Why should the question of reclassification for nurses be thought of,—because as in other walks of life, some one is belittling it. Now let us work together, perhaps as never before, upholding standards set by our educational leaders, belonging to a professional group and raising the same as necessity demands. Close coöperation of all the nursing groups will certainly tend toward this end.

New York

B. A. M. F.

TO CHEER US ON

DEAR EDITOR: I have enjoyed the *American Journal of Nursing* for three years, more than ever these past eight months, while in California. I think it is one of the very best printed. I cannot be without it, it's a part of my daily work and a part of my life.

California

M. V. P.

FIRST HAND KNOWLEDGE

DEAR EDITOR: I have been ill with tuberculosis since August, 1922, but each month I've looked forward to receiving my copy of the *Journal* with great interest. Especially interesting have been the articles on tuberculosis. I wish we could have more. I would like to know more about the use of Tuberculin, why some doctors use and think

it of such help, and others are so opposed to its use. For fourteen months I was a patient in a large sanatorium in California and I found that it was only the exceptional nurse who understood her patients and their mental problems. The majority failed to realize the extreme nervous condition which accompanies tuberculosis; nearly all patients in such a sanatorium are far from all home ties and friends and a little thoughtless impatience on the part of the nurse causes hours of mental discomfort that the same patient at home, or among friends, would not have paid any attention to. The "at home" is meant to include sanatoria or hospitals in the home community where it is convenient for friends to call. I hope we can have several more articles on tuberculosis this coming year that will be so interesting to the nurses they will be anxious to take up tuberculosis nursing. I am still in bed but I am looking forward to the time when I can begin nursing again. I have always been interested in tuberculosis but have never done any real tuberculosis nursing. As soon as my health permits I am going to, and in the meantime I will try to make all with whom I am in contact see the need of more nurses and better nursing in this great field.

Indiana

L. K.

FROM EGYPT

DEAR EDITOR: You can find the Anglo-Egyptian Sudan on the map, but the Nasser would hardly be there unless you had one showing the missions. We are on the Sobat River, about two hundred miles from its outlet into the White Nile. This part of the Sudan is partly under military government; there is a regiment stationed at Old Nasser about a mile and a half below us. Some parts of the Nuer country are not considered safe for us, and the Government has not been willing to give permission for work to be carried on there. There is a mission station near the mouth of the Sobat, and another one in the western part of Abyssinia, four to six days' journey from us. The work at Nasser is with the Nuer tribe, said by some

to be the most warlike tribe in this section of the Sudan, but we who work with them, do not believe this. I am doing the medical work alone at this station at present. There is a doctor about two hundred miles from us at these other stations, but two hundred miles here is a vastly different thing from two hundred miles in America. There are little military boats which bring our mail twice a month, and from the mission station near the White Nile it takes the boats, making good time, three days to reach us. On the Abyssinian side, we have boats about three months of the year, during the rainy season, while the river is high. Many, many people are coming to us from far and near, and they indeed are very needy. We have so many suffering from yaws. It seems as though at least ninety per cent of our Nuers have been victims. Neosalvarsan is the specific, and it is wonderful to see how quickly it gives results. We have many people suffering from amoebic dysentery, malaria, leprosy, trachoma and elephantiasis. Can you think of a nurse examining patients, making a diagnosis, and giving treatment? This I must do all the time and my diagnosis isn't questioned. Why? No one nearer than several hundred miles, to question. We have a little dispensary, but some day we are to have a hospital. There is a doctor for this station but he has to be away, sometimes for some few months. Next year he goes to America on furlough. We need another nurse and are praying that the Lord may send us one very soon. I love the work and am thankful to be here, where the need is so great, and the Lord has blessed us very much. I am always glad to get the *Journal*, glad to know what is going on at home in the nursing world. Sometimes I feel very far away from people and everything. It seems as though I were sitting on the very edge of the world, but hardly a part of it.

Nasser, Sobat River,

Egyptian Sudan C. BLANCHE SOULE.

FROM KOREA

DEAR EDITOR: I read the *Journal* regularly and find it a great help to me in my work of running an up-to-standard training school in the Orient. We have 32 pupil nurses, 7 graduates, and 1 nurse from a country hospital for special work. The hos-

pital holds 80 patients and it is much too small. About 300 are treated every day in the dispensary. Our nurses are distributed as follows: Operating room, 3; isolation, 3; night duty, 3; dispensary, 8, and the others over four wards. The teachers for the training school are mostly doctors and medical students, except for massage, English, practical nursing, and bandaging, which is done by graduate nurses or our foreign nurses. Our equipment consists of one well furnished class room with a Chase hospital doll and also the baby doll, eleven anatomical charts, student chairs, a cabinet full of linen and enamel and rubber goods used in demonstration. Our work is on the whole encouraging and our aim is to train nurses who can take charge of other mission hospitals, departments in our own hospital, and finally our places in the future.

Seoul, Korea

EDNA LAURENCE.

RECLASSIFICATION OF NURSES

DEAR EDITOR: The New York State Federation of Women's Clubs, meeting in Albany, in November, adopted the following resolution: Be it resolved that the New York State Federation of Women's Clubs convening in Albany, approve the action of the New York State Nurses against any rule, regulation, enactment or classification which shall place nurses in a lower position than that which they have universally occupied.

New York

K. M. L.

BOOKS AT REDUCED RATES

DEAR EDITOR: I have some books on hand that I would be glad to sell at a reduced rate. They are all in good condition, and nearly all are 1917 or 1918 editions. History of Nursing, Nutting and Dock, Vol. I, II, III, IV; Obstetrics for Nurses, DeLee; Materia Medica, Groff; Immediate Care of the Injured, Morrow; Making Good in Private Duty, Lounsbery; Private Duty Nursing, DeWitt; Nursing: Its Principles and Practice, Robb.

MRS. WM. D. HILDRETH.

Maple Row Farm,

Herkimer, N. Y.

ADDRESSES NEEDED

DEAR EDITOR: The Editor of the *Alumnae Bulletin* of the Children's Memorial Hospital, Chicago, Ill., has lost

track of some of its members and so far has been unable to trace them: Frances Harder, class of 1915 (Mrs. Oscar Mattson); Nina B. Young, class of 1915 (Mrs. J. Morett); Ione Stephenson, class of 1916 (Mrs. Charles A. Lamb); Ann Whorten, class of 1916; Josephine Glenn, class of 1917; Lulu Krulik, class of 1916 (Mrs. Cecil Small); Olga Burita, class of 1916 (Mrs. Warren P. Ester).

1530 N. Mayfield Ave.,

Chicago, Ill.

BLENDA H. FAST.

JOURNALS WANTED OR ON HAND

Journals wanted by Charlotte Norrie, Store

Kongensgade 92, Copenhagen, Denmark, to complete file, to be placed at the Copenhagen University Library: Volume II, No. 5; Volume IV, No. 10; and Volume XVII, No. 5.

Hugejean E. MacAfee, 9 Forest Street, Newton Highlands, has the following copies of the *Journal* to dispose of: 1903, July; 1905, May-July, and October-December; 1906, January-May; 1907, January-May, August, September, December; 1908, January-June, August, September; 1909, complete; 1910, April, June, August-December; 1911, February-October, December; 1912, January-March, May, July, October-December.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

8. What is the routine of tabulating the nominations for officers of the American Nurses' Association?

All nominating blanks returned to the Chairman of the Nominating Committee by January 1st preceding the biennial meeting are counted by the Chairman, and names of nominees and numbers of votes received are tabulated. Her count, together with the nominating blanks, is sent to each member of the Committee for verification. The procedure for making out the ticket is given in Article VII, Section 6, of the By-laws of the American Nurses' Association.

9. Can you give us information with regard to the foreign countries which have federal registration laws which correspond with our state registration laws? If you have any information with regard to the secretaries of foreign registration boards, or foreign nurses'

associations, we should be very glad to receive the same.

Great Britain has now its registration act and General Nursing Council to administer same. New Zealand had the first. Germany has also an act but not administered by nurses. Belgium also has one, very elementary. We are not able to give the address of examining boards or administration centers. However, by writing to the *British Journal of Nursing*, 20, Upper Wimpole, St., London, W., you can get the English, Scotch and Irish addresses. Miss Maclean, Government Bldgs., Wellington, New Zealand, will give information, and the others can be had by writing to Miss Christine Reimann, International Secretary, who is now at Teachers College, New York. The addresses of national associations of nurses can be looked up in *A History of Nursing* and *A Short History of Nursing*.

A SUGGESTION FOR OTHER STATES

From Minnesota comes a three page folder from the St. Paul Public Library entitled "Nursing—A selected list of books in St. Paul Public Library." The titles are given under headings and are followed by the volumes' numbers, so that ordering is simplified. Twenty-one classifications of books are made, with an additional one for magazines.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

AMERICAN NURSES' ASSOCIATION
Rose M. Ehrenfeld, recently Supervisor of the Nursing Service of the State Board of Health of North Carolina, has been appointed to the Headquarters office, to assist in further developing the work of the American Nurses' Association. She will report for duty on January 7. Miss Ehrenfeld has had considerable experience in administrative work and will be an acquisition to the Headquarters office force. She is well known to a large number of nurses, especially in the South, where she has done some splendid constructive work.

The Finance Committee of the American Nurses' Association held a meeting at the Headquarters office on December 10, at which time a budget was prepared to present to the Board of Directors at its meeting to be held during the week of January 14, 1924. As soon as this report has been accepted by the Board of Directors it will appear in the columns of the *Journal*.

The amount of contributions for the relief of members of the German Nurses' Association up to December 15, received by the Headquarters office is \$63.00.

AGNES G. DEANS, *Secretary*.

SUBSCRIPTIONS TO THE JOURNAL FOR RELIEF FUND NURSES
In the November *Journal* the suggestion was made that a nice Christmas gift to a Relief Fund nurse would be a subscription to the *Journal*. In response to that request, eight subscriptions have been given and assigned.

NURSES' RELIEF FUND
REPORT FOR NOVEMBER, 1923

Receipts	
Balance on hand	\$25,865.63
Interest on bonds	65.30
Interest on Liberty bonds	65.00
	<hr/>
	\$25,995.93
California: Dist. 1, \$43.41; Dist. 3, 8; Dist. 5, \$20; Dist. 9, \$25; Dist. 11, \$12; Dist. 13, \$2.50; Dist. 16, \$1	
	<hr/>
	\$111.91

Colorado: Graduate Nurses' Assn., (5 individuals)	5.00
Connecticut: St. Joseph's Hospital School Alum., Willimantic, \$25; class of 1923 of Hartford Hosp., Hartford, \$25; Waterbury Hosp. Alum., Waterbury, \$10; W. W. Backus Hosp. Alum., Norwich, \$4	64.00
Georgia: District 3	27.00
Florida: District 4	25.00
Illinois: Illinois State Assn. of Graduate Nurses, \$250; Dist. 1, St. Joseph's Alum. Assn., \$50; Dist. 7, Individuals, \$10	310.00
Indiana: St. Vincent's Hosp. Alum. Assn., Indianapolis, \$82; Indiana University School of Nursing, Indianapolis, \$38	120.00
Iowa: State Assn. of Registered Nurses	390.50
Kentucky: State Assn. of Registered Nurses	25.00
Maine: State Nurses' Association	19.00
Maryland: State Nurses' Association, \$17.60; Hebrew Hosp. Nurses' Alum. Assn., \$30; one individual, Baltimore, \$1	48.60
Michigan: Dist. 5, \$2; Dist. 7, \$1; Dist. 9, \$3	6.00
Minnesota: State Nurses' Assn., \$50; Dist. 2, \$29; Dist. 3, \$2; Dist. 5, \$4; Dist. 6, \$9; one individual, \$1	95.00
Mississippi: State Nurses' Assn.	25.00
Nebraska: Dist. 1, \$41; Dist. 3, \$106	147.00
New Hampshire: Sacred Heart Alum., Manchester	25.00
New Mexico: Dist. 1	32.50
New York: Dist. 2, Rochester Homeopathic Hospital Nurses' Alum., \$25; Dist. 3, Arnot Ogden Memorial Hosp. Nurses' Alum., \$25; Dist. 4, Individuals, \$100; Dist. 9, Saratoga Hosp. Nurses' Alum., \$15; Dist. 10, Mohawk Valley Assn., \$40.25; Dist. 13, New York Hosp. Nurses' Alum., \$5; Roosevelt Hosp. Nurses' Alum., \$5; Seven individuals,	

\$8.50; Dist. 14, Methodist Episcopal Hosp. Nurses' Alum., \$50;	
St. John's Nurses' Alum., \$10;	
Student body, Long Island College Hosp., \$25; Swedish Hosp., Superintendent of Nurses and eleven students, \$25; Brooklyn Hosp. Alum., \$50; Individuals, \$5	388.75
Oklahoma: State Nurses' Assn., \$43;	
El Reno Sanitarium Alum. Assn., \$11 -----	54.00
Tennessee: Dist. 1 -----	126.00
Utah: Salt Lake County Hosp. Alum. Assn., \$6; Thomas Dee Memorial Hosp. Alum. Assn., Ogden, \$10 -----	16.00
West Virginia: State Nurses' Assn.---	23.00
Wisconsin: State Nurses' Assn.----	50.00
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Total Receipts -----	\$28,130.19

Disbursements

Paid to 42 applicants-----	\$600.00	
Exchange on checks-----	.40	
Money Order returned by Post Office—From District 3, Michigan-----	12.00	652.40
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Balance November 30, 1923-----	\$27,477.79	
Invested funds -----	57,050.00	
<hr/>		\$84,527.79

COMMITTEE ON FEDERAL LEGISLATION

Through National Nursing Headquarters, a letter has been sent to all Superintendents of Training Schools and to the State Nurses' Associations. Replies to these letters are being now received. In addition to this a letter has been sent to all of the great civilian organizations interested in nursing; the American Public Health Association, the National Child Hygiene, the Tuberculosis Association, and the Mental Hygiene. Replies have been received from the American Child Health Association indorsing the professional recognition of nurses. The American Public Health Association has requested that this matter be referred to the Nursing Committee, preferably to Miss Stack and Miss Fox. The status of the Bill remains the same. The Personnel

Board, with the exception of the representative of the Civil Service, has decided to abandon the pay schedule and the classification created in the Bill and to adopt the pay schedule of the Bureau of Efficiency which was represented in the defeated Bill. While in this schedule definite classifications are abandoned, the instructions from the Personnel Board to the various Departments designate the classification under this new schedule to which employees shall be allocated, and in its instructions it is directed that nurses be placed in the group which corresponds to the sub-professional grade in the law. It is not understood how a Board appointed under a certain law can abrogate a portion of that law substituting for the Bill which passed, provisions of a Bill which was defeated, and still retain that portion of the Bill which relates to the creation of the Personnel Board. It is apparent to everyone interested in seeing all employees of the Government receive a square deal, that this is but a step toward the abandonment of the merit system and a return to the system which takes away from all Government employees even the meager protection which they now have. It is, therefore, believed that it is essential, since the point has been made as to where nurses should be placed in this schedule, that the efforts be continued to secure professional recognition for nurses in the Government Service in order that nursing may be more firmly established as a result of these efforts, made a more desirable occupation and attract a higher grade of applicant for training schools rather than allow matters to take their course, to see these high grade women discouraged from entering nursing, to see nursing gradually sink into a trade rather than a profession, and see the shortage of qualified nurses increase because of the failure of the Government to give proper recognition to nurses as professional personnel.

LUCY MINNIGERODE, *Chairman.*

ARMY NURSE CORPS

During the month of November, 1923, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Anne

Coughlan, Ethel I. Hipps, Margaret N. Hennessey, Alica P. McGuire, Ila Broadus, Eugenia A. Wells, and Elizabeth Barker; to Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieutenant Nell Suggs; to Letterman General Hospital, San Francisco, Calif., 2nd Lieutenant Lucy R. Taylor; to Station Hospital, Fort McPherson, Ga., 2nd Lieutenant Minerva O'Neale; to Station Hospital, Fort Riley, Kas., 2nd Lieutenant Anna Ednie; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenant Mary A. Kenny; to Walter Reed General Hospital, Army Medical Center, Washington, D. C., 2nd Lieutenant Agnes C. Hogan; to Philippine Department, 1st Lieutenant, Lulu Gerding, Chief Nurse, 2nd Lieutenants Bernice W. Chambers, Anna L. Hart, Florence I. Barnhardt; orders revoked for 2nd Lieutenant Catharine G. Hoff for transfer to the Philippine Department.

Orders have been issued for the separation from the service of the following members of the corps: 2nd Lieutenants Mary O. McCartney, Martha F. Buchanan, Mary C. Anderson, Olivia Starks, Gertrude O. Peebles, Edna Ritenour, Bertha M. Madison, Grace W. Walker, Josephine Brown, Marie Bennett, Susan E. Littlepage, and Alma H. Bretz.

ARMY SCHOOL OF NURSING

The Army School of Nursing had as guests for a week over Thanksgiving, Mademoiselle Germaine Guibaud and Mademoiselle Madeleine Cazally, both of whom are graduates of the Florence Nightingale School at Bordeaux. They have been sent to this country by the American Committee for Devastated France and have been spending two valuable months at the Presbyterian Hospital, New York. After further study they will return to their positions on Evelyn Walker's staff and continue their Public Health work in the Department of the Aisne, France.

JULIA C. STIMSON,
Major, Supt. Army Nurse Corps, Dean, Army School of Nursing

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Elizabeth L. Bridgeman; to Chelsea, Mass., Ivy H. Keene; to League Island, Pa., Helen Rein, Julia Moehr; to Mare Island, Calif., Hazel V. Braddick, Flora A. Gee; to New London,

Conn., Dispensary, Submarine Base, Josephine A. Phelps; to Norfolk, Va., Julia T. Coonan, Chief Nurse; to Parris Island, S. C., Clara C. Gay; to Philadelphia, Pa., Graduate School of Medicine, University of Pennsylvania, (Course in Anaesthesia), Pauline L. Spann; to Portsmouth, N. H., Gertrude Campbell, Katie M. Smith; to San Diego, Calif., Agnes J. Gibson, Johanna E. Suzay; to St. Thomas, V. I., Sarah Almond, Chief Nurse, Susan J. English; to *U.S.S. Mercy*, Marion McKay.

Honorable Discharges: Josephine C. Croghan, Catherine M. Dalton.

Resignations: Ida Carlson, Estelle Y. Cobb, Charlotte S. Giberson, Annie B. Johnson, Florence M. Kopp, Marjorie Mulcahy, Von Jean Sherrill, Esther M. Stolt, Rosanna B. Watson.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Dorothy Calder, to Ellis Island, N. Y.; Elizabeth Burke, Christine MacIver, Jessie Gessner, to Fort Stanton, N. M.; Hattie Haigwood, to Norfolk, Va.; Sarah Connell, to Memphis, Tenn.

Reinstatements: Effie Taylor, Hazel Robbins, Grace Burrows, Ruby Davis, Alice MacMullen, Edith Bradeen, Cora Miller.

LUCY MINNIGERODE,
Supt. of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE, *Transfers:* Ruby Brace-lin, to 37, Waukesha, Wis.; Elizabeth F. Delaney, to 60, Oteen, N. C.; Anna L. Currie, C.N., to 24, Palo Alto, Calif.; Blanche V. Durbin, to 32, Washington, D. C.; May Jones and Ada V. Hill, to 80, Ft. Lyon, Colo.; Laura F. Carney, to 93, Legion, Texas; Mildred E. Furst, to 81, Bronx, N. Y.; Gertrude M. Price and Gladys A. Morton, to 50, Whipple Brks., Ariz.; Olive M. Hallmark and Grace Divine, H.N., to 51, Tucson, Ariz.; Katie M. Wesley, H.N., to 53, Dwight, Ill.; Agatha E. Griesacker, to 2, Federal Park, Md.

Reinstatements: Sena H. Brudvik, Mrs. Mary L. Gordon, Lucy E. Compton, Margaret T. McGreal, Elsie Anna Andross, Nellie B. Wallace, Julia Lyons, Ella Rutt.

DISTRICT MEDICAL SERVICE, *Transfers:* Annie Rae Kennedy, to Dist. No. 5, Charlotte,

N. C.; Clara O'Rourke, to No. 41, New Haven, Conn.; Clara M. Spielman, to 2, Federal Park, Md.

On November 5, 1923, the Chief Nurses from the U. S. Veterans' Hospitals and the fourteen regional districts met in a five-day session with the Medical Director and the Superintendent of Nurses, at the U. S. Veterans' Bureau, Arlington Building, Washington, D. C. Mary A. Hickey, Superintendent of Nurses, presided at the opening session. The opening address of this session was made by the Director, General Frank T. Hines, who emphasized that it was his desire to make the U. S. Veterans' Bureau Nursing Service equal to any in the world. The Medical Director, Dr. L. B. Rogers, urged upon the nurses the need for loyalty to the service. Clara D. Noyes, Director of Nursing, The American Red Cross, told of the birth and development of the nursing service caring for ex-service men. Major Julia C. Stimson, Superintendent of Nurses, of the Army Nurse Corps, spoke on the advantage of central control in a nursing service, giving a resume of how this central control was helpful to the field service and the opportunity it offered the Superintendent of Nurses to keep her corps up to the highest standard of efficiency. Beatrice Bowman, Superintendent of Nurses, of the Navy Nurse Corps, brought greetings from the Navy Nurse Corps and told the nurses of the recent appointment of two Assistant Superintendents of Nurses—one to supervise the nursing work on the West coast and one on the East coast. Miss Minnigerode, Superintendent of Nurses, of the U. S. Public Health Service, was the next speaker. She told of the development of the nursing service previous to the transfer of the nurses from the U. S. Public Health Service to the U. S. Veterans' Bureau. The affection in which Miss Minnigerode is held by the nurses who worked under her supervision was demonstrated by the reception she was given. Elizabeth G. Fox, President of the National Organization for Public Health Nursing, gave a splendid outline of how her organization might be helpful to the group of nurses in the U. S. Veterans' Bureau doing public health work.

The following days of the conference were spent upon the problems of nursing adminis-

tration in U. S. Veterans' Hospitals and the District Offices. Many valuable suggestions were left with the Medical Director, which it is hoped may be formulated and put into practice. During the conference the nurses were received by Mrs. Coolidge, and were also entertained by the nurses at the Walter Reed U. S. Army Hospital, at the U. S. Naval Hospital, and at the U. S. Veterans' Hospital No. 32, Washington, D. C.

MARY A. HICKEY,
Superintendent of Nurses.

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its 1924 meeting in Toronto, June 25-July 2. Nurses attending the convention in Detroit may wish to plan to attend these meetings on their way home.

Alabama: Jasper.—WALKER COUNTY HOSPITAL was opened in December by Helen McLean, who is so well known throughout the state.

California: Pasadena.—JUNE RAMSEY, class of 1909, Johns Hopkins Hospital, has been appointed Superintendent of Nurses at the Pasadena Hospital. **San Francisco.**—STANFORD UNIVERSITY is announcing its third Summer Course of five weeks for Administrators and Instructors in Schools of Nursing, to be given June 24 to July 29. Laura R. Logan will direct the course, assisted by Maude Landis, and Instructors in the Stanford School of Nursing and other departments of Stanford University. **Stockton.**—DISTRICT 10 met at St. Joseph's Hospital on November 14th. Many members were present also the student nurses from the hospital. Edward Van Vranken, District Attorney, read a very interesting paper on Prevention of Crime. Dr. F. J. Conzelmann gave a most interesting address on Heredity and Crime. Preparations were begun for Miss Roberts' visit in December.

Connecticut: THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT will hold its annual meeting in New Haven, January 24. The State League will meet on the 23d, and the Organization for Public Health Nursing on the 25th. The joint meeting of the three associations will be on the evening of the 23rd, when it is hoped Miss Goodrich will speak. THE CONNECTICUT LEAGUE OF NURSING EDUCATION held its fourth regular meeting for

the year 1923 at Grace Hospital, New Haven. The morning was taken up with an Executive Committee meeting, and combined round tables for superintendents and instructors at which members of the State Board of Examination and Registration for Nurses led the discussion. At noon a most bountiful lunch which was much enjoyed by all was served by the Grace Hospital staff of nurses. At the afternoon meeting the League was highly honored in having Dean Annie W. Goodrich as its guest; she addressed the meeting, giving an outline of the plan of administration and instruction in the new Yale School of Nursing. The Connecticut League of Nursing Education is very proud and happy to welcome Dean Goodrich and her associates to the state. **Bridgeport.**—THE BRIDGEPORT HOSPITAL ALUMNAE ASSOCIATION met on December 11, when a Nominating Committee was chosen. It was their privilege to have with them, R. Inde Albaugh, who spoke on the *Journal*. The members are sure they can bring up the state's percentage after hearing her inspiring talk. **New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held a meeting on December 6 with all officers present and a full attendance. After the business session, Dr. John Peters of the Yale School of Medicine gave an illuminating talk on Diabetes. He was followed by Dean Annie W. Goodrich, who spoke of the new School of Nursing to be opened in February. A social hour followed.

Delaware: THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting at the Delaware Hospital, Wilmington, January 9, at 4 p. m.

District of Columbia: Washington.—THE LEAGUE OF NURSING EDUCATION held its regular meeting at the Nurses' Club. After the transaction of routine business an announcement was made that the President, Miss Melby, had been appointed a member of the D. of C. Board of Nurse Examiners. Miss Goodnow gave an interesting report of the National League of Nursing Education meeting, held at Swampscott, Mass., in June. Special interest was added to the meeting by the presence of Mademoiselle Mignot and the very interesting account she gave of the Florence Nightingale School at Bordeaux, France. A

Correction.—In the November *Journal*, page 140, the news item of the D. of C. League Meeting should read: It was decided to extend an invitation to the Councillors of the Graduate Nurses Association to attend our meetings and for those eligible to become members of the League, so as to form a closer relationship between these organizations.

Florida: Jacksonville.—SISTER LUCILLE, graduate of Carney Hospital, Boston, has been made a charge nurse in St. Vincent's Hospital, succeeding Sister Rosarie who takes up duties at the U. S. Soldiers' Hospital, Washington. Changes at St. Luke's Hospital: Mary E. Morrison, class of 1914, is a charge nurse; Mrs. Maud Revelle, class of 1917, has resigned the position of night supervisor to become a charge nurse; she is succeeded by Teresa Kohten, class of 1917. Ester Traeger, class of 1917, succeeds Gertrude Knecht as operating room supervisor.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its seventeenth annual meeting at Atlanta, November 26-28. The official report has not yet been received. Officers elected are: President, Jean Harrell, George Baptist Hospital, Atlanta; secretary, Jessie Candlish, 20 Ponce de Leon Avenue, Atlanta; treasurer, Jane Van De Vrede, 249 Ivy Street, Atlanta; presidents of District Associations are: First District, Dora Mathis, Wesley Memorial Hospital, Atlanta; Second District, Margaret Dorn, Augusta; Third District, Hattie Wilder, Orange Street, Macon; Fourth District, Harriette Buckner, 114 Hull Street, Savannah.

Illinois: Chicago.—THE CHICAGO TUBERCULOSIS INSTITUTE has been having an exhibit of forty health posters in the Board of Education building. These posters were made by high school students of Chicago and Cook County. They are divided into Class A, concerned with general health, and Class B, concerned with tuberculosis Christmas Seals. The first two awards, one for each class, went to students in the J. Sterling Morton High School of Cook County, but it happened that the other honors were equally distributed among the other schools. **Ravenswood.**—RAVENSWOOD HOSPITAL SCHOOL OF NURSING has secured an affiliation with the Chicago Visiting Nurse Association. Mrs. Mae B.

Cameron has returned to the hospital as Chief Anaesthetist. She is a recent graduate of the Lakeside Hospital School of Anaesthesia. Nellie A. Tarbert, class of 1919, Rockford Hospital, has been appointed Assistant Surgical Supervisor. **Indiana: Gary.**—ST. MARY'S MERCY HOSPITAL ALUMNAE met at the Hospital on December 12. A suggestion was made that a nurses' social club be organized, inviting all outside graduates to join, the first meeting to be held in January. The president appointed a Program and a Refreshment Committee. **Terre Haute.**—ALINE MERGY, class of 1914, Johns Hopkins Hospital, has been appointed Director of the Public Health Nursing Organization.

Kansas: Topeka.—In 1882 through the efforts of Bishop and Mrs. Vail (Bishop of the Kansas Episcopal Diocese), Christ's Hospital was founded with the request that no one be turned away from the doors, if they came seeking medical and nursing care. Through many successful years Christ's Hospital has kept this request, and has had many non-paying patients. In the spring of 1923, the Board of Directors of the hospital recognized the need of a new building and a campaign was started for this purpose. The Alumnae Association, in order to show its love and loyalty, pledged \$10,000 to this cause. Between \$6,000 and \$7,000 was raised by individual pledges of the different members, the remainder is to be raised by bazaars, rummage sales, socials and food sales. The association has already raised between \$500 and \$1000. Also for next spring, plans for a bazaar are under consideration. Every member of the association is putting her best effort behind these plans. **McPherson.**—Agnes A. Newbold of Peoria, Ill., has been appointed instructor in the McPherson County Hospital.

Kentucky: Bertha Beers, class of 1914, Johns Hopkins Hospital, is supervisor of nurses, Kentucky State Department of Health.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION will hold its annual meeting in New Orleans, February 28 and 29.

Maine: THE MAINE STATE NURSES' ASSOCIATION will hold its annual meeting in Lewiston, January 4 and 5.

Maryland: THE MARYLAND STATE

NURSES' ASSOCIATION, the MARYLAND STATE LEAGUE OF NURSING EDUCATION and the MARYLAND STATE PUBLIC HEALTH NURSES' ASSOCIATION will hold their annual meetings in Osler Hall, Baltimore, January 10-11. Mary M. Riddle, President of the Nurses' Examining Board of Massachusetts, will be the guest of the associations and the speaker at the evening meeting, January 10. Dr. John F. Hogan, Director of the Communicable Disease Bureau, Baltimore Health Department, will be the speaker at the meeting, Thursday afternoon. The annual supper will be on January 10, at 6 p. m. Gulielma H. Bode has resigned as Registrar of the Central Directory, a position she has held for several years. Johns Hopkins graduates are reported as follows: Louise Savage, class of 1921, has been appointed instructor in practical nursing at the University of Maryland Hospital; Virginia Mahoney, class of 1920, has taken charge of the hospital at St. Anthony, Newfoundland, with Nina Hommel, class of 1922, as assistant; Dorothy Lloyd, class of 1922, has sailed for Changsha, China, to help at the Yale in China mission. Eva L. Fischer, class of 1916, is instructor in practical nursing at the Lakeside Hospital, Cleveland.

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination on Tuesday and Wednesday, January 8 and 9. Application must be filed seven days before the examination date. Charles E. Prior, Secretary, State House, Boston. THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its mid-winter meeting, February 16, at Lecture Hall, Boston Public Library. The following Sections will present programs: Private Duty Nurses' League, State League of Nursing Education, and Public Health Section. Carrie M. Hall will preside at the general sessions of the State Association, and an address on Dental Nutrition and Tooth Development will be given by Harold DeW. Cross, of the Forsythe Dental School. There will be music by a chorus of nurses and tea will be served at the Boston Nurses' Club. An interesting feature of the program will be reports from County Branches. The Massachusetts State Nurses' Association filed, in December, a bill for increased legislation. Efforts are being directed toward securing

an Educational Director and the Licensing of Attendants. THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held its November meeting in Boston, having as speaker Dr. William R. P. Emerson, on Physical Unfitness of the Young Worker. **Boston.**—THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION held a New Year's party for alumnae and students on New Year's evening. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held a meeting on December 3, at which the proposed nurses' bill was explained by Ellen C. Daly and discussed by Dr. Pollock. **Fall River.**—THE ALUMNAE ASSOCIATION OF THE FALL RIVER GENERAL HOSPITAL held a dance on November 21 which proved a social and financial success. THE ALUMNAE ASSOCIATION OF THE UNION HOSPITAL held its fourth and most successful sale on November 14. The profits amounted to \$550. THE TRUESDALE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently and elected the following officers: President, Demaris Weeden; vice-president, S. L. Evans; secretary, G. L. Fullerton; treasurer, Margaret Christie. At a bazaar held in November the proceeds amounted to \$500.

Michigan: THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION is distributing a form letter to the hospitals of the state on a number of the interests of the League, among which is an urgent appeal to each Training School for Nurses, to urge the student body to raise funds to send a student nurse to Detroit for the 1924 biennial meetings and to secure the coöperation of every nursing organization of the state, as well as the hospital personnel of each hospital to help secure publicity and purchase for the calendar published by the National League of Nursing Education. The date decided upon for the meeting of the State League of Nursing Education is February 13, 14 and 15, at Flint. Anna M. Schill, Hurley Hospital, Flint, is Chairman of Arrangements. **Ann Arbor.**—The students of the University School of Nursing have begun the publication of a bulletin, the *Scalpel*. It is designed "to inspire, rest and delight you." It contains two important educational articles and personal notes concerning members of the Training School and alumnae members. It carries a

well balanced touch of humor and seriousness. It cannot help serving the purpose of drawing the student body closer together and the alumnae closer to the school. The Alumnae have a loan fund started in 1917, through the efforts of Miss Pemberton, made up from donations of individual members. Its purpose is to help students through training who are financially handicapped. The students are to have a new nurses' home, a gift from Senator Couzens who gave McLaughlin Hall to the Harper Hospital. **Detroit.**—A meeting of the First District Association was held December 7. Among matters of importance brought to the attention of the meeting, perhaps the one inspiring the deepest interest concerned the National Personnel Reclassification Board, which places nurses in government hospitals in a non-professional classification. A meeting of the Farand Training School Alumnae Association was held December 11 at McLaughlin Hall, Harper Hospital. Methods for sale of calendars from National Headquarters were discussed. Emily A. McLaughlin, Chairman of Arrangements Committee for biennial conventions of 1924, called a meeting of her committees for December 13, at McLaughlin Hall, Harper Hospital, to discuss plans and receive reports. The pupil nurses of the WOMEN'S HOSPITAL held a bazaar and dance in October, in aid of the Student Nurse Relief Fund in Russia and Japan. The sum of \$186.75 was turned over to the committee. THE GRACE HOSPITAL ALUMNAE ASSOCIATION held a bazaar on December 11 and 12 in aid of their Chinese Scholarship Fund. **Marquette.**—DISTRICT 14 held its monthly meeting at the Nurses' Residence of St. Luke's Hospital. The usual business was transacted, and ten new members accepted. The Senior Nurses of the Hospital entertained the members with a pleasant musicale, all singing "Michigan, My Michigan." E. S. Bice, President First National Bank of Marquette, gave a talk on Banking and its present-day methods. Sandwiches and coffee were served by the Senior class members. A social time was enjoyed by all. **Saginaw.**—THE ELEVENTH DISTRICT ASSOCIATION held its annual meeting on October 9 and elected as officers: President, Laura

Thomas; vice-presidents, Josephine Earley, Martha Riedel; corresponding secretary, Mary J. McGovern; recording secretary, Alice Jones; treasurer, Jane Taggart; directors, Lydia Thompson, Helena Gibson, Caroline Bray, Bessie Sutherland Burdick, Rosemary Lynch, Agnes Topham. The members are carrying on the same program as last year, twelve Captains and teams having been appointed, each team putting on a monthly program, and the team having the best program of the year is to be banqueted. The June team's program of last year was pronounced the best and is to be banqueted in the near future. Irene Krebs was Captain. The November team, Mary Chayer, Captain, put on a unique program in the way of a School Health Program. Members came dressed as school children, each bringing a sandwich on which judgment was passed as to its nutritional value. A half pint bottle of milk was served with it. Demonstrations of the School Health Program were given. Health posters and a short health playlet were enjoyed. The December team, Sarah Jane Grumbley, Captain, is putting on a Christmas Donation meeting. Each member is to bring a can or two of fruit or vegetables. These are to be given to some needy family. A speaker from the Associated Charities will be heard. **Saginaw.**—Officers of the Women's Hospital Alumnae for the coming year are: President, Mary G. Gunnell; vice-presidents, Mary Emde, Rebecca Kerr; secretary, Edith Gray; treasurer, Ora Gilles. A new X-ray machine has been installed at the Woman's Hospital and is now in operation. Officers of the St. Mary's Hospital Alumnae for the coming year are: President, Rosemary Lynch; vice-presidents, Evelyn Pitt, Mary J. McGovern; secretary, Mrs. Laurence Bannan; treasurer, Ann Allen. Sister Mary Felicita, who for many years was Supervisor of the Fourth Floor at St. Mary's Hospital, has returned and will supervise the fourth floor again, after an absence of six years. Her many friends welcome her return. Officers of the Saginaw General Hospital Alumnae are: President, Mrs. Lulu Dixon; vice-presidents, Mrs. Grace Pritchard Clark, Gladys Gibson; secretary, Martha Riedel; treasurer, Thelma Cabbage.

Minnesota: St. Paul.—*The Mound*

Builder, a publication of Mound's Park Hospital, has on the cover of its October issue, a drawing of the proposed new Midway Hospital for which a drive for funds was conducted in November. A bazaar was held by the alumnae in November. Lilian M. Thompson has resigned her position as Night Supervisor at the Hartford Hospital, Hartford, Conn., to become Supervisor of the Operating Rooms at the Charles T. Miller Hospital. Florinda Abrahamson has assumed the position as Superintendent of Nurses at Bethesda Hospital. Miss Abrahamson is a graduate of Augustana Hospital, Chicago, Ill. The Private Duty Nurses' Section of the Fourth District were entertained by the Bethesda Hospital Alumnae, November 15. THE SWEDISH HOSPITAL ALUMNAE gave a fall festival at their beautiful Nurses' Home, November 15. \$60 was realized, part of which will be used for Christmas baskets for needy families. Elizabeth McMillan, graduate of the Asbury Hospital, has accepted a position as anesthetist and X-ray technician in Columbus, Neb. HILLCREST ALUMNAE gave a bazaar at the Nurses' Home, December 4 and 5; the profits were about \$300. Members of the Association are visiting nurses who are patients at Glen Lake Sanatorium. A Christmas party was given there in December.

Missouri: THE STATE NURSES' ASSOCIATION is having the State history of nursing compiled. This is being done by Mrs. N. M. Trenholme, who is skilled in historical research. **Columbia.**—Each year at the University of Missouri, the students celebrate Homecoming Day. One of the features of the day is the parade at 10 a. m. Every school in the University is represented in this parade. This year there were 150 floats. The School of Nursing, giving the five-year combined course in Nursing and Arts, carried away the first prize, this year. The nurses had two floats. The first represented Nursing Education; on this float was a graduate, acting as Instructor, and seated were two student nurses, in their blue uniforms, and two probationers in their pink uniforms. The entire setting of the float was white. The other float represented different fields of nursing. One nurse dressed in the Public Health uniform,

had two children beside her; another, in the Army Nurse uniform, had a patient with a bandaged head, in a wheeled chair; a third nurse, in the Red Cross cap and cape, carried the baby Chase doll and a nursing bottle containing starch water. **Kansas City.**

—THE ALUMNAE OF THE UNIVERSITY HOSPITAL feel deeply the loss by death of Dr. John W. Perkins, who organized the University Hospital in 1913. This hospital was closed last summer because of his illness.

St. Joseph.—THE NEW MISSOURI METHODIST HOSPITAL has appointed as its Superintendent, Mary F. Deeever of Cincinnati, who has been for seventeen years Superintendent of Nurses at Christ Hospital, where she has been able to accomplish great things in nursing education. **St. Louis.**—THE SOUTHSIDE PUBLIC HEALTH AND NURSING CENTER held a formal opening of its new home at 901 Lami Street, on December 8.

Montana: Helena.—ST. VINCENT'S HOSPITAL is new, well planned, well equipped, and has an active service. It has 160 beds and a school of 26 pupils. It has a good many graduates and Sisters and a full-time instructor. The District Association has equipped a very tasteful and comfortable rest room for special nurses.

New Hampshire: THE NEW HAMPSHIRE STATE GRADUATE NURSES' ASSOCIATION held its quarterly meeting in Concord, December 12, at Chamberlain House. The League of Nursing Education met in the morning; a general meeting was held after dinner, followed by a tea and entertainment given by the alumnae of the three Concord Hospitals. Lydia King, class of 1913, Johns Hopkins Hospital, is State Supervisor for the Red Cross. **Claremont.**—Dedication exercises for Claremont's new hospital, the STOWELL MEMORIAL AND VETERANS' MEMORIAL WING, were held October 31, at the new building. The principal address was delivered by George A. Tenney, chairman of the Stowell Fund trustees, who gave a history of the career of George H. Stowell, who made possible the new hospital by the bequest of \$50,000. Mr. Tenney ended his address by presenting to the Ladies' Union Aid Society the deed and keys to the property. Frank H. Foster then gave a brief resume of the

campaign which made possible the Veterans' Wing, when the people of Claremont and the surrounding towns subscribed \$77,000. The first subscription of \$1,000 was made by the Claremont Post of the American Legion. Following these exercises, tea was served by the Ladies' Union Aid Society, when those present took the opportunity to inspect the new building. The Stowell Memorial Hospital contains, including the Veterans' Wing, a total of fifty-two beds. Seven of these are individual memorial rooms. The maternity wing has eight private rooms, a six-bed ward, the nursery, and the case-room. One of these rooms is furnished by the Claremont General Hospital Alumnae Association. The Veterans' Wing contains twelve two-bed wards and a sun porch. Nothing has been overlooked in building and equipment, making the Stowell Memorial Hospital one of the most complete in this section of New England. Gladys Larabee, who succeeded to the superintendency of the Claremont General Hospital last spring, will continue in that office at the new Memorial Hospital. **Woodville.**—The regular meeting of the WOODVILLE HOSPITAL ALUMNAE ASSOCIATION was held October 10 at the home of Mrs. James Sweeney. Following the transaction of the regular business, plans for raising money for an endowment fund were discussed. A social hour followed.

New York: Buffalo.—THE HOMEOPATHIC HOSPITAL is providing affiliated training for its students at the Cleveland City Hospital in Pediatrics, Medical and Communicable diseases. **Canandaigua.**—THE FREDERICK FERRIS THOMPSON MEMORIAL HOSPITAL is having a difficult time in financing its work during the months that intervene between the death of Mrs. Thompson, who had been a regular contributor to its support, and the time when her legacy shall be available. In an effort to help the institution, the student nurses held a sale in November from which the sum of \$409.25 was realized. This was presented to the President of the Board of Trustees, by Julia Pollard, a Senior. The gift was much appreciated, in itself, and for its expression of loyalty. Minnie Kane, class of 1916, has been appointed tuberculosis nurse for Ontario County, succeeding Anna M.

Suter, who has recently resigned. Caroline Nicholson, class of 1910, has been appointed Superintendent of a hospital in California. Camilla Sale, class of 1912, is Superintendent of the Dunkirk City Hospital. Grace Roddy, class of 1923, has been appointed office supervisor in the Memorial Hospital. **Elmira.**—ST. JOSEPH'S HOSPITAL had its new wing dedicated on December 11, by Bishop Hickey, after which it was thrown open for inspection. Sister Rose Alice explained its many attractive features. The hospital can now accommodate 150 patients. On the same day, graduating exercises were held for a class of eight. **New York City.**—THE NEW YORK INDUSTRIAL NURSES' CLUB held a regular meeting on November 8, at the Smith College Club. The usual club dinner was followed by a business meeting, after which a most interesting talk was given by Mr. Hockhauser, Superintendent of the Altro Workshop, conducted by the United Hebrew Charities. He told about the work among the tubercular patients in this garment factory. Each patient is given a complete physical examination by the factory physician, who regulates the hours of work according to the physical condition. A nurse checks up on the condition of the patients and reports on all cases to the doctor. They are given a noon-day meal at cost, and extra nourishment as ordered. There are stated rest periods during the day in an open-air sun parlor. All the garments are sterilized before being sent out. A talk was also given by Mrs. Springer of the publication staff of "Better Times." She told how this very interesting magazine came to be published. The Club meeting of December was omitted. THE ALUMNAE ASSOCIATION OF ROOSEVELT HOSPITAL has elected the following officers: President, Maude E. Prouty; vice-president, L. Mary Prouse; recording secretary, Joyce McLean; corresponding secretary, Alice M. Hoyle; treasurer, Esther Reilly; treasurer Sick Nurses' Fund, Amy T. Sallade. THE ALUMNAE ASSOCIATION OF ST. MARY'S FREE HOSPITAL FOR CHILDREN held a meeting on November 29, at which the report of the delegate (Mary O. Smith) to the State meeting in Buffalo was given. ST. CHRISTOPHER'S GUILD OF ST. MARY'S FREE HOSPITAL FOR CHILDREN will hold a bazaar

the Saturday after Easter at the Plaza Hotel. Through the courtesy of the Guild, St. Mary's Alumnae will again have a table at the bazaar. ST. LUKE' ALUMNAE held their annual meeting on November 13, when the following officers were elected: President, Hilda Baker; vice-president, Mary Rust; treasurer, M. K. Smith; recording secretary, May Moyer; corresponding secretary, Maude Cutter. A report of the State meeting was given by Miss Rust. Jean Bain, class of 1903, is Supervisor of Nurses at St. Bartholomew's Hospital; Byrd McGavock, class of 1922, is instructor at the Hospital of the University of Virginia, Charlottesville. THE MANHATTAN STATE HOSPITAL SCHOOL OF NURSING held commencement exercises for a class of sixteen on December 18, in the Assembly Hall. The address was made by Dr. Esther Lovejoy, President International Women's Medical Association. The diplomas were presented by Dr. Robert Abrahams; the prizes by Mrs. Julia Kemp West. An interesting feature of the exercises was the presentation of caps to the successful members of the class of 1926. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION met at the Nurses' Home of the Homeopathic Hospital on November 27, as guests of the Alumnae Association. Miss Bacon gave an interesting sketch of her trip abroad last summer, with suggestions for making such a trip. Dr. D. M. Mitchell gave an illustrated lecture on Pneumoperitoneum. THE FLORENCE NIGHTINGALE POST held a regular meeting on November 2 at the Nurses' Club House. Reports of the national convention were given by Helen Brady and Anna L. Miller. Mary L. Keith, Superintendent of the Rochester General Hospital, has tendered her resignation after a continuous service of twenty-two years. During the time, the hospital has grown from a daily average of 72 to 250 patients. For twelve years she held also the position of Principal of the School of Nursing. Miss Keith will remain until a successor is found; she will be greatly missed from hospital and nursing circles in the city and the state. **Saranac Lake.**—Katherine Amberson, class of 1919, Johns Hopkins Hospital, has been made Superintendent of Nurses, Trudeau Sanitarium. **Saratoga Springs.**—THE SARATOGA HOSPITAL has just completed a

new wing devoted to maternity work. It is two stories high and has accommodation for 19 patients. The School for Nurses has a beautifully equipped demonstration room and class room, a medical library, a full time instructor, and a rapidly growing school. An attractive pediatric ward will soon be added.

White Plains.—THE CENTRAL SCHOOL OF NURSING OF WESTCHESTER COUNTY is now finishing its first semester. The School includes the 30 probationers of five hospitals, Mount Vernon, New Rochelle, Port Chester, White Plains, and the Bloomingdale Hospital. There have been 185 hours of lecture and recitation work at The Educational Building on the grounds of Bloomingdale Hospital. The subjects covered have been Anatomy and Physiology, Drugs and Solutions, Personal Hygiene, Public Sanitation, History of Nursing, Massage, Bacteriology, Pathology and Psychology. Nursing Theory and Practice and all laboratory work has been taught at the home school.

North Carolina: Asheville.—DISTRICT 1 made its November meeting a celebration of the twenty-first anniversary of the establishment of a home for tubercular patients by the President, Mildred Sherwood. The program was in charge of the Red Cross nurses. The early history of the Red Cross was given by a married enrolled nurse, Lelia S. Anderson; Mary R. Batterham told of the Nursing Service; and a Public Health Nurse, Maud Setzer, spoke of the work in her department. Fannie V. Andrews read *What One Nurse Is Doing in the District*; Edith Arthur, Secretary of the local Chapter sent a report of the Home Service, among the war veterans and their families. Charles Pratt, head of the Red Cross, at the U. S. Veterans' Hospital, Oteen, and the campaign director, gave a thrilling account of what had been done among the disabled men since the war. Mrs. Dunlop, who is leaving the city, spoke. A social hour followed. The members of the association obtained 164 members in the Red Cross campaign, and they are now busy selling 10,000 Christmas seals, for the tubercular work in the state. At the November meeting a very interesting address was given on the communicable diseases of childhood by Dr. H. H. Harrison, a baby specialist. **Greens-**

boro.—DISTRICT 4 has elected the following officers: President, Flora Matthews; vice-presidents, Laura Clark, Flora McPherson; secretary, Cara Staten; treasurer, Ruth Wells. Mary L. Wyche, the guest of honor, gave an outline of the book she is writing, *The History of Nursing in North Carolina*, which will go to press in the spring. It will be a valuable addition to the history of the welfare work in the old North State.

Ohio: Cincinnati.—THE JEWISH HOSPITAL ALUMNAE met on September 12 at Strauss Hall. After the transaction of business, the social hour was made a farewell to Mabel McCullough before her departure for Teachers College, New York. Miss McCullough was awarded the scholarship provided from the Scholarship Fund. The class of 1923 gave a card party recently which brought \$100 to be used toward the 1924 scholarship. Winifred Culbertson has been appointed Superintendent of Dr. Mithofer's new hospital. Minnie Trimble, class of 1915, has returned to the Jewish Hospital as Night Supervisor.

Mansfield.—THE MANSFIELD GENERAL HOSPITAL held open house on November 11, when the two latest units were shown to the public. The new heating plant finished last spring, a substantial brick building, houses the boilers, water softeners, and laundry. The latter is equipped with electrically driven machinery. The Margaret Ritter Sterner Memorial Home just completed was made possible by the kindness of Mr. and Mrs. Charles Ritter, who have thus established in the community a lasting memorial to their daughter. The building has been so planned that its architecture is in harmony with that of the hospital. The Home contains large mahogany finished living rooms, a sun porch, kitchenette, laundry, and 37 individual rooms, including suites for the Superintendent and her assistant, and a special section for night nurses. The Building Committee assisted by Superintendent H. R. Taubken and Superintendent of Nurses, Elizabeth J. Hatch, has spent long hours in selecting the furnishings and the result shows harmony in line and color. A wireless outfit is being presented by the doctors of the staff. **Oberlin.**—THE LORAIN COUNTY DISTRICT DEPARTMENT OF HEALTH appointed in November, Ann Schuster and

Charity Sherod as Staff Nurses of the Health District. They are graduates of Elyria Memorial Hospital, 1921. They completed a postgraduate course at Maternity Hospital, Cleveland, in 1922. The Nursing Service of the Department of Health of Lorain County comprises schools, communicable disease and child welfare. It is under the direction of Ruth Paddock. **Toledo.**—ST. VINCENT'S HOSPITAL AND TRAINING SCHOOL held a Silver Jubilee and Homecoming on November 6 which brought forth loyalty and school spirit. In the afternoon a short program was enjoyed and the nurses had an opportunity to exchange experiences. The address of welcome was given by Right Reverend Samuel A. Stritch, Bishop of Toledo, who expressed the hope that the Homecoming might be, in future, an established custom. In the banquet hall the nurses were served by their "Baby Sisters" (nurses in training). There were present 179 graduate nurses. Mrs. Mary Carnahan, class of 1896, Jubilee year, who with Frances Jacobs and Catherine Butler are still in active service, gave a short talk on the final realization of the ideals of earlier graduates in the construction of a nurses' home for graduates and students. Olive Williams, President of the alumnae, thanked Sister Perron for her seventeen years of tireless efforts in the Training School, her interest in which has never diminished. At the conclusion of the banquet, the nurses sang their Alma Mater composed by one of the members, Mrs. Grace Niles. The evening entertainment was held at St. Anthony's Orphanage. **Zanesville.**—ALUMNAE OF THE GOOD SAMARITAN HOSPITAL were the guests of Madelon McCarthy at a dinner and card party given at her home on November 19.

Oklahoma: Oklahoma City.—Mrs. Clarence McC. Cash, formerly Marie Rhodes, received the distinguished service medal from Major C. Kink, during a visit of Commander Owsley of the American Legion to the city, last May. Mrs. Cash served in France and in Serbia.

Oregon: Portland.—Harriet Kinton succeeds Edith Weaver on the staff of the Visiting Nurses' Association. Martha Randall has recently been appointed chairman of the Social Welfare Committee of the City Federation of

Women's Clubs; and Helen S. Hartley, of the Public Health Committee.

Pennsylvania: Allentown.—Anna L. Stanley, director of school nurses for the state, was the speaker at a meeting of nurses in this vicinity, held recently, under the auspices of the Allentown Hospital Alumnae. The annual meeting of the District Association will be held in Reading, January 19. The Thanksgiving donation to the Allentown Hospital was \$200. **Philadelphia.**—Graduates of the Woman's Hospital of Philadelphia held their first reunion since the granting of the Charter on March 22, 1861; it was held in the Assembly Hall of the Hospital on November 3, 1923. The hospital kept open house that afternoon so that those who had not been there for many years could go around and visit old haunts and see the various changes that had taken place. Tea was served in the Nurses' Home. In the evening a reception was followed by a banquet. One hundred and forty-two graduates were present at this and they had as their guests members of the Board of Managers and the Staff. Ganzonette K. Swank, class of 1902, the present Directress of Nurses, presided. Addresses were made by Mrs. George H. Earle, Jr., who has been Chairman of the Nurse Committee of the Board of Managers for 27 years, by Dr. Catherine Macfarlane, a member of the Staff, by Helen F. Greaney, class of 1883, by Mrs. Albert Entwisle, class of 1892, by the President of the Nurses' Alumnae Association, and by Mrs. Mary Harper Macfarlane, class of 1906. The addresses were interspersed with songs and tableaux given by the student nurses of the Training School. The tableaux, representing three periods of the History of Nursing; Sairy Gamp, Florence Nightingale, and the Red Cross, were very much enjoyed. A banner in the school colors, blue and gold, was given by Margaret F. Coe, class of 1898, and Captain Blanche S. Rulon, class of 1909. The presentation was made by Mrs. George H. Earle, Jr., to the oldest student nurse, who accepted it in the name of the Training School. The oldest graduate who was able to be present was Clara Hannum, class of 1879. It was the first time that many of the nurses had met since they had left the Training School as young graduates, and as

they were seated at the tables according to classes, there was a great going over of old times and renewing of old friendships. Everybody was so happy and had such a good time that many of them wanted to know if it could not be an annual affair, but it was decided to hold the next in 1925, and after that every five years. The regular meeting of the NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL was held October 30. The meeting was largely attended. The most important topic was the Bazaar to be held December 6-8 in the Nurses' Home. Eleven names were dropped from roll; two members were reinstated. Committees for the new year were appointed. The play, "Erstwhile Susan," given by the Wakefield Players, November 9, was a huge success; the house was crowded. At the meeting held November 27, the Endowment Committee reported that the profits from the play, to date, were over \$300. Blanche Kline, class of 1915, who has been Directress of a hospital in India, gave a very instructive and interesting talk upon her work, making a strong plea for volunteers. Della Bergen gave a very interesting report of the State convention. ST. LUKE'S HOSPITAL ALUMNAE held a meeting recently, at the close of which the President, Mrs. Hood, formerly Miss Zeiglar, was given a miscellaneous shower. She was married in September. Jane Lamparter gave an interesting report of the State meeting to which she was a delegate. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held its annual meeting at the hospital, December 4. Mrs. Anne Kuhn McKittrick, a former Assistant Superintendent of the Training School was elected an Honorary Member in appreciation of her untiring interest in the welfare of the Association. The following officers were elected to serve for the next year: President, Emma Scheideman; vice-president, Elizabeth C. McMichael; recording secretary, Catherine Flynn; corresponding secretary, Nellie McKay; treasurer, Maude Bergner; director, Jessie R. Gibson. Hazel Ewing, class of 1922, sailed from New York, November 30, to serve four years as a missionary in Abyssinia. **York.**—THE YORK HOSPITAL TRAINING SCHOOL held graduating exercises for a class

of three on November 12 at the Trinity First Reformer Church. Addresses were given by Hon. A. B. Farquhar, Walter J. Hogue, D.D., and Julius H. Comroe, M.D. The class was presented by the Directress of Nurses, Sara M. Spencer. The diplomas and pins were given by George H. Whitely. The medal for highest honors was awarded to Amelia K. Hancock. A reception followed at the Nurses' Home.

Rhode Island: Newport.—Elisabeth Robinson Scovil was a guest of the Newport Hospital in October. Miss Scovil was Superintendent of Nurses, 1888-1894. She spoke of the early days of the school and of the changes that have come. The alumnae were honored and delighted to have her with them and the pleasure was shared by their guest. Edith Lindquist, class of 1914, Chief Nurse at the Naval Hospital, Yokohama, had a narrow escape when the earthquake came. She was the only person on the second floor of the hospital to escape. With one other nurse and two Corps men she did relief work, taking 500 refugees to Kobe. **Pawtucket.**—THE MEMORIAL HOSPITAL ALUMNAE held a successful dance at the Plantation Club, November 20, as a result of which a substantial sum was added to the endowed bed fund. **Providence.**—ST. JOSEPH'S HOSPITAL ALUMNAE held their quarterly meeting on October 30, after which they were entertained by the students at a Hallowe'en party. Mrs. William A. Heath was a delegate to the 37th annual meeting of the Guild of St. Barnabas in Cleveland, November 8 and 9. On the evening that Bishop Vinson preached the Guild sermon, 350 student nurses in uniform marched, singing, into Trinity Cathedral.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION held its eighteenth annual convention, October 8 and 9, in Chattanooga, with headquarters at the Patton Hotel. On the afternoon preceding the opening session, a business meeting of the Directors was held at Pine Breeze Sanitarium. The Directors were the guests of Miss N. Plewes, the Chairman of Committee on National Relief. The work of the preceding year was reported and discussed. Following the meeting supper was served by the Sanitarium officials.

Monday morning at ten o'clock the first meeting of the session was opened by Miss Plewes, the president of the local society. After the invocation and an address of welcome containing a greeting from the Mayor, the president of the State Association took the chair. The presidents' and secretaries' reports showed decided progress in development of State Association, also the reports of the District presidents which followed. Several new alumnae associations have been formed in the state, and great advancement in district and county nursing. Following these reports the theme of the entire convention centered in Service. Public Health work was described by Abbie Roberts of Peabody College, the nursing service of Private Duty and general nursing to the patient and to the doctor was noted in Mrs. Bogart's excellent paper on the subject, Does the Nurse Derive More From Her Profession Than She Puts Into It? and the same thought ran through Miss Chase's talk on Tennessee's Program for Maternity and Child Welfare, the following day. On Tuesday afternoon the following officers and chairmen of committees were elected: President, Mrs. George Blair, Knoxville; vice-presidents, Mrs. Ferree, Chattanooga, Mrs. Mary Sproul, Nashville; secretary, Daisy Sample, Memphis; treasurer, Mrs. Mary Hathcock, Knoxville. Committees: Ways and Means, Abbie Roberts, Peabody College, Nashville; Publicity, Grace Bonnell, Knoxville; National Relief, Mrs. Bess Beall, Chattanooga; Nominating, Mrs. Martha Bounds, Memphis; Revision, Essie Russ, Nashville; Arrangements, Sarah Woodward, Memphis. During the entire time, the convention was royally entertained by Chattanooga with luncheon, dinner and theater parties, and a beautiful automobile ride.

Texas: Fort Worth.—JOSEPHINE MCLEOD, class of 1911, Johns Hopkins Hospital, is Superintendent of Nurses at the Baptist Hospital.

Washington: Seattle.—THE KING COUNTY ASSOCIATION held a meeting on November 5, when the members heard an address on Insulin by Dr. Hofrichter. THE SEATTLE GENERAL HOSPITAL ALUMNAE had a Christmas party on December 18. **Tacoma.**—Elizabeth Hollenbeck, who formerly did public health nursing in this state, after a

visit to this country for rest, sailed in December for Constantinople to take charge of the nurses' training school in the American Hospital. Miss Hollenbeck served overseas during the war, and for the past two years has been working under the Near East Relief in Russian Armenia and Greece.

West Virginia: Charleston.—THE ALUMNAE ASSOCIATION OF THE CHARLESTON GENERAL HOSPITAL held a meeting on September 19, when the following officers were elected: President, Anna McGee; vice-president, Leila Lewis; secretary and treasurer, Lillian Hamrick. An address was given by Mrs. Harriet Camp Lounsbery, after which a luncheon was served. A new hospital building is under construction. On October 31, a class of four nurses was graduated from the McMILLAN TRAINING SCHOOL. Addresses were made by Mr. Allebaugh, R. H. Merrill, D.D., and Dr. Hunter. An unusual and delightful feature of the exercises was the presentation of a silver loving cup to Mary E. Reid from the physicians of Charleston in recognition of her twenty-five years of service to humanity as first superintendent of the Charleston General Hospital and of this school, and later as registrar of the Central Directory. The cup was presented by Dr. G. C. Schoolfield. Dr. Hunter's address was a summary of Miss Reid's work. The large audience showed its enthusiasm and appreciation of the tribute paid Miss Reid.

Wisconsin: The next Wisconsin State Board examination for registration of nurses will be held at the City Hall, Milwaukee, on January 8, 9 and 10, 1924. Application should be made immediately to the Wisconsin State Board of Health, Bureau of Nursing Education, Madison, Wisconsin. Adda Eldredge, Director, Bureau of Nursing Education. THE FIRST DISTRICT held its regular meeting at St. Luke's Hospital, Racine, November 26. An interesting report from the state convention was given by Amy Fisher and a talk on Immunity against diphtheria by Health Officer, Dr. W. W. Bauer. During the year the association has more than doubled its membership. \$20 was sent to the Nurses' Relief Fund. A Public Health Section is to be organized in the District, also a district League of Nursing Education. The Second District has held four meetings since its

organization last January. The sessions have been well attended and the association has grown to almost 100 per cent membership in the district. At the March meeting, Adda Eldredge spoke of the work of the American Nurses' Association. Her talk has done much to stimulate active membership in the district. During the year contributions have been sent to the Nurses' Relief Fund and the Jane Delano Fund. The November meeting was held at the Mercy Hospital, Janesville. Three-fourths of the members responded to roll call. Miss Golden gave a delightful report of the exhibits and proceedings of the American Hospital Association held in Milwaukee in October. Levina Dietrichson gave the report of the State meeting. The death of Sister Vincent is keenly felt by the District. The Beloit Hospital Alumnae Association has given a check of \$13 to the association. This money is to be placed as a philanthropic fund to be used at the discretion of the officers. Following the meeting a delightful social hour was enjoyed. THE SIXTH DISTRICT held its November meeting at Oshkosh. Mrs. E. F. Nelson gave the report of the State meeting which was very much enjoyed. Miss Stewart, Superintendent of the Theda Clark Memorial Hospital, reported from the American Hospital Association meeting. Ellis Walker has resigned her position in Fon du Lac and is now chief of the nursing staff of the Kalamazoo Visiting Nurses. Miss Walker was always the inspiration of every meeting and the District will miss her in many ways. The Eighth District held its November meeting at Wisconsin Rapids. Twenty-four members were present, from six counties. A noon luncheon was served in the Methodist Church. Aimee Zilmer, State health worker, outlined the work she is doing among the girls of the State. Reports of the State meeting were given by Mollie Smith and Ione LeVake. A most interesting paper on The Duty of the Hospital to the Training School and to the Patient, written by Miss Meyer, City and County nurse of St. Paul was read. The association subscribed its quota to the Louvaine Library Fund, also voted \$20 to the Legislative Fund. The program closed with a reading. The Fourth and Fifth District held its regular monthly meet-

ing at the Wisconsin Nurses' Club, Milwaukee, November 13. Rose Newman of the faculty of the Mount Sinai School for Nurses gave a paper on Student Nurses' Recreation. Evelyn Johnston, executive secretary of the local Red Cross Chapter, talked on the post-war work and urged the nurses to coöperate in the coming roll call. The association has asked each member to contribute ten cents to the Louvaine Library Restoration. Refreshments were served by the Alumnae of Mount Sinai School for Nurses. The Private Duty Section of the District met at the Club House, November 6. Dr. Ira Thompson of the Milwaukee Health Department spoke on Contagious Diseases. THE WISCONSIN NURSES' CLUB held a very successful white elephant rummage sale, clearing about \$6,500. One hundred and fifty leading women of the city gave their coöperation to the project, and the officers of the club are urged to make plans for another sale next year; the proceeds will be used to pay off the mortgage for improvements on the new club house. A talk on Investments was given by Sybil Barnesy before the members of the Club at their regular monthly meeting, November 16. Charlotte Pfeiffer, for four years superintendent of nurses of the Deaconess Hospital, Milwaukee, has accepted the superintendency of the Stuart Circle Hospital, Richmond, Virginia. Elisabeth LaVerne, graduate of the Frances Willard Hospital, Chicago, former superintendent of nurses at Lake City Hospital, Minnesota, has accepted a similar position with the Hanover Hospital, Milwaukee. Elizabeth Calender, formerly superintendent of the Bradford Hospital, Pennsylvania, has been appointed superintendent of the Emergency Hospital, Milwaukee. St. Joseph's Hospital Alumnae Association held its regular meeting at the hospital, November 23. Nellie VanKooy, delegate to the LaCrosse meeting, gave her report. Miss McCarthy, a Senior pupil nurse was invited to read her paper and took as her subject, "What I Have Read in the *American Journal of Nursing*. The Milwaukee League of Nursing Education met at Mount Sinai Hospital in November, when Adda Eldredge spoke on Training School Records. Open house was kept for the delegates to the American Hospital Association, and the Ladies' Auxiliary

served luncheon. The preliminary students gave a party to all preliminary students of the Central School for Nurses, November 30. The Alumnae Association recently held a benefit theater party to raise funds for the organization. MILWAUKEE HOSPITAL ALUMNAE held a regular meeting, November 22. The association voted to furnish one of the living rooms of the new nurses' home. A social time followed the business. The first unit of the new nurses' home of the Milwaukee Hospital is under construction. This portion of the home will accommodate sixty nurses and consists chiefly of private rooms. Each room is in direct telephone communication with the office. Some of the special features are a large living room, reception room, library, and office, on the first floor, with smaller sitting rooms on each floor, a large gymnasium, several class rooms, and a diet kitchen on the ground floor. Milwaukee County Hospital Alumnae held its regular meeting, November 20. Mrs. Gorski, delegate to the State convention gave a report of the meeting. Miss Jacobs, class of 1921, has recently returned from Oregon, where she was employed for the last two years. MARQUETTE UNIVERSITY TRAINING SCHOOL FOR NURSES was represented by forty-five student nurses at the recent Homecoming parade. Some of the nurses also acted upon the Reception Committee. The student nurses form approximately one-fifth of the "Co-eds" registered.

Wyoming: Cheyenne.—THE MEMORIAL HOSPITAL OF LARAMIE COUNTY was built as a memorial to General Pershing's wife, \$25,000 having been given by Senator Warren, her father, and \$50,000 by another prominent citizen of the State. Helena Clearwater is Superintendent, and Katheryn Matthews is Principal of the School of Nursing. Both are graduates of the Army School of Nursing. The hospital stands on the site of the former St. John's Hospital.

BIRTHS

To Mrs. Rudolph Akerson (**Bertha Ahnquist**, class of 1918, St. John's Hospital, Red Wing, Minn.), a son, Robert Bruse, November 5.

To Mrs. Geo. A. Twiss (**Celia Baker**, class of 1918, House of the Good Samaritan,

Watertown, N. Y.), a daughter, Regina Marline, October 1.

To Mrs. Merle Campbell (**Marjory Belt**, class of 1916, Good Samaritan Hospital, Portland, Ore.), a son, November 9.

To Mrs. Girald Bishop (**Laura Blossom**, class of 1919, Good Samaritan Hospital, Portland, Ore.), a daughter, October 21.

To Mrs. Albert Royer (**Mabel A. Bock**, class of 1921, Dixmont Hospital, Dixmont, Pa.), a daughter, Elizabeth Ann, September 29.

To Mrs. Howard Garvin (**Mildred Loretta Fitzgerald**, class of 1921, St. Joseph's School of Nursing, Ashland, Wis.), a daughter, Waunita May, October 29.

To Mrs. Harold Ingram (**Alice Graichen**, class of 1921, Lawrence General Hospital, Lawrence, Mass.), a daughter, in November.

To Mrs. W. L. Sanders (**Alice Hillman**, class of 1921, Johns Hopkins Hospital, Baltimore), a son, William Thomas, August 2.

To Mrs. George Schmidt (**Alice Johnson**, class of 1921, Women's Hospital, Saginaw, Mich.), a son, Jack Hamilton, September 13.

To Mrs. Victor Broosk (**Viola Kerr**, class of 1922, University of Michigan Hospital, Ann Arbor), a daughter, September 17.

To Mrs. Joseph Lintz (St. Luke's Hospital, New York City), a son, Worth Boyd, October 13.

To Mrs. Herbert J. McAllister (**Miss Lockie**, class of 1915, Altoona Hospital, Altoona, Pa.), a daughter, Elizabeth Katherine, October 22.

To Mrs. B. Earl Phelps (**Pearl Ludwick**, class of 1915, Bradford Hospital, Bradford, Pa.), a daughter, Dorothy Grace, September 25.

To Mrs. Bradley Coley (**Phyllis McDonnell**, class of 1920, St. Luke's Hospital, New York City), a son, William Bradley, 2nd, September 21.

To Mrs. John J. Connolly (**Catherine A. McGowan**, class of 1918, Fall River General Hospital, Fall River, Mass.), a daughter, Eileen Elizabeth, November 21.

To Mrs. Bernard T. Topham (**Agnes McMillan**, class of 1913, St. Mary's Hospital, Saginaw, Mich.), a son, William Hugh, in September.

To Mrs. Furey (**Helen McMillen**, class of 1921, St. Luke's Hospital, New York City), a son, Joseph George, October 20.

To Mrs. John Geiser (**Winifred Malone**, class of 1921, Mercy Hospital, Hamilton, Ohio), a son, John Geiser, Jr., November 23.

To Mrs. Eugene Floyd (**Eleanor Melton**, class of 1922, Pensacola Hospital, Pensacola, Fla.), a son, Eugene, Jr., November 4.

To Mrs. Pope (**Agnes Morrissey**, class of 1917 Mercy Hospital, Wilkes-Barre, Pa.), a son, November 8.

To Mrs. Jady Judy (**Deborah Neilson**, class of 1916, Bridgeport Hospital, Bridgeport, Conn.), a daughter, November 22.

Mrs. Frank Kralicek (**Susie Rockham**, class of 1918, Columbus Hospital, Great Falls, Mont.), a daughter, September 22.

To Mrs. Harry Tulsy (**Augusta Schafitz**, class of 1919, Mt. Sinai Hospital, Philadelphia), a son, December 6.

To Mrs. H. Sloane (**Edith Schafitz**, class of 1918, Mt. Sinai Hospital, Philadelphia), a daughter, November 15.

To Mrs. Clay Fisher (**Mabel L. Sharp**, class of 1916, Christ Hospital, Cincinnati, O.), a daughter, Martha LeOra, November 20.

To Mrs. David J. Torrance (**Martha Shaur**, class of 1917, Johns Hopkins Hospital, Baltimore), a son, Jonathan Bacon, October 11.

To Mrs. F. V. Myers (**Eunice Shuleen**, Mounds Park Hospital, St. Paul, Minn.), a daughter, September 20.

To Mrs. Clarence Kendall (**Miss Sloane**, class of 1917, St. Joachim Hospital, Watertown, N. Y.), a son, Frederick F., September.

To Mrs. Walder Ashworth (**Marion Smith**, class of 1920, Lawrence General Hospital, Lawrence, Mass.), a son, in November.

To Mrs. Eugene Bissett (**Maud Walsh**, class of 1920, Long Island College Hospital, Brooklyn, N. Y.), a son, November 23.

To Mrs. T. S. Bean (**Adda Walters**, class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, December 8.

To Mrs. S. J. Seckelman (**Anna Wharton**, class of 1910, Jewish Hospital, Philadelphia), a son, October 6.

To Mrs. George Bamber (**Addie White**, class of 1919, Mercy Hospital, Denver, Colo.), a daughter, Margie Jane, November 19.

To Mrs. Edmund Anthony (**Anne Wideburg**, class of 1916, St. Luke's Hospital, New York City), a daughter, Elizabeth, in October.

To Mrs. William A. Radke (**Lucille Winsted**, class of 1919, Presbyterian Hospital, Philadelphia), a daughter, Jocelyn, November 2.

To Mrs. A. G. Athens (**Rachel Yost**, class of 1922, Johns Hopkins Hospital, Baltimore), a son, John William, October 2.

To Mrs. Manton Vaxland (**Terra H. Young**, class of 1921, St. John's Hospital, Red Wing, Minn.), a daughter, Lois Delight, November 21.

MARRIAGES

Edith Akers (class of 1921, City Hospital, Little Rock, Ark.), to Grady Hopkins, December 5. At home, Little Rock.

Doris Talbot Allen (class of 1918, Truesdale Hospital, Fall River, Mass.), to Robert Brayton Beales, December 2. At home, Acushnet, Mass.

Sara Anderson (class of 1922, Hahne-mann Hospital, Philadelphia), to John H. Whitehurst, October 10. At home, Baltimore, Md.

Charlotte Armstrong (class of 1922, Newport Hospital, Newport, R. I.), to William Chapel, in September.

Augusta J. Bierman (class of 1922, Johns Hopkins Hospital, Baltimore), to Roger M. Barbour, September 6. At home, Chicago, Ill.

Agnes Birmingham (class of 1919, St. Francis Hospital, Hartford, Conn.), to Theodore Landgrin, October 7.

Marie Bothman (class of 1906, St. John's Hospital, Red Wing, Minn.), to Bernie Johnson, November 24. At home, Vasa.

Geline Brudeseth (class of 1922, St. John's Hospital, Red Wing, Minn.), to H. C. Bryan, November 27. At home, Burside.

Liba Butler (class of 1895, Lenox Hill Hospital, New York City), to John Watson, December 6. At home, Kildare, N. Y.

Anna Teresa Byrne (class of 1908, St. Francis Hospital, Hartford, Conn.), to Judge Leo Thomas Molloy, November 22.

Helen Gerard Coughlin (class of 1918, Long Island College Hospital, Brooklyn,

N. Y.), to John Francis Martin, November 12.

Isabelle Cowan (class of 1918, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to George Schreck, October 2.

Eva Mae Denton (class of 1923, Highsmith Hospital, Fayetteville, N. C.), to William F. Douglass, November 1. At home, Olivia.

Elsie Dickson (class of 1920, Grace Hospital, Detroit, Mich.), to J. E. White, November 27. At home, St. Louis, Mo.

Rebeca Dodd (Massachusetts Homeopathic Hospital, Boston), to Nelson Liden, October 20.

Esther Elfstrand (class of 1922, Bethesda Hospital, St. Paul, Minn.), to Lawrence Anderson, November 24. At home, Bismarck, N. D.

Lillian Eppling (class of 1923, Emanuel Hospital, Portland, Ore.), to Wesley M. Miller, November 15. At home, Portland.

Tilda O. Fangsrud (class of 1919, Wright Hospital, Fergus Falls, Minn.), to Ross Foster, November 20.

Florence Fonaroff (class of 1918, Mt. Sinai Hospital, Philadelphia), to Nathan Reidman, November 29. At home, Philadelphia.

Helen M. Francis (class of 1918, Johns Hopkins Hospital, Baltimore), to Charles B. Randall, September 22. At home, Northwood, Royal Oak, Mich.

Olive Galliher (class of 1921, St. Vincent's Hospital, Portland, Ore.), to Arthur McLaughlin, November 29.

Katheryn C. Galvin (class of 1920, St. Francis Hospital, Hartford, Conn.), to John J. O'Brien, November 27.

Loretta Gannon (class of 1918, Mountain-side Hospital, Montclair, N. J.), to Joseph Hessler, in November. At home, Montclair.

Gladys Green (class of 1919, St. Vincent's Hospital, Portland, Ore.), to Thomas Scott, in September. At home, Detroit, Mich.

Patrice Hannigan (class of 1921, Massachusetts Homeopathic Hospital, Boston), to Herman F. Pulver, October 11. At home, Allston, Mass.

Anne Hayman (class of 1911, Lankenau Hospital, Philadelphia), to Spencer William Stovell, November 21. At home, Los Angeles, Calif.

Mabel Hennesy (class of 1918, Hahne-mann Hospital, Philadelphia), to William B. Robey, November 3. At home, Canton, Ohio.

Ethel B. Hinds (class of 1914, Toledo Hospital, Toledo, O.), to J. C. Brown, September 21. At home, Steubenville, O.

Grace M. Hogg (class of 1912, St. Mary's Free Hospital for Children, New York), to Arthur Earle Higgins, October 13.

Ebba K. Holm (class of 1919, Mountain-side Hospital, Montclair, N. J.), to Theodore Johnson, October 8. At home, East Orange.

Marion Holt (class of 1920, Bellevue Hospital, New York), to Clifford J. Brunton, September 1.

Janet Gaddis Johnson (class of 1923, Lenox Hill Hospital, New York City), to Frederick Sommers, November 23. At home, Brooklyn, N. Y.

Mabel Maria Karlson (class of 1921, City Hospital, Worcester, Mass.), to Philip S. Holmes, October 6. At home, Gardner, Mass.

Edith E. Kay (class of 1923, Memorial Hospital, Pawtucket, R. I.), to Thomas Eastwood, December 8.

Gertrude E. Knecht (class of 1919, St. Luke's Hospital, Jacksonville, Fla.), to Mr. Maher, October 19. At home, Vero.

Clara Koch (class of 1911, Lenox Hill Hospital, New York City), to Ernest William Brown, November 22.

Rose Koenig (class of 1918, Mercy Hospital, Hamilton, Ohio), to Paul J. O'Connell, November 21. At home, Paris, Ky.

Hedwig Kratchmer (class of 1922, Lenox Hill Hospital, New York City), to William Tyaak, September 15.

Lillian Lowndes to John P. Carleton, October 31. At home, Seattle, Wash.

Bertha C. Lux (class of 1919, St. Mary's Hospital, Philadelphia), to Robert Balke, October 16.

Ethel McCullough (class of 1922, St. Luke's Hospital, Marquette, Mich.), to Victor Nelson, December 5.

Gertrude P. McFarland (class of 1923, Homeopathic State Hospital, Allentown, Pa.), to Charles Wilbur Leiper, December 3. At home, Tyrone.

Hazel McGoldrick (class of 1919, Bridgeport Hospital, Bridgeport, Conn.), to William Feidel, in November.

Augusta Agnes McGovern (class of

1918, St. Mary's Hospital, Saginaw, Mich.), to John Oliver, November 29. At home, Lapeer.

Alice McKenna (class of 1919, St. Mary's Hospital, Saginaw, Mich.), to Lawrence Bannon, November 14.

Anna E. McLaughlin (class of 1920, St. Francis Hospital, Hartford, Conn.), to William Tetro, September 22.

Hazel Marshall (class of 1918, St. Mary's Hospital, Saginaw, Mich.), to John Howard, in November.

Lydia Theresa Mosher (class of 1909, Prospect Heights Hospital, Brooklyn, N. Y.), to Villar H. King, November 17.

Rosa Maurer (class of 1919, Lutheran Hospital, Sioux City, Ia.), to Arthur Ritter, November 5. At home, El Paso, Texas.

Isabel C. Moody (class of 1916, Cochran Training School, Yonkers, N. Y.), to Kenneth Briggs Church, October 6.

Dorothea Noll (class of 1915, Hahne-mann Hospital, Philadelphia), to Oliver Gable Berks, November 28. At home, Swedesboro, N. J.

Lillian Olds (class of 1921, St. Luke's Hospital, Marquette, Mich.), to John Liberty, November 3.

Juliette M. Omohundro (class of 1922, Johns Hopkins Hospital, Baltimore), to Franklin P. Johnson, M.D., September 4.

Catherine E. Owen (class of 1923, St. Vincent's Hospital, Jacksonville, Fla.), to Richard Gordon Cooper, October 17. At home, Jacksonville.

Laura May Parker (class of 1916, Eleanor Moore Hospital, Boone, Ia.), to Ross Harold Ashmore, November 10.

Anne Cecelia Peterson (class of 1920, New Samaritan Hospital, Sioux City, Iowa), to John Carlson, November 11.

Esther Peterson (class of 1922, St. Luke's Hospital, Marquette, Mich.), to Newell N. Card, September 4.

Anna Hart Rogers (Mt. Sinai Hospital, New York City), to Capt. Charles Henry Nutting, November 20. At home, De Land, Fla.

Edna Rogers (class of 1918, St. Louis City Hospital, to Bertram Swinehart, M.D., November 3, 1923. At home, Aberdeen, Wash.

Edna M. Rupp (class of 1920, Presbyterian Hospital, Philadelphia), to William S. Denehey, October 6. At home, Harrisburg, Pa.

Tyldesley Lander Sands (class of 1912, Christ Hospital, Jersey City N. J.), to Preston P. Taylor, November 22. At home, Norfolk, Va.

Julia M. Schaedel (class of 1918, Johns Hopkins Hospital, Baltimore), to Clyde B. Kendall, September 1.

Mary Elizabeth Seeman (class of 1920, Lankenau Hospital, Philadelphia), to George Homer Bloom, M.D., November 28. At home, Philipsburg, N. J.

Maia D. Sherman (class of 1922, St. Joseph's Hospital, Kansas City, Mo.), to Chris F. Ruge, October 24. At home, Long Beach, Calif.

Alice E. Stearns (class of 1922, Johns Hopkins Hospital, Baltimore), to Ira Luther Houghton, M.D., September 4.

Marie J. Steele (class of 1914, St. Luke's Hospital, New York City), to C. Carl Wallin, in September. At home, New York City.

Ruth Summersby (class of 1918, Lawrence General Hospital, Lawrence, Mass.), to Robert Amherst Macartney, October 28.

Eurith Trax (class of 1913, Johns Hopkins Hospital, Baltimore), to Harry C. Hoffman, September 9.

Lorna Walker (class of 1921, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to George Urstadht, October 13.

Mary Rose Walsh (class of 1921, St. Elizabeth's Hospital, Youngstown, Ohio), to Arthur T. Leonard, November 27. At home, Youngstown.

Florence Warner (class of 1921, Johns Hopkins Hospital, Baltimore), to Frank L. Graham, September 7.

Marion Wheelock (class of 1917, Massachusetts Homeopathic Hospital, Boston, Mass.), to Lloyd Stickney, October 6. At home, West Medway.

Emma Wood (class of 1910, Johns Hopkins Hospital, Baltimore), to Stephen Eugene Lowe, in Athens, Greece, September 3.

Elizabeth M. Wright (American Red Cross), to Robert C. Round, October 27, at Santo Domingo City, Dominican Republic.

DEATHS

Berna Anderson (class of 1919, Mounds Park Hospital, St. Paul, Minn.), on September 4, at Nopeming Sanitarium.

Elizabeth Becker (class of 1884, Bellevue Hospital, New York), on October 15, in the hospital, after a serious illness lasting several months.

Mrs. James Barton (**Mary Bell**, class of 1916, Lawrence General Hospital, Lawrence, Mass.), at the Hospital, November 16, after a short illness. At the time of her enlistment for overseas service in 1918, she was in charge of the Operating Department of the Lawrence General Hospital; she served faithfully with the Boston City Hospital Unit No. 7 in France. On her return to America she organized the public health service for the Red Cross at Claremont, New Hampshire, and later did district work in Boston and East Boston for a year. At the time of her marriage, October 30, 1922, to James Barton, an overseas veteran, she was an instructor in the Boston District Nurses' Association. She was a member of the American Legion and of the Lawrence General Hospital Nurses' Alumnae Association. Of sunny and willing disposition, a busy worker, she is greatly missed by all who knew her. With full military honors she was buried at North Andover, Mass., the town of her birth.

Margaret A. Brannen (class of 1916, Christian H. Buhl Hospital, Sharon, Pa.), at her home, after an illness of three weeks. Miss Brannen was an excellent nurse, loved by all who came in contact with her. She is mourned by her family and many friends.

Ester Carmel (St. Joseph's Hospital, Providence, R. I.), on November 5, of pneumonia, after a brief illness.

Violet E. Davy (class of 1901, St. Vincent's Hospital, Portland, Ore.), on December 3, at Portland.

Ella Virginia Fox (class of 1906, Jewish Hospital, Philadelphia), on July 30, at her home, Pebble Hill, Doylestown, Pa., after a long illness. Miss Fox served at Nitro, West Virginia, during the World War. She was a noble woman, and a good nurse. Her loss to the profession will be hard to fill.

Helen Green (class of 1916, Bethesda Hospital, St. Paul, Minn.), November 27,

at Alexandria, Minn. Military burial was held in Nelson, Minn.

Mrs. M. A. Hartnett (class of 1906, Rebekeh Hospital, St. Louis, Mo.), at St. Anthony's Hospital, St. Louis, on August 11. Mrs. Hartnett was an efficient nurse, loyal to her profession. She will be greatly missed by her many friends and associates.

Bertha Israel (class of 1913, Mission Hospital, Asheville, N. C.), on December 4, following a serious operation from which she did not recuperate. Miss Israel was a lovely Christian character. She was for a number of years, surgical nurse to Dr. Pritchard, of the French Broad Hospital. The lingering illness of a sister, to whom she gave constant care, undermined her health. Burial was near the beautiful little church of which she was a lifelong member,—a faithful little woman gone to her just reward.

Mrs. Angelica Kranz Jaeger, at the Tacoma General Hospital, Tacoma, Wash., on November 26, of acute peritonitis and dilatation of the heart, after a major operation. Mrs. Kranz Jaeger was from Michigan but had belonged to the Graduate Nurses' Association of Tacoma for many years. She has been a private duty nurse, a school nurse, and anesthetist at Tacoma General Hospital. She was married on September 26.

Mrs. Lydia Lunt Jarelemon (Massachusetts Homeopathic Hospital, Boston,) in June, after a long illness, at her home in Newark, N. J.

Janet R. Jarvie (Buffalo General Hospital) on October 10, at Saranac Lake, N. Y., of pulmonary tuberculosis contracted in service during the World War. She was in charge of the operating room of the Buffalo General Hospital when she volunteered for service, serving first at Camp Lee, Virginia, and later at Base Hospital 105, Kerhuon, France. She was a patient first at Oteen and later at Saranac Lake, where through a four years' struggle for health, she showed a spirit as indomitable as that of any soldier on the field, and proved an example of courage and patience to many. She was a member of the Buffalo General Hospital Alumnae, The American Red Cross, The Jackson A. Matthew Post of the American Legion and the Disabled American Veterans of the World War.

A brief service was held in Saranac Lake after which the body was taken to her home in Pennsylvania for burial. The casket was draped with the American flag.

Mrs. Charles Anderson, (**Gertrude Karlson**, class of 1915, Mounds Park Hospital, St. Paul, Minn.), on September 16.

Nancy F. Keen (class of 1909, Johns Hopkins Hospital, Baltimore, on August 10, at Danville, Va. Miss Keen was instantly killed, at a railroad crossing near her home, when the Public Health machine which she was driving, was struck by a fast express train. Her untimely death, which occurred during the performance of duty, is an inestimable loss to those to whom she endeared herself by her noble and lovable qualities.

Cecilia Margaret Kelly (class of 1922, St. Joseph's School of Nursing, Ashland, Wis.), on November 19, after several months' illness due to heart disease.

Violet Mildred Naylor, (class of 1911, Johns Hopkins Hospital, Baltimore), on June 19, in Toronto, Canada, after a lingering illness borne with great fortitude. Miss Naylor held, for several years, the position of Head Nurse of the gynecological operating room at Johns Hopkins Hospital. When she resigned to accept a position on the staff of the Barnes Hospital, St. Louis, her loss was keenly felt by the nurses and surgeons with whom she worked. Three years later she accepted a position in the New Haven Hospital, which she filled with her usual efficiency. Last summer she went to Canada to reorganize the work of the training school at the Homewood Sanitarium in Guelph, which work she had just begun when her illness developed.

Margaret Saunders (class of 1921, Johns Hopkins Hospital, Baltimore, on July 23, suddenly, at her home in Chattanooga, Tenn.

Mrs. Rose Sells (**Miss St. Clair**, class of 1919, Grace Hospital, Detroit, Mich.), in September.

Marion Utes (class of 1905, City Hospital, Blackwell's Island, N. Y.), at her home in Winnsboro, in June, of heart disease. Miss Utes was a woman of unusual height and commanding appearance, a personality so striking one could never forget her. While much of her professional life was spent outside of her native state, she was a charter member of the South Carolina Graduate Nurses' Association and took an active interest in all nursing affairs. She was Superintendent of Nurses, Roper Hospital, Charleston, S. C., 1908-1909; Superintendent of Nurses, Roanoke Hospital, Roanoke, Va., 1910-1911; Superintendent of Nurses, Anderson County Hospital, Anderson, S. C., 1914. While on duty at the Anderson Hospital, the building caught fire, and but for the presence of mind and heroic action of Miss Utes, the lives of some of her patients would have been lost. The stairway and exit of the second floor having been cut off by flames, Miss Utes by placing a ladder against a second story window brought each patient safely to the ground in her arms. Besides private duty nursing in Columbia, S. C., Miss Utes was for several years a school nurse. Being an enrolled Red Cross Nurse, she was in Marine Hospital service, New Orleans, 1921-1922. At the time of her death Miss Utes was working at the Willard Parker Hospital, New York, and was stricken while on a visit to her family in Winnsboro.

"The way had seemed long to come; it was short to look back upon. The golden gates were almost reached; the everlasting doors were open."

Juliana Horatia Ewing

BOOK REVIEWS

CHEMISTRY FOR NURSES. By Fredus N. Peters, A.M., Ph.D. Second Edition. 302 pages. 40 illustrations. C. V. Mosby Co., St. Louis, Mo. Price, \$2.50.

The present volume is a revised edition which has "enabled the author to make a number of corrections throughout the text which were overlooked in the first edition." Quoting from the preface, we find that the author begins "with the most familiar substances of life and leads up to those not so well known. The author has aimed at all times to avoid the technical; chemical theory has been introduced when such would add greatly to the understanding of the phenomena at hand; at other times it has been omitted." The first few chapters following the Introduction are, "Water and Its Composition," "Hydrogen," "The Atmosphere," "Oxygen," "Ozone and Hydrogen Dioxide," "Common Salt and Sodium," "Chlorine and Halogen Family," "Gas and Some Gas Laws," "Symbols and Formulas," "Oxides, Acids, Bases and Salts," "Ammonia and Nitric Acid," "Valence," and then follow chapters on a number of other elements and their compounds. It would seem that there could have been a more logical sequence of subjects.

There is a helpful outline at the beginning of each chapter and at the end, a series of review questions. The chapters are written in an interesting manner and the material is accurate but the applications and examples do not relate particularly to the work of the nurse. Take for instance, the discussion on deliquescent substances; the examples given are calcium chloride, caustic soda

and potash, and phosphorus pentoxide. It would be much more helpful for the nurse, in addition to these examples, to know the names of the salts, used in the treatment of disease, which are deliquescent, since it will be her responsibility in many instances to keep them under proper conditions.

There are several good tables, one of which gives "Common Poisons and Their Antidotes," enumerating the name, aid in diagnosis, (such as the color of the stain which may be on the clothing, etc.), symptoms, antidote or treatment. Unfortunately the book is printed on highly glazed paper and there are a number of outstanding typographical errors.

The large number of text books on Chemistry for Nurses which are in the field shows decidedly that there is a need. We are still waiting for a Chemistry for Nurses which will make its applications more specifically to the work the nurse is called upon to do.

STELLA GOOSTRAY, R.N.,
Philadelphia, Pa.

PRINCIPLES OF HOME NURSING. By Emma L. Mohs, R.N. 307 pages. Illustrated. W. B. Saunders Company, Philadelphia.

The book, "Principles of Home Nursing," by Emma Louise Mohs, R.N., A.B., published by W. B. Saunders Company, has an admirable arrangement of subject matter for the lay person. The practical work, which so appeals to the non-professional, is introduced early, with the chapters on theory interposed to permit time for practice.

The wisdom of introducing Chapter

XIII, Part III, might be open to criticism as the introduction of sex hygiene in schools is still a mooted question. However, in the preface the author has specified the groups to which she hopes to introduce the book. I think the omission of that one chapter might assure a wider range of circulation for this very practical book.

FREDERIKA FARLEY, R.N.,
New York.

PROCEDURES IN NURSING. By Anna-bella McCrae, R.N. Part I. Preliminary Procedures. 261 pages. Illustrated. Whitcomb and Barrows, Boston. Price, \$1.50.

Miss McCrae, who has been an instructor in the Massachusetts General School of Nursing for many years, has prepared this book in response to many requests for it, and to do away with the use of outlines by her students. It will be welcomed, particularly by all who follow the Massachusetts General tradition, who wish to keep up to date with the methods being used in their home school. Such volumes as this are also of great value to other instructors in practical procedures as a means of comparing and improving methods in use in their class rooms. Part II, which will appear shortly will take up advanced methods.

RUBBER AND GUTTA PERCHA INJECTIONS. By Charles Conrad Miller, M.D. Oak Printing and Publishing Co., Chicago.

An account of the subcutaneous use of rubber and gutta percha with a description of the technic, methods of preparation, and with illustrations showing different types of cured rubber.

SWEET MAGGIE MCGEE. By Brookes More. Cornhill Publishing Company, Boston. A new edition of the book formerly called Songs of a Red Cross Nurse. Price, \$2.50.

RECOVERY RECORD. For use in tuberculosis. By Gerald B. Webb, M.D., and Charles T. Ryder, M.D. Paul B. Hoeber, Inc., New York. Price, \$2.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Volumes I and V. The Surgeon General's Office.

These volumes, in size and weight like small dictionaries, are handsomely bound and printed. They contain a wealth of material relating to military hospitals and their personnel. Chapter III, Section II, of Volume I, devoted to the Army Nurse Corps, was written by Dora E. Thompson, R.N.

HOSPITAL CORPS HANDBOOK. United States Navy, 1923. Compiled from articles prepared by officers of the Medical, Hospital and Nurse Corps. 681 pages. A library in one volume for the use of the Hospital Corps men.

AMERICAN HOSPITAL DIGEST AND DIRECTORY. A reference book for hospitals. A compilation of hospital, nursing and compensation laws, a complete list of hospitals in the United States and Canada; and a classified index of reliable sources of supply. The Crain Publishing Company, Chicago.

A book which, like our own list of Accredited Schools, will be found on every superintendent's desk for reference.

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Send all material of every sort to the Rochester, N. Y., office of the *Journal*, (19 West Main Street) until January 15, 1924. After that date, send editorial material to 370 Seventh Avenue, New York City.

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

FEBRUARY, 1924

No. 5

THE RESPONSIBILITIES OF THE NURSING PROFESSION IN RELATION TO THE COMMUNITY¹

BY MARTHA ST.J. EAKINS, R.N.

THE subject assigned me fills my mind with questions—questions almost as old as our profession, that all of us have asked ourselves a thousand times, but for which we do not yet appear to have reached the full solution. Some of these questions I wish to put to you may seem visionary, perhaps, and visionary people are often looked on with suspicion.

This reminds me of a story I heard on a railroad train this summer (I'm beginning to realize how much education and also amusement one can get on railroad trains) from a teacher in a school for abnormal children. In the playground of the school for normal children one boy was overheard to say to another: "Hi, Jemmie's back, Jemmie's back. He took the zamination to be an idiot but he didn't pass."

Ideas that are different from the usual must be examined and taken back to your different communities. After a time you may decide that as a profession we should be acting on some of the suggestions I venture to make.

Let me mention a few occurrences that have caused me to think, and I am sure any one of you could produce a similar list:

1. A druggist in a good sized city in the State answers the 'phone thus: "No, I haven't a person—sorry there is not one on the list. I've had twenty-five calls for nurses today and none to send."

Whose problem is this? Surely not the druggist's.

2. On visiting an old friend, who had been ill and was still very sick looking, this remark was made to me: "You know I needed a nurse but I couldn't afford one." Is this the fault of the private duty nurse? Certainly not. We all know what it costs to live, these days.

3. In visiting a city and asking for an old acquaintance, a nurse who had married and lived in the suburbs with her small family, I learned that she died during a recent epidemic of influenza in that locality. The Superintendent of Nurses who told me remarked: "You know I feel that had she had care she would have lived, but her whole

¹ Read at the annual meeting of the New York State Nurses' Association, October 25, 1923.

family was sick and she, though sick, got up to wait on them. She 'phoned here but I could find no one to send."

No need to cite more examples. Such things are happening every year in every town. You could all recall without effort many such instances.

Whose problems are these? Who should be working on the solution of such problems? How do you feel when people bring such problems to you? That somehow, because of other pressing problems, in this we have not measured up.

This has always been the problem of the nursing profession, and we have been attacking it in many ways. Much progress has been made, particularly for the poorer classes, but is it not more insistent today than in the past? Is not our responsibility as a profession, to see that the nursing needs of our communities are met, greater today than at any time during the fifty years of our growth?

When our country is bending its energies toward improving the nation's health, are we doing our share? Our graduates are quickly absorbed for every conceivable kind of public health work—and rightly so, for the stress must be on prevention when almost every institution one visits is using nurses for technicians, X-ray, anaesthetics and even as internes; when every crusade for health, anti-tuberculosis, prevention of cancer, child hygiene, etc., is calling on our ranks,—for though typhoid fever and yellow fever have been almost eliminated, we are told that malaria is a greater menace, particularly in the South, and though wonders have been accomplished in the campaign against tuberculosis we

still stand aghast at its hold on our country. Not for a moment would I minimize the need of supplying the calls from our ranks to these wonderful opportunities knocking at our doors.

But it is because of these that the ranks of the private duty nurses are being depleted, and this also rightly so. When we spend from two to three years in educating a nurse and she gives these valuable years in being educated to prevent illness and care for the sick, should all of her energies be expended on only one patient at a time, unless that patient is seriously ill and needs all her time? Though economics is being studied in every field how much waste of valuable service we have witnessed in our profession!

Are we making as a profession any real study of the supply and demand for nurses with a view of better distribution to the greatest good and the biggest needs? What is the nursing profession in your community doing along this line? Is any body of nurses in your community making a study of the number of nurses, registered, attendants, practical, within its gates, of the household helpers that might be called on in emergencies?

Yes. In our community the Red Cross is still carrying on or in ours we have the Visiting Nurse Association, or in ours we have a Registry. But does any one of these organizations meet the whole need? Are the poor and rich perhaps receiving better care but others seldom provided for?

Where you have your Central Registry, where you have your Visiting Nurse Association, it is less felt because these agencies take care of many needs, but it is there just the same and also in the

communities with neither of these agencies; and what about the rural communities around our cities, in your county for example?

Before suggesting some line of thought on what the solution may be, let me read extracts from an article in the November number of the *Journal of the American Medical Association* by Dr. Walter M. Dickee. Though Dr. Dickee is speaking of medical schools, what he says is also applicable to our nurse schools.

Organized womanhood, the veterans of the world war, and residents of rural communities, together with the masses of the better educated persons throughout the country, are gradually but surely forcing preventive medicine to the foreground. Strange to relate, the leaders among the profession engaged in fulfilling the demands for the intensive application of preventive medicine are few. This is undoubtedly due to the fact that medical education in the past has not fitted practitioners for fulfilling the requirements of this newer aspect of medicine. It is essential that new methods of teaching medicine be evolved in our medical schools, not alone for the benefit of the newer and better men who are to take our places, but for the advancement of the generations of mankind to follow.

And this paragraph also applies to nursing education:

The physician of tomorrow must be made to understand that his relation to the community is not entirely individualistic. He must not make the mistakes of the physician of the past, who had little conception of his duties as a citizen, who had little knowledge of community life or of the social relations that existed between him and the people of the community, who knew little of the social aspect of disease and his obligations to society.

Then one more sentence:

The future prestige of the medical profession in America depends on whether practitioners of medicine in the future shall prac-

tice their profession entirely for the benefit of individuals or partly for the benefit of the community as a whole.

Let us read nursing profession into this statement. The future prestige of the nursing profession in America depends on whether nurses in the future practice their profession entirely for the benefit of individuals or partly for the benefit of the community as a whole.

Some time ago I overheard a discussion between two Public Health nurses on the subject of whether such nurses should do bedside nursing or should devote their energies to what I believe is termed strictly public health work. In my ignorance I ventured my opinion that such a nurse must do a great deal of bedside nursing, as in this way she gained her opportunity to have more influence along health lines in the family. I was soon made to see that I was entirely wrong and every day I am more convinced that I was. The nurse who, by the way, is employed by the State Health Department, stated that the policy of that department is to do as little bedside nursing as possible, but to teach nursing in the families visited. She might for example give a hot mustard foot bath in order to teach some member of the family how to do it, but she could be of much greater value in the community by teaching procedures than by carrying them out, as she could visit more families and see that more sick were cared for and have more time for preventive work. This nurse has also worked in Serbia. She stated that their Chief there directed that nothing should be done without an audience, but in Serbia there was little difficulty, for an American nurse never arrived in a home to give a baby a bath without having

the whole neighborhood congregate to watch her methods.

In the Rockefeller Report the statement is made that the greatest crime of an educational institution is its failure to teach. We have failed greatly in this in the past in our nurse schools and because we have, the products of our schools have failed to teach. Is not the biggest need of our profession today the need of nurse teachers, not only in our nurse schools, but all nurses teachers? We need some such slogans as these: "Every nurse a teacher," "Every family able to nurse itself to a great extent, directed by a nurse."

Do not let us be jealous of our prerogative. We must pass on knowledge to other people. Our country is noted for educating the masses. Health education of the masses is probably at present the nation's biggest need. Is our profession one of the leaders in this work?

In the October *Harper's* I read an article by James Harvey Robinson on "Freedom Reconsidered," the following quotation from which seems applicable:

It is not really necessary to classify one's self as a conservative or radical—both of which are much abused terms. If we view life as essentially a daily and hourly accommodation, we shall gladly use all the knowledge we can get to make the wisest readjustment and expedient modification of existing customs, habits and expectations.

Today we perceive the nature of conventions more clearly than formerly. We have new conditions, new possibilities, new knowledge of the world and ourselves, and finally are escaping old superstitious sanctions, so that the great and glorious freedom would be the sense of emancipation from unintelligent restraint in freely criticising conditions as we find them and making or advocating readjustments and accommodations in the name of new knowledge.

In an age in which human knowledge and the possibilities of mitigating human woe are increasing at an unprecedented rate, our democracy and our business with all its particular advantages and hopefulness, establish new bunkers over which we must drive, new hurdles over which we must leap. We have a tremendous task and our failures and disappointments seem less tragic in view of our unheard-of aspirations.

What is the practical solution of this problem?

1. Produce more nurses.

This we are doing and with two endowed schools of nursing in prospect, with the majority of the schools with the best educational standards having little difficulty in attracting applicants, the outlook at the present time seems to me particularly bright.

If we can realize to the fullest our opportunities for service to the community, we shall increase our ranks.

2. See that *all* nurses are teachers.

3. Let a study of the supply and demand for nurses be made by our profession, i. e., by our national, state, and local organizations, aiming for a better distribution through our national headquarters, coöperating with central local registries. In other words, the control of all nursing should be by nurses, even to laws registering practical nurses, which must come gradually.

What group of nurses should attack this problem? Not the educators of nurses, not the private duty nurses, not the public health nurses, *but all nurses*. It appears a problem, neglect of which by our profession heaps criticism on us, attention to which will bring us the support of the communities we aim to serve.

What agencies are to be used or how can the nurses of a community, if

convinced there is such a need, attack the problem? Start with the organization present in your community. If there is a public health organization see why it has not been possible for it to support a paid service to reach the middle classes. I do not think I am wrong when I state that though many public health associations have a paid service, some have not, and they all wish one, but have not the support financially or otherwise to make it possible. Should not every public health organization have a paid service?

Is there a central registry in your community run by nurses? If there is not, get one at once. Get the support of every nurse and every alumnae association to make that registry the only registry for your town and surrounding country and make it a registry that serves the community. Make it a registry where every nurse registers and the only place there is for her to register. Make it a registry where every person can get help of some kind in case of illness, not necessarily a full time nurse, not necessarily a graduate nurse, but an intelligent diagnosis of that family's needs, taking into consideration the seriousness of the illness within its doors, the financial ability of the family to pay, etc. Let the registry register registered nurses, attendants, practical nurses, part time or hourly nurses, and I don't know but that it would be a good idea to have some listed as advising and teaching nurses.

When such a registry is built up by our profession in a community it will be of such value that commercial registries will have little chance and we won't have to investigate them. Nurses in a community where there is still no

registry should get ahead of commercial interests and establish a registry that serves the community.

Is it not because our profession has not made possible registries that are of real service to the community, that commercial registries have become so often a menace to the public good? I know there are stumbling-blocks. For example, alumnae associations do not wish to give up their own registries; this is pure selfishness.

A professional woman who administers a registry longs for a larger scope of service. She is limited in her service to the community, limits placed on her by her own profession. A larger scope should be possible and is possible, but it must have the interest and support of the profession. If the registry can be made to serve the community, financial aid from lay sources will come just as it comes to public health organizations.

I will venture to suggest an advisory registry committee of lay members and members from other professions, particularly with members who will be familiar with the community's needs in nursing.

Why should not the Central Nurses' Registry and the Public Health Organization be housed under one roof to help solve their finances and give better opportunities for service to the public through coöperation? Detroit has this plan.

Why should not more private duty nurses be engaged in group nursing in the hospital or in the homes? Cannot her education be of more value to a greater number of people and to herself? We may always need nurses who care for only one patient, particularly

for the seriously ill, but should not many more nurses be extending their service to more than one patient? This is being done in some western hospitals successfully, notably at St. Mary's in Rochester, Minnesota, and at the University Hospital, Ann Arbor, and some smaller ones. I talked with nurses so employed and found they liked the system, as it gave them more off duty time, they were busier while on duty, and it made it possible for them to know when they would have their time off, so they could plan for it. Sister Domitilla in Rochester told me that new patients often asked for the system, and that members of doctors' families almost always requested it. This shows clearly the attitude of the public and doctors to the system once it is established.

Group nursing in the home, either by hourly nursing or paid public health service.

More teaching of home nursing in the high schools. Every young girl should know how to make a sick person comfortable. Almost every family should be taught to nurse its members under direction and supervision.

We have the old day of no nurses,

families nursed themselves or were nursed by neighbors; then the days of many nurses; now there are fewer nurses in proportion to the demands on them, and the work is changing, making it necessary for one nurse, in almost all instances, to care for more than one patient.

To sum up, I am convinced that nothing would more quickly stop opposition to proper nurse legislation and hasten the day when nurse schools may demand public support than

1. An effort on the part of nurses in each community to see that the nursing needs of that community are met. Publicity will be needed in this. I am sure a committee appointed in any community of representative nurses will receive the coöperation of the Public Health Association or the Professional Registry.

2. A realization on the part of nurses, doctors, and public that, except in case of a patient severely ill, one nurse can take care of more than one patient and have a better opportunity for service to herself, her patient, the medical profession, and the community in so doing.

PRIZES OFFERED BY THE JOURNAL

Three prizes are offered by the Journal for articles, of not more than 5,000 words, on Nursing Small Hospitals. A small hospital, as defined by the Committee, is one of 50 beds or less, and the types of nursing service to be considered are those afforded by schools for nurses, by affiliating students, by graduate nurses, and by attendants supervised by graduate nurses.

The first, second and third prizes are to be of \$100, \$75 and \$50 respectively. The manuscripts are to be in the editorial office of the Journal, 370 Seventh Avenue, New York City, not later than June 1, 1924. They must be typewritten, double-spaced, and written on one side of the sheet only. Manuscripts should be signed only with a key letter or number. This key, together with the full name and address of the writer, should be enclosed in a plain envelope and attached to the manuscript.

The awards are to be announced September 1, 1924, by a Committee composed of S. Lillian Clayton, Mrs. Ethel P. Clarke and Mary M. Roberts.

WHAT A MARRIED NURSE CAN CONTRIBUTE TO HER PROFESSION

BY CLARA SANFORD LOCKWOOD, R.N.

THE problems of the nurse and her education are being solved largely by nurses who are still active in some phase of nursing work; the married nurse who has ceased her nursing activities is not found to be sharing the responsibilities to any great extent. What of the retired, married nurse? Has she no obligations to the nurses of today or to the nurses of the future?

A large number of nurses marry each year and then, so far as any interest in nurses or nursing is concerned, drop entirely out of sight. Our own *Journal* reports the marriages of 278 nurses during the first six months of 1923, and no doubt this is a very small proportion of those who are lost to the profession in this way. What a power these married women could be if they stood squarely behind the ranks with true sympathy and interest! It is hard to understand how it is possible to so readily forget an interest which takes such deep hold during the period of training. Is there not an obligation here and a question of loyalty?

Let us assume that some interest outside of home is good for all women. Our minds need some stimulant which, intermingled with the every day duties incident to home making, broadens us, keeps us alert and prevents us from slipping into the rut of monotony. Why not an interest in nursing activities for nurses after marriage? Is there anything more worth while?

Not a great deal can be expected from the young nurse-mother; her great

work lies with the future citizens of her household and there is nothing of greater importance. But a time is coming when these children will be grown to manhood and womanhood and will be no longer dependent upon her. The once busy mother will be looking for some interest to fill the gap left by her children. To quote a recent writer in the *Outlook*:

So I advise women to begin working out of their job years before the job leaves them, and to try to study along some line which will work them into another job. We can do it in many ways while never leaving undone any part of our mothering job. * * * I believe all we middle-aged women need jobs, even more than the young girls do, for they still have all the thrills of life ahead of them.

Cannot the married nurse during the first busy years of her married life keep the old interest smouldering, ready to be fanned into a flame when the years of leisure come?

The married nurse who does not have the responsibilities of a family can find many ways of helpful service in the profession of her choice and if she lives where she can be active in organization work, her field is greatly enlarged. Her greatest usefulness will come if she keeps abreast of the times in the nursing world by regularly reading our journals and other literature dealing with nursing problems. The thoroughly posted nurse will make the most effective organization worker, whether the field of her activity be Alumnae, District or State Association. The married nurse should be willing to hold office and to do committee work if called upon to do so in

her organization, for, as an officer, she has certain advantages over the nurse in active work. A nurse in her own home can usually govern her time; she can have her own corner and desk where she can concentrate upon her work and give it the thought and attention due it. Moreover, it is easier for her to attend organization meetings and conventions which will stimulate her to a better understanding of the problems of the profession. She should strive to be an intelligent worker as well as a dependable one, but this cannot be attained without much thoughtful effort and at times real sacrifice on her part.

Remembering Ann Doyle's warning of the cowbird tendencies in our organizations, one hesitates to recommend a long tenure of office for any nurse, be she married or single. Nevertheless, in my opinion, the weakness of many of our organizations is due to the too frequent changing of officers. Does not a good officer who serves year after year have a stabilizing effect upon the organization? It is well to remember, too, that nurses do not put themselves in office, neither do they keep themselves there.

There is a great opportunity for the nurse who is active in women's clubs and who is associated with the progressive women of her community to disseminate information in regard to the educational aims and ideals of schools of nursing. The general public knows very little of this phase of the work and has not learned to think of a school of nursing from the educational point of view. The first step toward the realization of the broader program of our schools of nursing is the enlistment of a sympathetic understanding on the part of the public and if nurses them-

selves do not take this responsibility, can we expect lay women to do so? The special knowledge nurses possess imposes upon them special obligations.

Realizing now the necessity of endowment for schools of nursing, married nurses will sometimes be able in a tactful way to interest people of wealth in providing this endowment and such opportunities should not be lost.

It would seem that with the knowledge she has of hospitals and their schools, a nurse would be of value on Hospital Boards of Directors and on Training School Committees. Here the retired nurse should be willing to serve if called to such duties.

Is there any way in which the married nurse who lives in an isolated community can be of service to her profession? There are many ways in which she can indirectly be of the greatest service. She will have opportunities to influence young women to take up nursing and can direct them intelligently to the right type of school; she can take an active part in all public health activities; she should always stand for the best in nursing and in medicine.

We find then that there is a place in the profession for the retired, married nurse and that she owes definite obligations to it. Nurses should bear in mind that the opportunities for service which come to them because of their special knowledge overbalance the opportunities for service which come to women of no special training. But of what use is this special knowledge if it is not available?

During the great crisis of the war, many nurses were heartsick because they could not meet the requirements of the Red Cross Nursing Service. Here

was the greatest opportunity for service ever offered to a body of women, but many, like the foolish virgins, found their lamps empty and untrimmed and could not avail themselves of it. Who knows when such a time may come again?

So let us keep in close contact with our standard bearers and take up our work with enthusiasm, feeling that it is not a burden, but a rare privilege, to be permitted to share the responsibilities of a great profession.

This paper so far has dealt with one side of the subject only—what the married nurse can contribute. One who has had many years of experience wishes to testify to the rich rewards she who contributes will gain for herself; the inspiration which comes from being an integral part of a great movement, the enduring friendships growing out of mutual effort and common experience, the satisfaction of knowing that one is having a small part in the realization of a great ideal.

WHY AM I A PRIVATE DUTY NURSE? ¹

BY M. HELEN KUMP, R.N.

THE actuating motive of every nurse's life, whatever her sphere of activity, is that of helpfulness. It should be the very essence of her professional life. No class of women bring more joy and relief to those to whom they minister than does the private nurse who takes up efficiently the burden of one family after another. Where is she more helpful than when she enters a home whose members are tired and worn with unaccustomed toil and unrelieved anxiety, and with cool head, trained hands, and sympathetic heart assumes her accustomed duties, bringing order out of chaos, straightening the snarled threads of domestic tangle, keeping up the courage of the distracted friends, carrying out to the letter the orders of the physician while, at the same time, in an unobtrusive way, by precept and example, she is teaching dietetics, hygiene, and sanitation?

The imprint of a nurse's influence is well nigh indelible. Nothing is harder to erase than a bad impression made on a home by a careless or unconscientious nurse.

The business of a nurse is eternal interpretation. We are convinced that public opinion in regard to nursing problems depends more on the private duty nurse than upon any other representative of the profession. Every nurse has only to ponder what seed she may be sowing for future reaping; whether she puts a spoke or a spike in the wheel of progress, rests on her idea of correlated service.

Sometimes the private nurse goes into the hospital with her patient,—a duty she owes to herself, occasionally, because of the opportunity she has to learn new methods, acquire new ideas, and be subject to discipline—a thing which she, in her autocratic position in a home, often needs for her own well-being. But in no place is her influence over her

¹ Read at a meeting of District 3, Youngstown, Ohio.

patient more pronounced than here. The attitude toward the hospital is always helped or hindered by the loyalty of the nurse toward the hospital and her willingness to explain away the red tape which is often considered unnecessary. Many patients enter a hospital with a sense of doom hanging over them. They have heard only of the cases of fatality in the hospital, not of the innumerable recoveries. It is the province of the nurse to render kindly care, to shield them from the irritating circumstances that are necessary in institutional life; and often she succeeds so well that, upon her recovery, the patient returns to her home feeling she has had "the time of her life"; or sometimes where the results have been less successful, the friends appreciate the care given and the consideration shown through the trying hours of bereavement and have returned to their homes feeling "everything possible has been done" and cherishing gratitude, only, for both the hospital and nurse.

The private duty nurse is often the obstetrical nurse. Here her cool head, her confidence in a successful outcome of the case, and her good cheer are assets in keeping up the courage of the patient and the relatives; while to the nurse herself the pleasure of obstetrical nursing is almost limitless. It is such happy nursing, for after the delivery there is rarely the gloomy foreboding outlook that so often confronts her in other nursing. What more beautiful picture than the first joy of parenthood where love dwells, of which picture she is almost the sole observer? The nursing which follows is so full of hope and joy, the joy of life, the hope of health, of growth and future good. In the care

of the infant she is a vicarious mother and has within her own heart a sense of potential motherhood. Each little life is a candidate for Immortality and into her hands for a brief time is committed this sacred trust; neither time nor space ever entirely uproot the interest, and henceforth they are "her babies."

The sense of humor is an attribute of efficiency, a saving grace for any nurse, not least for the private duty nurse, whose keen but kindly developed sense of humor makes her appreciate as quickly a joke on herself as on others. What relief may come to tired, taut nerves by seeing the humor of a situation. A story aptly told has acted as oil on troubled waters or as a lubricant on machinery with unwonted friction.

Another important requisite of a private duty nurse is a religious conviction and a religious attitude which makes the golden rule a part of her professional equipment, thus putting herself in the place of both patient and family—regarding each patient as an individual who requires her greatest efficiency, yet whose personality she respects, not as an abstract "*case*." A crying need of the profession is the kind of spectacles which shows one the patient's viewpoint.

What of the nurse, herself?

Her first reward is in the satisfaction of helpfulness in the home whose world is at a standstill until the crisis has passed. She appreciates this and while doing her most efficient work does not disguise her sympathy and her deep interest in her patient's welfare. As a result, her patients and their families are often her fastest friends, which is

one of the strongest attractions to private duty work. Then a nurse on private duty develops self-reliance to the nth degree. Imagine her away in the country with no telephone through which to consult a doctor. A crisis in pneumonia, or a typhoid hemorrhage, or an eclampsia convulsion occurs. She knows the patient's life is in her hands, and with clear head and ready hand she meets the crisis, using her own initiative in providing ways and means, she saves a life and develops herself to an amazing degree.

Today the auto, and the good roads resulting, make surgery in the private home a rare occurrence. But only a few years ago a nurse was sent into a home, to render a room aseptic, sterilize water, instruments, and dressings, and to prepare the patient, with no instructions except to get ready for a certain operation. Many a nurse still in the harness has memories of working nearly all night that the improvised

operating room might be without fault. Amputations, high forceps, or Caesarian sections were as successfully done as in the up-to-date hospitals. Think you there was no growth for a nurse in such experiences?

She goes into all kinds of homes and has opportunity to know how both halves live. For the most part, her work is in good homes, with pleasant surroundings—with good books to read to convalescent patients or with which to spend moments of leisure. She has conversation with cultured people and is thereby spurred to personal achievements.

Private duty nursing is still a most important field—and because so many by-paths attract from it, there is even greater need for it than in years past. Granted it has its disadvantages, it has also its compensations, not the least of these is the recognition of helpfulness and heartfelt appreciation of those to whom you have given your best.

INFANT FEEDING ¹

BY SISTER MARY THERESE, R.N.

MUCH has been written during the past on the care and feeding of infants. However, it is only since the beginning of the Twentieth Century, which is called "the century of the child" that a scientific study of cause and result has been made. The experience thus gained has brought home convincing proof that mortality in infancy can largely be controlled and the death rate reduced. This study has drawn the attention of not only the medical

world but also the thinking mind of the laity to the consideration of the fundamental factors which enter into the mortality of infancy.

It has been established that death is mainly due to gastro-intestinal diseases, which can be combated only through proper infant feeding. But the problems of infant feeding are as numerous as the infants to be fed, because every baby is a law unto itself and must be a separate problem. For instance, one may have thirty babies on thirty different formulae. As it would be sheer

¹ Read before Group III, Catholic Hospital Association, Spring Bank, Wis., July 11, 1923.

folly to attempt to consider the subject in detail in a single paper, I can only present a few of the chief points as I have met them.

The natural food for the infant is the milk of its mother and this contains some vital substance which is absolutely lacking in all other foods, no matter how accurately modified or scientifically prepared. God has given every baby a birthright and that is its mother's milk, and it is just as criminal to deny a baby breast milk as it would be to destroy its life before it could claim that right. Mortality statistics show that only one breast fed baby dies during the first year of life to every ten babies who are bottle fed. No one but a physician should undertake the grave responsibility of deciding whether a mother should discontinue breast feeding. It is here that a nurse can prove her loyalty to her noble profession in convincing the mother that in nursing her baby she is performing a sacred maternal obligation and is bestowing upon her child the most loving act of kindness. Milk may be scanty at first, but in a few weeks there may be an abundance. It is true that while objections are met with, the majority of the mothers of today are beginning to realize the importance of breast feeding and are disappointed, and even ashamed, if they find they have not sufficient milk to feed their babies. The superiority of breast milk over any other food cannot be too strongly emphasized and breast feeding should be insisted upon by doctors, nurses, and all who deal with infants. I have seen babies who were actually dying, revived by mother's milk; at present we have two such cases at Misericordia Hospital.

If breast feeding is impossible, as in cases of tuberculosis, a wet nurse should be procured if possible. Failing in this, artificial feeding has to be introduced. It is here that we have to consider, first, what to feed. The choice of the infant's food cannot be left to the salesman, the cook, or the buyer. No one should select the food who has not a full knowledge of the requirements of infants and the qualities of the infant foods on the market. The bargain element must not enter in. If the feeding of the infants had to suffer because of expense it would be far better for an institution to eliminate the Pediatrics Department entirely and refer all such cases to the proper Feeding Stations. All substitutes are poor, at best, but in the absence of breast milk the next best thing is without doubt cow's milk, which when intelligently modified and scientifically prepared will meet the requirements of most cases of artificial feeding. When mother's milk is not to be had and fresh cow's milk is not tolerated, various concentrations of Dryco, Albumen milk and buttermilk may be used. We have found Dryco especially useful when a child has an intolerance for cow's milk. We are using it at present in a case of eczema due to cow's milk intolerance. While Dryco is fed, the child is very happy and the skin is clear; if cow's milk is substituted, he becomes frenzied with itching and the eczema blooms and weeps within twenty-four hours. It is also invaluable when on tour, as it can be purchased in air tight cans and can be handled with little inconvenience. Each feeding of Dryco must be made up fresh, as a twenty-four hour mixture will precipitate.

When a substitute milk is found one

must feel his way, so to speak, with the sugars. We have found it best to start with a small amount of Dextri-Maltose No. 1 and then depend on the character of the stools as an indication to increase, decrease, eliminate, or change to another form of sugar. We have used the three forms of Dextri-Maltose, and also Lactose, malt sugar, malt soup, malted milk, condensed milk, and cane sugar.

That every individual needs a definite quantity of food to maintain nutrition is a well known principle of physiology and since an infant doubles its weight in the first six months, it therefore needs an extra supply. This definite quantity is best expressed in calories. There is nothing mysterious about calories as some are inclined to think; they simply mean that when a definite amount of food is utilized by the human body, it has a definite food value, and it will produce a certain amount of heat energy and growth. We accept the caloric value as issued by the United States Bureau of Standards and not that of the producers. A normal bottle-fed baby, according to Dr. R. H. Dennett, needs between forty to forty-five calories per pound, body weight. A moderately thin infant needs between fifty to fifty-five, and an emaciated infant needs between sixty to sixty-five. It does not make any difference which method is employed in calculating the caloric requirements provided the method used is thoroughly understood.

Daily observation of the stools is the best guide to correct infant feeding. It is here we are enabled to detect errors in plenty of time to offset serious trouble. In successful infant feeding, stools should be saved twice a week and ex-

amined by the attending pediatricians and the formula checked according to the findings. The number of stools in twenty-four hours is to be considered as well as the consistency, the color, the presence of undigested food material, mucus, or blood, and the fact is to be borne in mind that some foods and medications will alter the appearance of the stool. Normal breast fed infants will defecate two to four times in twenty-four hours; bottle-fed infants, once or twice. Bottle-fed infants are often constipated and this offers one of the most constant problems of infant feeding. It is the management of this particular problem which requires a skilful knowledge of the sugars, for an increase of sugar ordinarily will relieve a mild degree of constipation. If the baby is old enough, fruit juices may be given. We have found, however, that a change of sugar is often attended with better results than an increase of the unsatisfactory sugar. There is no way of anticipating just which sugar will give the best results. We have used Dextri-Maltose No. 3 and Horlick's malted milk, and Borchardt's soup with good results. If the baby will tolerate an increase of fat, more whole milk may be added or a small amount of straight cream. Lack of sufficient water is often a cause of constipation. Unsweetened water should be given between meals to all babies and ought to be given two hours before the next feeding. Babies often cry from thirst when the mother thinks it has colic or something else. Crying is the only way babies have of talking, and they cry only when they need something.

When a new feeding case is received, it is kept in the observation ward for

two weeks. It is a routine procedure for all new babies to have a nose and throat culture, eye smear, and urinalysis made. The Moro and Schick tests are given and all female babies have a vaginal smear made. Also all nurses, nurse-maids, and attendants, have nose and throat culture made before being allowed to come in contact with the babies. In two cases we have found diphtheria carriers. It might be interesting to know that during the past two years we have received from hospitals and institutions two cases of gonorrheal ophthalmia, three cases of diphtheria, one case of whooping cough, one case of measles, three cases of otitis media and a case of pemphigus. Most of these cases when received were accompanied by a note from a doctor stating that they were free from communicable diseases.

Cases of which we know little or nothing we start on skimmed milk with the addition of a small amount of sugar, until we have an opportunity to observe several stools. If the stools indicate that more fat can be handled, we add two or three ounces of whole milk and observe the stool for twenty-four hours. If no excess fat appears in the stools, we gradually add whole milk until we reach the normal requirements of fat. It is much easier to avoid a fat intolerance than to overcome one. We have found that skimmed milk offers a good starting point in making up any formula. Sufficient food can be given in a skimmed formula, plus water and a few drams of Dextri-Maltose, until the stools show that good digestion and assimilation take place, when whole milk can be added and sugar increased.

We introduce cereal to normal babies

in the form of barley water at the age of three months. After a month or so on this, if the baby takes care of it properly, we increase to barley gruel, and as soon as is feasible we begin to feed cereal with a spoon. When cereal is fed by spoon, the barley gruel is eliminated from the bottle and the number of bottle feedings is reduced. If this cereal is made in a double boiler it should be cooked ten minutes over the open fire, and then an hour and a half in a double boiler. If a fireless cooker is used, the material is prepared the evening before and is ready in the morning.

When the baby is nine months old, we begin mixed feedings. The baby is taught to drink from a cup, and bottle feedings are discontinued. We have had splendid results from this mode of procedure, and our experience shows that babies are kept too long on bottle feedings and are not taught early enough to help themselves. After a few weeks on mixed feedings, babies who refused to gain on anything else have made a decided improvement in a short time. The average baby at birth weighs six to seven pounds. It should gain five to eight ounces per week. It is only by careful weighings, kept on a weight chart, that progress can be determined. The important factor in the first year of life is growth and development, and to achieve this properly the baby must be fed the right amount of proper food at regular intervals, intervals marked by the clock, not guess work, for guess work is fatal in infant feeding.

We feed all babies under six pounds every three hours, and all babies over six pounds every four hours. The amount depends on the baby's age and

weight. We also give all babies over three months phosphorized cod liver oil three times a day. We begin with five minims and increase to one dram. At this age vitamins are also introduced in the form of orange juice or tomato juice, of which one ounce is given daily.

In the preparation of the feedings all utensils, bottles, pitchers, spoons, graduates, etc., should be sterilized and the table on which the feedings are prepared should be protected with a sterile cover.

These utensils should be used only in the preparation of feedings. In seeking to prevent infant mortality, we are laying the foundation of a healthier and more resistant childhood, for it has been shown by Doctor Josephine Baker of New York and Sir Arthur Newsholme of England that high infant mortality goes hand in hand with a high death rate between the ages of one and five. Therefore, we can truly say the hand that feeds the baby rules the world.

THE STORY OF A THRIFT SHOP AND A TEA ROOM

THE World War, in calling into being every human resource and taxing to the utmost the man power of the nation, discovered a new world of woman power. Women were called upon to fill all sorts of unusual offices and to do all sorts of unusual work. Many new activities were thus developed and women found themselves possessed of abilities of which, before the war, they had not dreamed. Many, whose lives had been bounded by home duties and social affairs, became successful heads of important enterprises. They were happy, as never before, in these newly-found talents.

While this new life opened for women, there came a new use for old and discarded objects. Production, for everything except war materials, had almost ceased. There was soon very little new material manufactured and people were forced to return to the use of old and discarded articles. Those having an overabundance of these,—more than they themselves needed—saw the possibility of disposing of this

overabundance to those less fortunately situated, and of thus making some money which they were willing to contribute to the ever-growing demand from the Government. In this way the "Second-hand Shop," which had been quite another thing, became the "Jumble Shop" or the "White Elephant Shop" of Society, and these were under the management of women. They served a double purpose, relieving those who had things no longer desired, and enabling others in need to get things at small cost, at the same time contributing to the War Fund. For the "White Elephant" of one person is often "Kingdom Come" to another. Thus was started the "White Elephant Shop" in Seattle.

In 1918 it was a going and a paying concern. Then came the Armistice. Those in charge, and especially the manager, one of the newly-discovered business women, expressed regret that such a successful enterprise should go out of existence. She said: "Why can't we go on with this for some other

good cause? Why not for the Children's Orthopedic Hospital, a local institution under the management of women? The question was presented to the Board of Trustees and approval was given gladly. Thus the Children's Orthopedic Thrift Shop was organized, and in March, 1920, it was opened for business. It has continued to prosper. Since it does not own its own location, it is obliged to rent one, and in the three years of its existence it has had to move four times. However, its friends and patrons always find it.

It employs one paid manager. Two, or sometimes three, others, members of the Guilds which are a part of the Hospital organization and cover the entire city, *give* daily help, the service being taken by different women each day. A member of the Board of Trustees is Chairman of the undertaking with general supervision and charge.

All sorts of things are received and disposed of. It brings within the reach of the less fortunate many articles, especially of clothing, which otherwise would be beyond their reach, for the prices asked are very moderate. To date this little shop has *netted* the Hospital \$21,550. It stands today a going and a paying concern, one of the active assets of the Hospital and managed entirely by women.

The Tea Shop.—In line with much the same sort of activity a little metal shop was opened during the war by a group of representative women who received old pieces of gold and silver, forwarding them or their value to Washington, another of the many contributions toward the War Fund. The shop was on one of the busiest corners and did a thriving business. Then came the

Armistice and an end to the enterprise. One of the women interested, who happened also to be a Trustee of the Children's Orthopedic Hospital, saw the possibility of using the location for the benefit of the Hospital. She bought the building and it was fitted up for a Tea Room, where afternoon tea is served. It was soon found that this was not an afternoon tea location, so the room was remodelled and converted into a lunch room. It retained its name, "The Children's Orthopedic Tea Shop," but discontinued the serving of tea. It is today, and this in spite of having had to change its location, a popular and much frequented lunch room.

The quarters are small, consisting of a dining room, with twelve tables, seating from forty to forty-five persons, and a small kitchen adjoining. There are four paid women employed, a dietitian, a cook, a dish-washer, and a woman who comes in after luncheon to clean the floors.

A Trustee is Chairman and has general charge. Each day ten members of Guilds *give* their services from eleven until three. A cashier is at the desk, a hostess seats the patrons, five assist in the dining room, and four help in the kitchen. For four hours, and for several hours preceding, it is a busy place. The food is excellent; it is well selected, with a carefully varied menu, and well prepared. The shop is patronized largely by women and girls from neighboring shops, by some shoppers, and by a few men who find the food an attraction and the location convenient. To date it has *netted* the Hospital \$17,732.06. It also is a going and a paying concern, an active asset for the Hospital and entirely under the management of women.

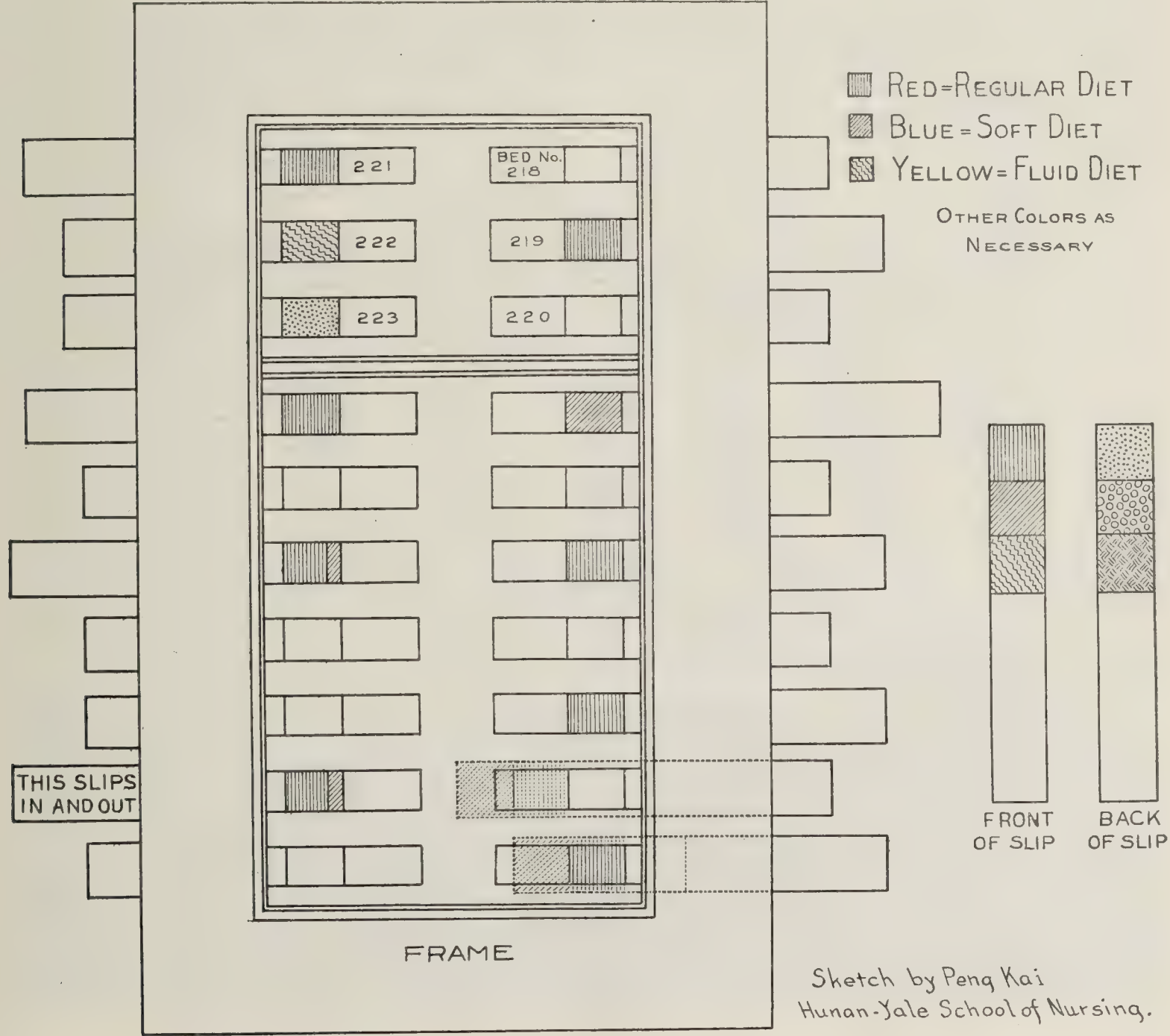
AN EASY METHOD OF SHOWING DIET LISTS

BY PENG KAI

HOW to keep diet lists and avoid constant paper work for the head nurse seemed a very difficult problem. After much thinking, I evolved this plan which is shown by the accompanying sketch.

Two pieces of pasteboard are put together, one of them with holes cut to correspond to the number of beds in the ward; by the side of each hole is written the number of the bed. Into the holes are slipped pieces of cardboard which are cut to correspond in

size, and either colored to represent the kind of diet which the patient is ordered, or with the name of the diet written to correspond in size to the hole. These slips are changed daily according to doctors' orders, by the head nurse. The whole pasteboard is only about 5" x 6". It is covered with glass and the whole bound together with adhesive. A small clamp at the top will then hang on a hook in the diet kitchen. The lists may be kept up to date by simply changing the slips in the openings.



UTENSIL RACK



A capacious utensil rack in use in the delivery room of the Henry Ford Hospital, Detroit.

OPERATING ROOM ROUTINE: THE TRAINING OF STUDENTS

BY SISTER M. BERTILLA, R.N.

A very important factor in the training of nurses for operating room work is the special clinic for students held at intervals during the year. Prerequisites for admission are the course in bacteriology and the course in surgery, both of which are given in the first year. In the course in bacteriology, emphasis is placed on the relation of bacteriology to asepsis; the student thus acquires the principles underlying surgical technic and develops practical skill by isolating a pure culture and carrying it through several successive transfers in broth, demonstrating its purity at each step. From lectures and laboratory experiments, she learns the various methods of sterilization, their applications, and how to test their efficiency.

The course in surgery deals with methods of diagnosis, the pathology of surgical diseases, principles of asepsis and antisepsis, inflammation of wounds and fractures, surgical technic, regional surgery including surgery of the head and neck, stomach, liver, kidneys, bladder, and intestines; care of the patient before and after operation, and surgical emergencies. Related nursing procedures are discussed and demonstrated in the classes.

After completing these two courses, the student is admitted to the clinics for student nurses whenever they are held. Following is a verbatim report of the surgeon's lecture at one of the clinics held during the present year:

Object: To acquaint the student nurses with actual operating room procedures.

(Instructions are given during the actual procedures.)

I. Anesthesia: The object of anesthesia is to cause the patient to be insensible to pain, and to avoid strain in difficult operations. For gall-bladder operations, ether is usually preferred providing there are no contra-indications. If the patient has a chronic cough, local anesthesia might be used.

Ether is administered by the open or drop method, beginning with two or three drops a minute and gradually increasing the number until surgical anesthesia is obtained. The ether is dropped on an open mask and as the quantity is increased, the air is gradually shut out by wrapping cloths around the cone.

As you watch the patient you may notice the three stages of anesthesia. First the patient passes through the initial or stage of induction, in which he breathes quietly; there is no excitement. Next you will notice the patient passing through the second stage, that of excitement in which the respiration is more labored, the skin is flushed and perspiration appears on it. The patient is disorientated and tries to move the arms and legs and will do so if not restrained. The patient is now passing into the third stage in which the muscular twitchings disappear, the respiration is deep and regular, and the patient sleeps soundly as if in normal sleep.

II. Preparation of the Patient. The preparation of the patient is carried on while the anesthesia is being induced. The skin in the operative field must be sterilized. In order to do this three and one-half per cent iodine solution is generally used. To obtain the disinfectant action of iodine, the skin must be free from dirt and grease. As a preliminary procedure, benzine is applied to the skin; this is followed by ether, and the skin is gently rubbed with a sponge to remove the dirt and grease. Care must be taken not to apply iodine to the skin while there is benzine on it, or to allow benzine to run over the patient, as it will blister.

You notice that one coat of iodine is

applied and allowed to dry; then a second coat is applied, which insures sterilization of the skin. After the application of iodine, towels are placed around the field of operation; the towels are held in place with clips. In applying towels, the edges should overlap the edges of the sterile field. A towel should never be moved from the unsterile field over to the sterile field.

After applying the four towels to outline the field of operation, we place a sterilized laparotomy sheet over the towels and then apply additional towels so that there are two layers of sterilized material over all parts on which instruments are to be placed.

III. Preparation of workers and tables. The hands and arms should be scrubbed thoroughly. A complete systematic scrubbing of the fingers should be carried out, a few minutes being spent on each finger, first of one hand, then of the other; then the arms should be scrubbed, making sure not to neglect any part. The finger nails are cleaned with a finger nail file and then scrubbed again; the scrubbing process should continue from five to ten minutes, after which hands and arms are rinsed in sterile water and passed through alcohol.

After the hands are scrubbed, they should be held higher than the elbows in order to prevent any liquid from running from the upper arm to the sterilized hand.

Next, sterile gowns are put on, the nurse tying them behind; then the sterile gloves are put on, after dipping the hands in alcohol to make the gloves slip on more easily. These gloves have been sterilized by boiling for fifteen minutes, after which they are left in sterile water until needed. By using the wet method, the rubber in the gloves does not deteriorate as rapidly as when they are sterilized dry.

IV. Sterile Table. Instruments for use are placed on the sterile table. It is extremely important for the nurse in charge of the sterile table to avoid breaches of asepsis, as one slip may cause the death of a patient by contaminating instruments, sponges, etc. Sterile forceps are placed on a sterile table and constitute the reserve supply. Towels are placed on one end of this table which is the working table for the case being operated.

If the sterile nurse needs additional supplies from her reserve, she uses sterile forceps to handle them; neither the hands nor instruments that have been used in the case should ever touch the reserve supply, as they would contaminate it for the next case. For practical purposes, the nurse must consider the case under operation as being infected, so in obtaining supplies from her reserve table, she should use a sterile forceps kept for that purpose only.

V. Operating Table. The instrument table is attached to the operating table before the sterile sheets are applied, and it is covered by these sheets. The instruments must be arranged on this table in an orderly manner and must be kept in the same order throughout the operation. Curved forceps are placed on the side of the surgeon, straight ones, on the side of the first assistant, et cetera. It is the duty of the sterile nurse to know what is required in each stage of the operation and to keep the supply on the instrument table so that nothing will have to be called for. By anticipating the needs of the surgeon, the sterile nurse can greatly facilitate the promptness and rapidity of operating room work.

VI. History. This patient is a woman thirty-three years old. She has had stomach trouble since September 1, last. Then she had an attack diagnosed as acute gastritis. There was severe pain in the epigastric region, with vomiting, lasting from three to four hours. She felt weak for a few days afterwards. Since then she has had uncomfortable feeling after meals, irrespective of time of eating or character of food eaten. She has had distention, belching, and distress, but no real typical gall-stone colic. The area is more or less tender; urine and blood are negative.

VII. Diagnosis. The young woman has rather indefinite stomach symptoms. She is rather young to have gall stones and gives no history of typhoid or any serious infection except the "flu." The first attack was last September. There was pain in the epigastric region, that is, between the costal margin and midline, associated with vomiting. There was no radiation; lasted from three to four hours; vomiting gave some relief.

History is not good for gall-bladder trouble as the findings are not very definite. X-ray

shows calcified area at right side below the ribs and opposite the vertebrae. (X-ray plate is demonstrated.)

VIII. Operation. Make incision through external rectus fascia, internal rectus fascia, draw up peritoneum, and cut through.

Examination. The appendix is found to be completely obliterated. There are some adhesions. The ilium is smooth, does not have long bands as does the caecum. The uterus is small, almost infantile. Palpation shows stones with sand and gravel in the gall bladder. The stomach is slightly long, but not greatly enlarged. The pylorus is normal. If the patient had gastric ulcers, she would have thickening, marked congestion, and lump on the lesser curvature. The same is true of cancer, except that the mass would probably be larger. After exposing and examining the stomach, the hand is inserted in the left upper portion of the abdomen to the spleen. The kidney is normal.

We may drain the gall bladder and take out the stones, or we may remove the gall bladder, the reservoir of the biliary system. We know that the development of stones is the result of chronic infection and therefore it is wiser to remove the gall bladder rather than drain it and have stones recur.

To expose the gall bladder and ducts, we retract the duodenum, expose the common duct, the vein and the artery above, and the foramen of Winslow below. We may take the gall bladder from above downward, or from below upward. In this case, we remove from below upward. In order to do so, we slip forceps underneath the cystic duct and feel to make sure that we have all the stones. We then slip in a sponge to prevent contamination, remembering that the forceps is left on the small sponge; large sponges are counted to avoid any loss within the abdominal cavity, and they have rings attached to them so that they can be found by X-ray. Because the gall bladder was plugged with stones, the common duct is large, nature having dilated it to make a reservoir to compensate for the loss of the gall bladder.

IX. Pathology. (Here Doctor MacCarty, pathologist, showed the gall bladder that had been removed, and for about ten minutes led a discussion on its pathology. Dr. Adson then resumed his lecture.)

In the specimen presented by Doctor MacCarty, there are two important facts to be noted: first, the wall is thickened and roughened; and second, there are little yellow deposits in the diseased organ. It is not a clean-cut example of a strawberry gall bladder, but the little yellow deposits suggest the appearance of a strawberry.

Cholecystitis usually follows some form of infection. It is very prone to follow gastritis, typhoid, and infections of the intestinal tract. Bacteria within the gall-bladder mucosa cause inflammation and produce deposit so that stones will develop. If the stone is in the common duct we have jaundice because the bile backs up into the blood, which is usually associated with epigastric colic, sharp shooting pain under the costal margin, radiating to the back. Fever and chills may or may not be present. Pain may be relieved temporarily by morphine and hot applications. Tumors or cancer in the same place produce very much the same symptoms except that slow contraction like cancer generally gives painless jaundice, while stones give sharp pain.

X. Drainage. After the removal of the gall bladder, it is advisable to drain if there has been any contamination or if there is evidence of sub-acute inflammation. If there has been no contamination and the inflammation is chronic, it is not necessary to perform a drainage. If drainage is necessary, a soft rubber tube or a Penrose drain is inserted through the abdominal wall and placed in the hepatic notch over the ligated end of the cystic duct. The closure of the abdominal wall consists of a running suture of Number One catgut in the peritoneum and inferior rectus fascia. The superior rectus fascia is closed by double ligature of a Number Two chromic catgut. Figure of Eight silk worm stitches are placed through the skin in the superior rectus fascia; all bleeding points are ligated and the skin closed with a running dermal stitch.

XI. Postoperative Care. Postoperative care consists of rest in bed until the drainage has been removed,—a period of from eight to ten days, with enemas, liquid diet and some solid food. Morphine is administered during the first thirty-six hours, after which time it is not usually necessary to administer a further dose of the drug.

The dermal sutures are removed on the seventh day, and the silk sutures on the fourteenth day following the operation. The patient should remain under medical care for a period of three weeks or a month, and should be instructed to take but a small quantity of food at a meal and to avoid all fried foods for about three months. She ought not to resume regular employment until about three months have elapsed from the time of the operation, though about a month after it she might undertake a moderate amount of light work.

In the second year the students are given a two months' course in operating room technic with demonstrations in the operating room. This course is similar to the one described in the Standard Curriculum. During the latter part of the second year or the early part of the third year, the student is assigned to duty in the operating room.

TRAINING IN THE OPERATING ROOM

Each operating room has a permanent supervisor who is responsible for the work of the pupil nurse. When the pupil is competent to do the work of sterile nurse, the supervisor takes the place of non-sterile nurse.

Before pupils come to the operating room, they are drilled in all routine duties, nevertheless in real operating room work they are confronted by many new difficulties which seem to be aggravated by the presence in the gallery of a large and supposedly critical clinic. To meet this situation, the nurse whose three months' training is completed, is retained a few days to assist the beginner, who then continues the work of non-sterile nurse for one month.

In the second month she wears the gloves *with* the supervisor for about ten cases and until she is sufficiently familiar with her new duties to prepare the

table and to attend to the routine of closure. During this time the work of non-sterile nurse is done by a pupil who has completed her operating room training, as the supervisor is fully occupied at the operating table and could not direct another beginner.

Gradually, as the pupil's efficiency warrants, she is allowed to wear the gloves alone for minor surgery, but she continues to work with the supervisor in major surgery until she has had at least fifty cases. Pupils who by technic, alertness, quickness, and general expertness, show special aptitude and wish to specialize in operating room work, are given an opportunity to qualify themselves further and are permitted to supervise in the absence of the regular supervisor.

Pupils who have completed their three months' course in the operating room are given two or three weeks' training in the local room, where under the direction of a supervisor they prepare solutions, syringes, and needles. Later they have a two weeks' course of instruction and practice in dressing room technic.

It is customary for the head surgeons while operating to lecture to the doctors' clinic. When the student nurses have attended two special clinics for nurses, they may, when their duties permit, attend the doctors' clinics. The lectures in these are of course directed to the doctors and do not specially elucidate the nurse's part in surgical work.

Every day, either at 8 a. m. or 11 a. m., a dry clinic is held in the Clinic Amphitheater, for the benefit of doctors and graduate nurses. Student nurses may attend when their schedule permits.

STORIES TO READ AND TELL TO INVALID CHILDREN

BY CATHERINE NICHOL

STORY telling or reading aloud to children in the sick room offers a wonderful opportunity to the nurse who wishes to gain the confidence of the sick child. If the nurse will take time to tell an imaginative tale she will find that this will aid her in winning over the spoiled and oftentimes difficult patient. The child will feel that she knows the nurse better and there will spring up between them a bond of sympathy and understanding which neither pain nor tedious illness can destroy.

With very young children, she may begin by reading aloud the old nursery rhymes and musical poems. With other children she may use the old folk tales and fairy tales, so rich in fancy and imagination. Humorous stories and nonsense stories will especially appeal to all invalid children who need to be kept cheerful. No matter what type of story is selected for telling, it should be one the story teller herself particularly enjoys. Of course the nurse should use her own judgment in choosing a story best fitted for her individual patient. The character of the illness or disease will in a large measure determine this. Stories that over-excite and frighten children, such as those containing gruesome witches and horrible giants, should never be told in the sick room.

The stories listed below are old favorites chosen from those which have been used successfully in homes, schools and libraries. They are easy to tell and the children will enjoy them.

The Ant and the Grasshopper; The Lion and the Mouse; The Man, the Boy, and the Donkey; The Dog and His Shadow; The Fox and the Stork.—*Aesop. Fables.*

The Ugly Duckling; The Real Princess.—*Andersen. Fairy Tales.*

Little Black Sambo.—*Bannerman. (Complete story.)*

Engine That Wouldn't Stop; Teddy Bear and the Mud Pie Mask.—*Bryant. New Stories to Tell to Children.*

The Little Red Hen; Epaminondas and His Aunty; Brahmin, the Tiger and the Jackal.—*Bryant. Stories to Tell to Children.*

Brave Little Tailor; Bremen Town Musicians; Elves and the Shoemaker; Hare and the Hedgehog; The Fisherman and His Wife; Mother Holle.—*Grimm. Household Stories.*

Henny Penny; Three Little Pigs; Tom Tit Tot.—*Jacobs. English Fairy Tales.*

Travels of a Fox.—*Johnson. Oak Tree Fairy Book.*

The Cock, the Mouse, and the Little Red Hen.—*Lefevere. (Complete story.)*

Tale of Mrs. Tubbs.—*Lofting. (Complete story.)*

Tale of Peter Rabbit.—*Potter. (Complete story.)*

How Arthur Was Crowned King.*—*Pyle. Story of King Arthur and His Knights.*

Cinderella; Sleeping Beauty; Tortoise and the Hare.—*Scudder. Book of Fables and Folk Stories.*

Old Pipes and the Dryad.*—*Stockton. Fanciful Tales.*

Get Up and Bar the Door;* Saddle to Rags; Robin Hood and the Widow's Three Sons.—*Tappan. Old Ballads in Prose.*

Princess on the Glass Hill; Boots and His Brothers; The Lad and the North Wind; Pancake; Taper Tom; Why the Sea Is Salt;* Gudbrand on the Hillside;* The Husband Who Was to Mind the House;* Little Fred and His Fiddle.—*Thorne-Thomson. East O' the Sun and West O' the Moon.*

The Old Woman and Her Pig; The Old Woman and the Tramp; Princess Whom No One Could Silence; The Rats and Their Son-in-law; Titty Mouse and Tatty Mouse; The Lad and the Fox; The Wise Men of Gotham; Three Wishes.—*Wiggin and Smith. Tales of Laughter.*

HUMOROUS STORIES TO READ ALOUD

Aldrich, T. B.—Story of a Bad Boy.*
Babbitt, E. C.—Jataka Tales.
Carroll, Lewis—Alice's Adventures in Wonderland.
Caryl, C. E.—Davy and the Goblin.
Cervantes, S. M.—Don Quixote, adapted by Edwin Gile.*
Clemens, S. L.—Tom Sawyer.*
Collodi, Carlo—Pinocchio.
Craik, Mrs. D. M.—Adventures of a Brownie.
Darton, F. J.—Wonder Book of Beasts.
Drummond, Henry—Monkey That Would Not Kill.
Hale, L. P.—Peterkin Papers.*

Harris, J. C.—Uncle Remus and His Friends.
Irving, Washington—Legend of Sleepy Hollow.*

Kipling, Rudyard—Just So Stories.

Lofting, Hugh—Story of Dr. DoLittle; Voyages of Dr. DoLittle.

MacManus, Seumas—Donegal Fairy Tales.

Paine, A. B.—Arkansaw Bear.

Pyle, Howard—Merry Adventures of Robin-hood.*

Rice, Mrs. A. C. M.—Mrs. Wiggs of the Cabbage Patch.*

Raspe, R. E.—Tales from the Travels of Baron Munchausen.*

Sandburg, Carl—Rootabaga Stories.

Stockton, Frank R.—Casting Away of Mrs. Lecks and Mrs. Aleshine.*

Swift, Jonathan—Gulliver's Travels.*

Thackery, W. M.—Rose and the Ring.*

Thompson, C.M.—Calico Cat.*

Zollinger, Gulielma—Widow O'Callaghan's Boys.

* Indicates stories for older children.

OUR CONTRIBUTORS

Martha St. J. Eakins, graduated from the Methodist Episcopal Hospital, Brooklyn, was Superintendent of St. Christopher's Private Hospital, Norfolk, Va. from 1905-1910; was at Teachers College from 1910-12 obtaining a diploma for the administrative and teaching course; Instructor of Nurses at Michael Reese Hospital, Chicago, from 1913-1915; Chief Nurse, American Ambulance, Neuilly, France, from 1915-1918; inspector of nurse schools, New York State since 1920.

Mrs. C. D. Lockwood has served for many years as Secretary of District 5, of the California State Association. The members will not consider letting her resign. Her home is in Pasadena, but she is a graduate of the Illinois Training School, Chicago.

M. Helen Kump is a private duty nurse in Youngstown, Ohio. She had her training at the Lynn Hospital, Lynn, Mass.

Sister Mary Therese is a graduate of Mercy Hospital, Chicago, where she served as Assistant Superintendent for a year and a half. At present she is Supervisor of the Pediatric Department, Misericordia Hospital, Chicago.

Peng Kai is a graduate of the Hunan-Yale School, Changsha, China. The drawing is his own, but the original was colored.

Sister M. Bertilla graduated in 1917 from St. Mary's School of Nursing, Rochester, Minnesota, and has been supervisor of an operating room in St. Mary's Hospital since graduation.

Catherine Nichol, (See Our Contributors, April, 1923).

Stella Goostray, graduate of the Children's Hospital, Boston, has studied at Teachers College and is now Educational Director of the Training School of the Philadelphia General Hospital.

Louise Gliem, graduate Battle Creek Sanatorium and Hospital School of Nursing, 1917. B. S. degree, Teachers College, 1922. Assistant Superintendent of Nurses, University Hospital, Ann Arbor, 1923. At present Dean of School of Nursing, Battle Creek College, Battle Creek.

EDITORIALS

THE EDITOR'S WESTERN TRIP

THERE is no more important editorial function than that of interpretation. When western nurses wrote that the *Journal* failed to understand the problems and achievements of the West it seemed not only logical but imperatively necessary for the *Journal* Board to send one of the editors on a tour of investigation and self education.

The writer has just visited forty cities and towns in the West. She has had a gorgeous, continuous, three-months' party, for the hospitality of the West can be described only in superlatives. She has also had three months of intensive study and observation of professional activities, for she has attended large meetings and small and she has been accorded opportunities for formal and informal conferences not only with nurses but with many workers in the allied groups. Everywhere she has met with the utmost coöperation, such as that extended by our colleague, Miss Waterman, Editor of the *Pacific Coast Journal of Nursing*. Miss Waterman used the pages of the magazine most freely in our behalf and placed the facilities of her office at our disposal and then capped her generosity by opening her home, and we think her heart, to us. Such is Western hospitality!

Just where does the West begin? A favorite poem says it is "Out where the world is in the making," sometimes construed to be all that vast area beyond the Mississippi. Our journey took us over a northern route, down the Pacific Coast from Seattle to San Diego and back over a central route.

We are impressed by the fact that the likenesses in nursing and health programs are greater than the differences. The basic problems of securing community support of educational programs and of nursing and health projects seem to us to differ in degree rather than in kind. This is particularly true of financial problems, for the wealth of the West lies largely in its spirit and its amazing resources and is not yet piled up in great fortunes that can be drawn upon in the name of philanthropy.

Such differences as do exist between the nursing of the East and of the West seem to be due to the fact that the West is yet in the making. Distances are, of course, enormous. Nurses cannot easily get together for conferences. Of necessity they develop initiative and resourcefulness. It is natural that if the orthodox proves unadaptable, a more flexible method is found. This flexibility of mind tends to keep the Western nurses avid for new ideas and they feel remote from the reputed source of new ideas, the East. We have yet to find that any section of the country has a monopoly of new ideas! We look to the West to contribute an increasing body of information, based on its characteristic adaptability and on sound reasoning.

We have learned much from our Western friends. We are more impressed than ever with the fact that the nursing and health program that suits one community admirably may be a misfit in another in some respects. We have been particularly impressed with the personality problems of different

states, since no two states are quite alike. But beyond all these, as we have already said, is a growing conviction that the basic problems are the same from the Atlantic to the Pacific and they are rooted in the inability of individual nurses to interpret our larger aims to the communities served.

We return to the editorial desk with well filled notebooks, with a mind crammed with new impressions, ideas and information, and with a heart that will be forever grateful to the sister nurses of that West, where "there is more of giving and less of buying, and a man makes friends without half trying."

COMRADESHIP

IT was that brilliant Oregonian, Mrs. Saidie Orr-Dunbar, health worker and club woman, who gave us the phrase, the Comradeship of Nurses. We have been so many, many times strengthened by expressions tangible and intangible, of the great bonds that unite nurses that, as we listened to Mrs. Dunbar, we wondered why we had not coined the phrase ourselves.

A thing of beauty is the comradeship of nurses. It is, perhaps, the very finest expression of the unity of our profession. A flexible bond it is, but oh, so strong and enduring! It is unobtrusive. Most of us are unconscious of it in ordinary times but, once out of one's accustomed orbit, this comradeship may be a vitally sustaining thing. The nurse in a strange land who seeks out nurses knows that she will find hospitality and understanding. At unusual times, especially in times of stress or in times of joy, this bond becomes apparent and the finest flower of our

professional life reaches perfect development.

Crossing the country from coast to coast, we have come to appreciate this quality in nurses as never before. Group after group of nurses in forty cities and towns have foregathered that the editor of the *Journal* might have the privilege of meeting and knowing many nurses and of discussing nursing problems and achievements. We are deeply appreciative of the professional courtesies extended and beyond them, we have been continuously aware of this beautiful spirit of comradeship and its expression in personal courtesies so charmingly bestowed that one would have to live far beyond the normal span of human life if we hoped ever to repay. We have no such hope. One can never repay gifts of the spirit. And of the spirit is the comradeship of nurses.

WHY I BELIEVE IN THE RELIEF FUND

THE Secretary of the American Nurses' Association reported recently that in response to an appeal for contributions to the Nurses' Relief Fund, the answer came, "We do not believe in the Relief Fund."

Such a reply shows ignorance of the Fund and its uses. We are, therefore, presenting statements as to the Fund from one who was for twelve years its treasurer, and from the present chairman who has also served for years. Both believe in it so heartily that they have devoted years of arduous, painstaking work to its service.

We are often asked why the Relief Fund cannot be made an insurance or pension fund. This would be very difficult to accomplish because of the laws governing such funds, and it would not

meet the need so well as a fund that can be drawn upon quickly in case of need. Pension funds should be established by alumnae associations for their own members. Insurance should be taken by every nurse who has a salary and who can possibly spare a present margin from it for such investment. We believe the Relief Fund should serve its present purpose,—a fund to which those in distress may turn, with no red tape, the only requirements being their need, and their membership in good standing in our national association through the proper channels.

I. BY MARY LOUISE TWISS, R.N.

I have believed in the Relief Fund of the American Nurses' Association ever since Miss Giberson presented it in such an able manner, at the Convention in Boston, in 1911, when Miss Palmer made the first contribution to the Fund.

Why? It enables us, as a profession, to extend a helping hand in a dignified way, as many other professions are doing; if we are not willing to render assistance to our sisters in the nursing profession, how can we expect others to do so?

From my observation, nearly every nurse has some one near and dear to her depending upon her for support, and if sickness overtakes her it certainly must be a comfort to feel she can receive aid and sympathy from the profession she has entered.

I wish all could have read the letters of gratitude that it was my privilege to read when taking care of the Fund. Quoting one, when the recipient received the first check, although a small one, she said:

It is not so much the money value as it is the thought that my sisters in the profession think of me.

In other words, it is the human touch that counts. Do you not think that one expression compensated us for all our efforts?

Another was so grateful that at her death she requested her mother to send to the Fund the Liberty Bond which she had purchased, as an expression of her gratitude.

I could give many other reasons why I believe in the Fund, but I do not deem it necessary. I feel it is a duty as well as a privilege to make the burden of those who are sick as light as possible.

Another interesting point is that the nurses receiving the benefits are so honorable that the payments are discontinued as soon as possible at their own request, and many have contributed to the Fund just as soon as they were able to do so. Why should I not believe in such a splendid work? I should like to see a very large fund so that we could give more assistance in the future, than we have been able to give in the past, making the sick nurse feel that it is her fund, and that she may, if necessary, avail herself of its benefit.

Ralph Waldo Emerson said:

If a man can write a better book, preach a better sermon, or make a better mouse-trap than his neighbor, though he build his house in the woods, the world will make a beaten path to his door.

Let us endeavor to make our Relief Fund the best Fund ever established, and perhaps we will have a beaten path to our treasurer's door, by those who wish to contribute to our Fund, in a cheerful spirit, for those not given the health with which we have been blessed.

II. BY ELIZABETH E. GOLDING, R.N.

I believe in the Relief Fund because of the ready response made by the nurses of America to any direct appeal for it. By their continued interest and support of it since it was established in 1911, I believe it fills a very definite need among our nurses. For a while the appeals were confined to the older women, but during the past few years many of the younger nurses have applied, showing the responsibility of hospital superintendents, their need for closer supervision of the health of their nurses and the need of lectures to the pupil nurses or their responsibility for thrift and a looking forward into the future and a preparation for the "rainy day" that comes to all of us.

I believe the Relief Fund has been a "helping hand" to many a burdened nurse. The one hundred and eleven that it has assisted speak feelingly of its help. I have never seen such appreciation as is expressed in most of the letters received from the sick nurses. If asked if they would like help for a longer time, the answer often is: "I would like it if it can be spared and I am not depriving anyone else. It is all I have; it has helped me *so much*. I wish I could tell every nurse, what a blessing this benefit has been to me, but words fail: it is impossible for me to express my appreciation."

Though the benefit is small, the committee feels that it is much better to help many with a small amount (which seems to meet with the approval of most of the applicants), than to help just a few. I believe that each alumnae association has an individual responsibility to its sick members, although it has gone "over the top" in its contribution.

The Relief Fund does not mean a benefit for just a few weeks, it does not limit the time one may be assisted. Think of looking forward for months and months, with no help but the American Nurses' check!

The Relief Fund has assisted one hundred and eleven nurses, fifty of whom have had tuberculosis! It has helped several nurses for six years, has paid part of the funeral expenses for several, has paid traveling expenses for one so that her mental health might be restored by a quiet sojourn among her own people. It has sent a check to a young graduate whose lungs were impaired by an accident shortly after graduation.

Who can truthfully say she does not believe in the Relief Fund when she thinks of the untiring work of our first chairman; of the many days devoted to compiling the little calendars at Christmastime, by which means our first benefit was made possible? Why the establishment of that Memorial Room at Saranac in the memory of the nurse who "lost the fight," where any nurse, clergyman or medical student can go for three months *free of charge*? This was made possible by a large hearted woman who not only believed in the Relief Fund, but who also believed in the need for it.

We need the Relief Fund; we need thousands of dollars more for it. We need in every state, big hearted women who will work for it, who will follow up the sick nurses and see that all that is necessary is done for them and who will bring some cheer into their lives after their work is done.

Inasmuch as ye have done it unto the least of these, my brethren, ye have done it unto Me.

I believe in the Relief Fund.

A LOSS TO NURSES AND TO NURSING

WE do not always realize the debt we owe to those women, not nurses, who give time, thought, effort and financial support to our affairs.

Two women in Chicago who have for years been foremost in such work died during the month of December,—Mrs. Ira Couch Wood and Martha Wilson.

Mrs. Wood became President of the Board of Directors of the Illinois Training School, Chicago, in 1915, and continued in this position as long as she lived. In 1917, she was chosen Director of the Elizabeth McCormick Memorial Fund, a fund devoted to child welfare in many different forms. Mrs. Wood was an inspiring speaker, as those who ever heard her will remember. She was on the Public Health program at our Atlanta convention.

Of Miss Wilson, her friend for many years, Bena M. Henderson, writes:

Early on Christmas morning by the death of Miss Martha Wilson, the profession of nursing lost an earnest, helpful friend. Miss Wilson had long identified herself with hospital work, having been for over twelve years the Chairman of the Auxilliary Board of The Children's Memorial Hospital, Chicago. Growing out of her interest for the sick child, and because of the necessity for good nursing care for it, she came to be interested in the nurse as a fellow worker and one who needed the understanding and support of the Board of Directors of the Hospital in whose school she was to receive her education. Every detail, from the daily home life of the nurse to the serious problems of finance of the hospital, was met by Miss Wilson with a splendid generosity. She gave freely of her time, her energy and of her wealth. Her criticisms of the program for development of nursing education were frequently severe, but they were always followed by constructive advice. To Miss Wilson is entirely due the credit of organizing the Central Council for Nursing Education. Her thought was always to bring lay and professional

people interested in nursing school problems closer together, and by so doing to make for better understanding and sympathy. From her courage and organizing ability, her fellow workers gained inspiration daily, and in going she has left a closer bond between the nurse and the public. Her knowledge of human nature and her keen sense of justice made it possible for her to help others times without number. Her fortune she left to carry on the work she held so valuable and to her fellow workers she left a splendid example of courage, truth and loyalty.

CLASSIFICATION OF GOVERNMENT NURSES

THE latest news from Lucy Minnigerode, Chairman of the Committee on Federal Legislation of the American Nurses' Association, is as follows:

The situation regarding the reclassification of nurses has remained unchanged insofar as any apparent impression made upon the Personnel Reclassification Board is concerned.

Evidences of the activities of nurses in the field in communicating with their Representatives and Senators are coming in every day. The question of the entire reclassification has been taken up in both the House and the Senate, and a Committee in the House, of which Mr. Lehlbach, Chairman of the House Civil Service Committee, is Chairman, is studying the question. A Committee of the Senate, of which Senator Medill McCormick of Illinois is Chairman, is investigating the Bureau of Efficiency with special reference to the Reclassification Bill.

The Committee of the American Nurses' Association will ask for a hearing before this Senate Committee and will forward to the Committee copies of the indorsements and resolutions which have been forwarded to the Board by experts both in the Government Service and outside of the Government Service. The various magazines concerned with hospitals and nursing have been kept advised. The *Modern Hospital* and *Hospital Management* are both carrying editorials this month. Request has been made to *The Survey* to include the question of nurses in the article which it is preparing for the mid-month number.

WHO'S WHO IN THE NURSING WORLD



XXXI. S. LILLIAN CLAYTON

BIRTHPLACE: Sassafras, Kent County, Maryland. **PARENTAGE:** American. **GENERAL EDUCATION:** Received in public and private schools of Maryland. **BUSINESS EDUCATION:** Received in Philadelphia. Two years of special training for missionary work in the Baptist Institute of Christian Workers, 1900-1902. **PROFESSIONAL EDUCATION:** Student in the Children's Hospital of Philadelphia, 1893-4; graduate of the Philadelphia General Hospital, 1896; summer course at Teachers College, 1910; regular student, Teachers College, 1910-11; special professional courses, University of Minnesota, 1912. **POSITIONS HELD:** Departmental head nurse and Night Superintendent, Philadelphia General Hospital, 1896-1899; private nursing, 1899-1900; Assistant Superintendent of hospital and training school, Miami Valley Hospital, Dayton, O., 1902-1909; Superintendent

of Nurses, Minneapolis City Hospital, 1911-1914; Educational Director, Illinois Training School for Nurses, Chicago, 1914-1915; Director of Nursing, Bureau of Hospitals, Department of Health, Philadelphia, 1920 to the present time, (also Superintendent of Nurses, Philadelphia General Hospital, 1915 to present time). Instructor, Teachers College, (Training School Administration) summer session, 1922. **OFFICES HELD:** President, Philadelphia League of Nursing Education; President Alumnae Association, Philadelphia General Hospital; President National League of Nursing Education, 3 years; President, *American Journal of Nursing* Company; Member Committee on Nursing, Council of National Defense; President, Pennsylvania State Board of Examiners. **AUTHOR OF:** Papers and addresses on nursing subjects.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING DRUGS AND SOLUTIONS

BY STELLA GOOSTRAY, R.N.

SEVERAL years ago there was a popular song about "School Days," which had the lines,

Readin', 'Ritin' and 'Rithmetic,
Taught to the tune of the hickory stick.

In teaching Drugs and Solutions one sometimes reflects that nowadays either the arithmetic or the necessary tune to accompany it is lacking in the education of our students. At any rate, students seem to find Drugs and Solutions one of the most difficult subjects in the curriculum, because of the arithmetic involved. In some subjects even the poorer students may answer part of a question and can therefore get the required percentage necessary to pass the examination. There is small chance for this student in Drugs and Solutions, for either the problem is right or it is wrong. However, the test of a student's knowledge of Drugs and Solutions is not whether or not she can work out certain problems on paper, but whether she has a workable knowledge which will not be found wanting when she is called upon in an emergency for a solution of a definite strength which is not on hand. And if one may stray off into a by-path here, the sooner we can disabuse our students' minds of the idea that the final examination is the fundamental factor in any course, the sooner they will be able to grasp the fact that any course is only the basis for further development on their own part. There are too many factors entering into an

examination for it to be the deciding point as to whether or not a student has passed the course.

To return from our by-path to the main road, what are the factors which contribute to this discouragement on the part of instructors and students alike? One may sum them up thus: First, the tendency on the part of many instructors and text books to present the student with too many complicated rules which must be learned by rote; Second, the presentation of too many methods of doing the problems; Third, the giving of problems which are theoretical, as it were, and which the student is never called on to carry out in practice; Fourth, the tradition handed down from one class to another that Drugs and Solutions is "awfully hard," resulting in the fact that many students enter the class with the wrong mental attitude. If we can do anything to lessen the first three factors we shall have gone a long way toward obviating the last.

In mapping out the course, the basic weights and measures should come first. Students usually find little difficulty with the Apothecaries' System, as they are more or less familiar with it. The Metric System is a bit more difficult and yet when the students once grasp it, it is surprising to see how quick they are to perceive its practicability and advantages. While this system may not be in general use in the particular hospital, it is constantly coming more generally

into use and should be included in the course. A very helpful chart of the metric system may be obtained from the Bureau of Commerce at Washington, as well as a "Metric Manual for Soldiers." A small diagram on the board showing its relation to the decimal system, as given below, will be found helpful.

1000	100	10	1	0.1	0.01	0.001
Thousands	Hundreds	Tens	Unit	Tenths	Hundredths	Thousandths
Kilo	Hecto	Deka	Unit	Deci	Centi	Milli

Metric Units
Metre—length
Litre—capacity
Gram—weight

There should be ample drill then in applying the prefixes. Students should work out for themselves in a laboratory period the approximate equivalents of the Apothecaries' weights and measures in the metric system. The difference between minims and drops should also be emphasized by having the student drop different liquids, such as water, alcohol and oil into a minim glass.

Solutions should follow, and after the definition of a solution has been given, the factors which enter into solubility should be explained and demonstrated. After giving the various methods of expressing the strength of a solution, a period may be well spent in an arithmetical review of the meaning of percentage and ratio and different ways of expressing it, practice in the changing of per cent into decimals, fractions and ratio. The remainder of the review would depend on the method adopted in the working out of the problems.

No matter what method is followed, the attempt should be made to work as many problems as possible by the same method. This method must be as sim-

ple a one as can be chosen. For this reason, I prefer to teach solutions by the use of fractions, as practically all the problems which a nurse is called upon to solve can be worked out by this method, and most of the students seem to understand fractions more easily than the algebraic equation. A review of the addition, subtraction and multi-

plication of fractions will be very helpful, as one cannot take for granted that the students remember these procedures from their elementary education. If blackboard space is available it is well to have the students work out the problems on the board.

What type of problems shall we attempt? The basic problems which every student should be able to handle with facility and understanding are:

First: To make a solution of a definite strength expressed in percentage from pure drug.

Second: To make a solution of a definite strength from a pure drug when the strength is expressed in ratio.

Third: To make a weaker from a stronger solution when both are expressed in per cent.

Fourth: To make a weaker from a stronger solution when both are expressed in ratio.

These may all be done by converting either the percentage or the ratio into fractions. In some hospitals stock solutions are kept on hand, a definite amount of which to a pint of water

gives a certain strength, as for instance, Bichloride of Mercury drams 1 to pint = 1-1000. This simply requires a little reasoning to make stronger or weaker solutions. Practice should be given using both the Apothecaries' and Metric system. After the students have worked out the problems, and know the "how" and "why" they may be given a simple formula which is easy to remember.

For example: If the desired percent or ratio expressed as a fraction is divided by the per cent or ratio on hand, it will give us the part of the total quantity which must be drug, multiplying this by the total quantity equals the quantity of drug to be used.

To make a solution of a given ratio or per cent from pure drug:—Make 8 ounces of 1.100 or a 1 per cent solution of carbolic acid.

Example—

$$\frac{\frac{1}{100}}{\frac{100}{100}} \times 3840 \text{ minims}$$

We can simplify here by cancelling out $\frac{100}{100}$ and simply have $\frac{1}{100} \times 3840$ minims = 38 minims of carbolic acid. Water to make 8 ounces.

To make a weaker from a stronger solution when both are expressed in per cent:

Example—Make a quart of 2 per cent Lysol from a 10 per cent. As the denominator is the same in both cases we can simplify—

$$\frac{2}{10} \times 256 \text{ drams} = 51 \frac{1}{5} \text{ drams of 10 per cent Lysol, or 6 ounces, 3 drams, 12 minims. Water to make one quart.}$$

To make a weaker from a stronger solution when both are expressed as ratio:

Example—Make a pint of Potassium Permanganate 1-5000 from the stock solution 1-30.

$$\text{Rule as above, } \frac{\frac{1}{5000}}{\frac{1}{30}} \times 7680 \text{ M.}$$

$$\frac{1}{5000} \times \frac{30}{1} \times 7680 \text{ M} = 46$$

minims of 1-30 solution. Water to 1 pint.

$$\frac{\text{Desired \% or ratio expressed as fraction}}{\text{Have \% or ratio expressed as fraction}} \times \text{Quantity} = \text{q. drug.}$$

$$\frac{D}{H} \times Q = q.$$

In discussing the various antiseptics and disinfectants, problems should be worked out in reference to definite situations. The instructor should bring out the conditions which call for their use and discuss the efficiency of the various chemicals in meeting the need. Have the students bring into class practical applications from the wards, letting them decide what solution would best meet the situation, the amount it would be necessary to prepare, the strength of the solution, the temperature, and have the problem carried out as it would be on the ward. For instance, if it is for an irrigation have the solution prepared in the irrigating can. In this way, the subject will be more closely correlated with their practical work on the wards. It is also helpful for the students to make a chart of the various antiseptics and disinfectants, giving first aid treatment. The

cost of the various disinfectants should also be emphasized as this is a factor which students are too apt to overlook.

Fractional dosage, it seems to me, should be considered later on in the course in connection with the administration of medicine. This will correlate it more closely with the actual preparation of medicine and will also give a little respite from mathematics. The same method which was used in working out the solutions will serve here. Practice should also be given in the pouring of drugs, a certain amount of which contains so many grains, for example, Soda Bicarbonate, dram 1 = grs. xv. or the giving of grains from a percentage solution.

Every effort should be made to stimulate interest by the use of illustrative material, diagrams, and especially by laboratory work. In a small class where there was very little equipment it was found helpful to have a review period somewhat on the order of a progressive game. Cards were prepared, one for each student, giving directions and a certain time was allotted for each. As the class was small, the instructor could follow the work closely; at the end of the specified time each student handed her result on a slip of paper to the instructor and moved to the next place. The review covered weighing and measuring, all types of solutions, fractional dosage, etc. A "true and false examination" on weights and measures, percentage, ratio, the conversion of one into the other, efficiency of disinfectants and so on covers a good deal of ground in

a short time and appeals to students as a change from the usual form of examination. In an examination of this kind the instructor makes a statement which may be accurate or not, the student simply answers on her paper either "true" or "false" as the statement is made. About fifteen seconds are allowed for writing the required answer. This is a good form of review. In addition, the importance of drill in problems cannot be overestimated. Here, too, the blackboard is invaluable. If blackboard space is not available the problems should be checked up so that the instructor knows whether the student's failure is due to carelessness in arithmetic or failure to understand the problems.

Our aim then in teaching this course must be to make the solving of each problem as simple as is possible, at the same time presenting only those problems which are practical and which can be closely applied to the student's work on the ward. However, Drugs and Solutions at best is a difficult subject unless the students taking the course have had a thorough preliminary education before entering the school of nursing. When we have made the entrance requirements of all our schools of nursing the same as those of the better colleges and universities we will have gone a long way toward eliminating a great deal of the difficulty which arises in teaching this course, a course which requires a good foundation in arithmetic before quick thought and accuracy can be obtained.

Note—Hereafter one page of the Department of Nursing Education will be used by the League Executive Secretary, Blanche Pfefferkorn, for Notes from League Headquarters.

NOTES FROM LEAGUE HEADQUARTERS

NEW PUBLICATIONS FOR SALE

Since the printing of the list of publications for sale at Headquarters, a number of new reprints have been added and still others are under consideration. A complete, revised list will appear shortly in the *American Journal of Nursing*. In the meantime for the information of directors and instructors in schools of nursing, for public health nursing administrators and teachers and for all others who may be interested, the names and authors of the new reprints are published below.

1. Thirty Years of Progress in Nursing.—M. Adelaide Nutting, R.N.

2. How Can We Care for Our Patients and Educate the Nurse?—M. Adelaide Nutting, R.N.

3. The Problem of the Care of the Child in the Public Health Field.—Annie W. Goodrich, R.N.

4. The Difficulties Encountered When Employing Nurses Inadequately Trained in Pediatrics.—Richard M. Smith, M.D.

5. The Community's Need for Nurses with Psychiatric Training.—A. Warren Stearns, M.D.

6. Developing the Teaching Material in the Out-Patient Department.—Mary B. Hulsizer, R.N.

7. The Relation of the Superintendent of Nurses to the Superintendent of the Hospital.—Ada Belle McCleery, R.N.

8. The Problem of Making Up High School Deficiency.—Edith C. Richardson.

ON THE 1924 CALENDAR RESPONSE

The response to the 1924 Calendar representing the third of the historical series published by the National League of Nursing Education has been most

gratifying. This response has been evident in various ways, from nurses as individuals and as groups, and from others only indirectly concerned with nursing through health and social programs. In analyzing the reception of the Calendar the satisfaction lies not only in numerical results, but even more in the many expressions of appreciation which have come to the League. Following are extracts from a few of the letters received:

From a secretary of a State League:

I want you to know how much I enjoyed the League Calendar. It certainly is good to look at, and very helpful in many ways.

From a Superintendent of Nurses:

Everyone is delighted with the calendar and I have been asked to place another order for some of the special nurses.

From the Director of a Public Health Nursing Organization:

Thanks so much for letting us know about the calendar. All of our staff will want a copy. It should be of interest to every public health nurse.

Inquiries have been made as to the number of calendars distributed in each state. It is not possible to publish these figures at the time of this writing (December 26) since orders continue to come in in fairly large numbers. These will appear in a later issue.

The 1924 Calendar was sent out into the world with some trepidation and much hope that it might have a kindly, friendly welcome. The trepidation has long since disappeared and the welcome has been more than realized. The National League of Nursing Education wishes to express its grateful and earnest appreciation to all who were concerned

with the calendar, either with its publication or with the publicity given to its appearance, and to the great body of nurses, not only in the United States, but in Canada, South America, England, Holland, China, and still other countries, whose ready, generous and sympathetic assistance has made the 1924 Calendar a success.

RECENT GIFTS TO THE NATIONAL LEAGUE OF NURSING EDUCATION
Minnesota State League of Nursing Education, \$50.00; Ohio State Association of Graduate Nurses, \$400.00; Ohio State League of Nursing Education, \$100.00; Litchfield Hospital Alumnae, Winsted, Conn., \$10.

UNIVERSITY OF WESTERN ONTARIO, LONDON, CANADA

Extract from the minutes of the Senate meeting of the University held November 23, 1923. (Passed by the Senate on the same date).

The Faculty of Public Health recommends to the Senate that they authorize the general principles of the following course for nurses:

- 1. Degree—Bachelor of Science (B.S.) in Nursing.
- 2. Entrance Requirements—Complete College Entrance.
- 3. Length of Course—Five calendar years to be arranged as follows:
 - (a) Twenty-eight months in a hospital where there shall be a course that is in all its details approved by the Committee of which the Dean of the Faculty of Public Health is Convenor.
 - (b) Two years in the College of Arts in which the following shall be taken:

First Year—

English 10, 11, 12	4	credits
Library Science 10a	1/2	
One modern language	3	
History 105	2	
Economics 20	2	
One of Mathematics 10, 12—Latin 10	3	
Physical Training 10	1	

(Between these two years, Hospital 4 months) 16 1/2

Second Year—

English 20, 21, 22	4	
Philosophy 21	1	
Modern language of the first year continued	3	
History 301	2	
History 42, 43	3	
Philosophy 30, 31 or English 30	3	

(Following this year, Hospital or field work 4 months) 16

- (c) One year of 8 months to be spent in a course for Public Health nurses or Hospital Administration, or Hospital Instruction.
- 4. No stars can be carried from Part (a) to Part (b) or from Part (b) to Part (c) of this course.
- 5. The degree may be conferred at the Convocation in May with the understanding that Field Work in Public Health or Hospital Administration may be completed during the summer following, if the Field Work has not already been done.

INSTITUTE OF PUBLIC HEALTH,
Ottawa Avenue and Waterloo St., London, Canada.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

ANNUAL MEETING OF THE NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

THE annual meeting of the National Committee on Red Cross Nursing Service which was held at National Headquarters on December 12, 1923, was called to order at 10 a. m. by the Chairman, Clara D. Noyes. Agnes G. Deans represented the American Nurses' Association. The National League of Nursing Education was represented by Laura R. Logan, President, Carrie M. Hall, Bena M. Henderson, and Grace E. Allison. Anne Stevens and Mary F. Beard represented the National Organization for Public Health Nursing. Ex-officio members of the National Committee on Red Cross Nursing Service representing the Governmental Nursing Services were Major Julia C. Stimson, Superintendent of the Army Nurse Corps; J. Beatrice Bowman, Superintendent of the Navy Nurse Corps; Lucy J. Minnegerode, Superintendent of the United States Public Health Nursing Service; and Mrs. Mary A. Hickey, Superintendent of the Nursing Service of the Veterans Bureau. Representing the American Red Cross, Mabel T. Boardman, Secretary of the Central Committee, and Mrs. Wm. K. Draper, member of the Central Committee, were in attendance. Elizabeth G. Fox, National Director of the American Red Cross Public Health Nursing Service and President of the National Organization for Public Health Nursing; Margaret Sawyer, National Director of the Ameri-

can Red Cross Nutrition Service; Mrs. Isabelle W. Baker, National Director of the American Red Cross Home Hygiene and Care of the Sick Instruction; and Ida F. Butler, Secretary of the National Committee, were also present. Among the guests present were James L. Fieser, Vice Chairman of the American Red Cross in charge of Domestic Operations; Pansy V. Besom, the recently appointed Director of Nursing for the Philippines Chapter of the American Red Cross; and Mrs. Charlotte M. Heilman, Director of Nursing with the last Red Cross Commission to Greece, and now under appointment as Director of Nursing for the Santo Domingo Chapter of the American Red Cross.

Reports on all phases of the Nursing Service were read and discussed, inclusive of both the general services in this country and foreign Schools of Nursing under supervision of the American Red Cross.

Announcement was made of the nomination of the following members for the National Committee from the National Nursing Organizations for the period, 1923-1926: from the American Nurses Association, Anna C. Maxwell, Susan C. Francis, Mary E. Gladwin, and Jane E. Nash were nominated to succeed themselves. To represent the National League of Nursing Education, Anna C. Jamme, Carrie M. Hall, M. Helena McMillan and Ada Belle McCleery received nomination. From the National Organization for Public Health Nursing, Lillian D. Wald, Mary S. Gardner, and

Harriet Leete were nominated to succeed themselves.

Miss Minnegerode reviewed the Re-classification Bill. She then presented a resolution, covering the following points, which was later sent to, and approved by, the Central Committee of the American Red Cross: namely, that the American Red Cross Nursing Service, having recruited Red Cross nurses for both the United States Public Health Nursing Service and Veterans Bureau, even as it has recruited and referred nurses to the Army and Navy, urges through its National Committee and the Central Committee of the American Red Cross a classification of nurses in the professional grade by the Governmental Personnel Re-classification Board, lest a lower status ultimately decrease the number of desirable applicants for civilian schools, and decrease in proportion the number of highly qualified nurses needed by the Red Cross for service with the Government in times of disaster or war.

Especial attention was given to the consideration of technic in the placing of the American Red Cross Home Hygiene and Care of the Sick classes in the curricula of the schools; and also, the advisability of revising the present textbook upon the basis of positive health was thoroughly considered.

Miss Noyes announced that the League of Red Cross Societies had decided to appoint an advisory committee on Nursing, Public Health Nursing to be represented by an appointee from America. It had also requested that Miss Fox be nominated to serve in this capacity. Judge Payne having acted upon this invitation, Miss Fox requested that the following members of the Na-

tional Committee on Red Cross Nursing Service be asked to serve as her advisers: Misses Noyes, Nutting, Clayton, Gardner, Beard, and Major Stimson. The Chair upon question explained that this committee, which was duly appointed, will constitute a sub-committee of the National Committee on Red Cross Nursing Service.

Mr. Fieser was presented to the National Committee and spoke briefly on The Complications of Our International Relationships, and Many of Our Relationships in This Country. Miss Given-wilson talked on the value of the Museum and its relationship to nursing. She announced that a model is now being prepared which will show the service of the Nurse in the late War. Major Julia C. Stimson reported informally on Nurses To Be Admitted to Soldiers' Homes.

Mrs. Charlotte M. Heilman was introduced to the National Committee by Miss Noyes and gave a brief account of the work of the American Red Cross Nurses in connection with the Greek refugee situation, and paid high tribute to the courage and efficiency of this group.

The meeting of the National Committee on Nursing Service preceded the Annual Meeting of the American Red Cross which was attended by approximately 300 people, at which reports from all Services were presented.

ITEMS

MINNIE H. AHRENS RESIGNS FROM CENTRAL DIVISION

The resignation of Minnie H. Ahrens from the Directorship of Nursing of the Central Division will cause surprise to her host of friends. She has served with conspicuous ability and devotion in the above capacity

since the organization of the Central Division at the time of the decentralization of the American Red Cross following our entrance into the late War. She will become Executive Secretary of the First District of the State Nurses' Association of Illinois, where her power of leadership will continue to make itself felt in the nursing world. Mrs. Elsbeth Vaughan will succeed Miss Ahrens, assuming this position on April first. Meanwhile the Central Division office of the Nursing Service will be covered temporarily by Miss Ahrens' assistants, Miss Ahrens acting as advisor. Mrs. Vaughan is a graduate of the Farrand School of Nursing, Harper Hospital, Detroit, Michigan. During the War she served at National Red Cross Headquarters as an assistant to the Director of Field Nursing Service, working upon the classification of status cards of nurses, and assisting with special records. In 1921, Mrs. Vaughan became Assistant Director of American Red Cross Nursing in Europe, rendering service of exceptional value in Latvia, Esthonia, and Lithuania, where she organized and directed child health centers and assisted with the development of Public Health courses at the University of Dorpat, Esthonia, the first instruction in this subject to be given in that part of the world. Mrs. Vaughan has recently directed the Public Health Nursing of the State Department of Health of Michigan.

A THREE YEAR SUMMARY OF SOCIAL SERVICE WORK FOR NURSES SUBMITTED

Mary Magoun Brown has recently sent to the office of the National Director of the Nursing Service a valuable three year summary of the Medical Social Service Work and Public Health Nursing for nurses which was inaugurated in the early days of the World War for the mobilizing units by Florence M. Johnson, Director of Nursing of the Atlantic Division.

When the War was over and the nurses returned, it was again the privilege of the Red Cross staff to meet these nurses, and, if they were ill, to place them in line for receiving the necessary assistance. Much time was spent by those in charge in the securing of physical examinations, hospital treatment, convalescent care and various other forms of social service. Many nurses either settled in New York or returned to the Metropolis from other sections

of the Country for hospitalization and care through the United States Public Health Service, or for advanced forms of education in the field of nursing, studying largely on Red Cross scholarships. It was early found that a close coöperation between the Henry Street Visiting Nursing Service, Teachers College, where our students were studying, and the Red Cross office, was very necessary. Miss Brown acted as the connecting link, working with Miss Nuno whose duties kept her the greater part of the time in the Division office.

Mrs. Charlotte M. Heilman recently spent several days at National Headquarters upon her return from Greece. She has given five and a half years of consecutive service in Europe under the American Red Cross. During the War, Red Cross and Field Hospitals in Italy, together with child welfare work in the same country, constituted her field. After the War, public health nursing in Rome for one year followed by an assignment to Serbia, brought her up to the year 1920 when she went to Greece at the time of the withdrawal of the first American Red Cross Commission, and when the newly inaugurated child welfare program was being taken over by the Greek Patriotic League with two American Red Cross nurses in charge.

Mrs. Heilman continued to direct this latter activity until the arrival of the refugees from Asia Minor when she was made Director of the Nursing Service for the new American Red Cross Commission. Her new assignment for which she sails on January 23, will take her to the Santo Domingo Chapter of the American Red Cross where she will direct the nursing activities.

Ita R. McDonnell, for three years Director of the School of Nursing at Poznan, Poland, together with Augusta E. Mettel, her assistant in charge of operating room service during the latter part of her regime, have returned to this Country and recently visited National Headquarters. This School which was organized and partially supported by the American Red Cross up to the present time has been turned over to the Polish Red Cross. A sum of money, however, has been generously contributed by an American woman to be used toward the salary of an American Nurse Director for the ensuing year, and the American

Red Cross will serve as a disbursing agent of this fund, and also continue to advise on technical aspects of this work. Emily Skorupa, an American trained Polish nurse, and an American Red Cross nurse experienced in public health nursing and teaching capacities has been secured as Director of this School from which she only recently returned to America, having served for two and a half years as instructor of Theory. She is, therefore, tested material.

Miss McDonnell graduated the first class of nurses before her departure from Poznan, and several of these young women are already employed in two of the newly organized University clinics. There are at present ten students in the School.

After graduating from the St. Raphael's Hospital School of Nursing at St. Cloud, Minnesota, Miss McDonnell served for two years in various hospital capacities, and during the latter part of the War at Camp Sherman. In 1920 she was assigned to service with the American Red Cross to Poland, and early in the following year found her place in that country as Director of the newly organized School of Nursing at Poznan. The future plans of Miss McDonnell and Miss Mettel are not yet definitely decided.

Stella Tylski, Polish-American, and American Red Cross nurse, recently visited National Headquarters upon her return to America from the Warsaw School of Nursing where she has rendered service of great value during the past two years as assistant to Helen Bridge, Director of the School. She is a graduate of the School of Nursing of St. Mary's of Nazareth Hospital, Chicago, and during the late War served for two years as Chief Nurse of a Sanitary Zone Unit stationed at Charlotte, N. C. Her first foreign assignment took her

to Poland with the American Red Cross in January, 1920. Upon her own request she was released in June, 1921, to return to America for further preparation for administrative nursing work, returning to Poland later in that same year for service with the Warsaw School. Her plans for the future are not yet definitely decided.

A VALUED WORKER OF THE RED CROSS NURSING SERVICE CLAIMED BY DEATH

Hundreds of American Red Cross nurses will mourn the passing of Anna M. Charlton who has for many years rendered service of great value, first as a member of the New York State Committee on Red Cross Nursing Service, and later, as Secretary of the Manhattan, (N. Y.), Local Committee of the Nursing Service. In the latter position, which she held from October 1914 until her death, her prompt and efficient execution of her exacting task during the World War was exceptionally noteworthy.

Miss Charlton was born in Ireland, November 15, 1859, and died in New York City on December 29, 1923. She was a graduate of the New York Post Graduate Hospital School of Nursing, and rendered active service during the Spanish American War. She was buried with full military honors on January 2, 1924, in the Spanish American Nurses' plot at the Arlington National Cemetery, Washington, D.C.

Besides the relatives of Miss Charlton, there were present at the services, Surgeon General Ireland, Major Julia C. Stimson and Captain Blanche S. Rulon, representing the Army; Mrs. Col. Ludlow, a personal friend; two members from Miss Charlton's Alumnae Association in New York City; Clara D. Noyes, Ida F. Butler, Mrs. Annie S. Humphrey, Catherine B. Hay and Mary Hawthorne, representing the American Red Cross.

THE OLD MEDICINE CHEST

The medicine cabinets of most homes contain a highly dangerous collection of half empty medicine bottles, patent medicines, remedies for external application, some with labels and some without, some containing the medicine prescribed by the doctor for dad's cold (which does not prove that it is good for some other cold), all this usually mixed with the various odds and ends of bottles that do not seem to belong anywhere else. Such a cabinet is a menace to the household and should be instantly cleared out. Any home within reasonable distance of a drug store needs no stock of remedies. At the most such a cabinet should contain nothing more than a "clinical thermometer, a hot water bottle, an ice pack, a standard laxative, an antiseptic solution, some cooking soda or essence of peppermint, some common salt to use in a gargle or a douche, and a first aid kit."

W. B. FORBUSH, in *Hygiea*.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R. N. DEPARTMENT EDITOR

AN ASSOCIATION OF PUBLIC HEALTH NURSES

THE public health nurses of four adjacent towns in Illinois and Iowa have had a successful public health nursing group during the past two years and such satisfactory results in the way of friendships, acquaintance and coöperation have been the outcome that other towns may wish to do the same.

The cities are Moline, East Moline, and Rock Island, Illinois, and Davenport, Iowa, which is just across the river. A monthly dinner is held, for which each member and invited guest pays seventy-five cents. The town where the meeting is called arranges for the dinner and is in honor bound to do two things: give a satisfying meal to people who have worked hard all day; and also a meal which will allow a small margin of profit, for this group of workers has supported an orphan in the

Near East by means of this profit, ever since it was organized.

Although its active membership is confined to nurses doing any form of public health nursing work in these particular cities, the invited guests or honorary members are social workers, heads of institutions and other people interested. The police matron of one of the towns comes regularly. After the dinner, a talk, usually upon some new work that is being tried out locally, is given by the special guest of honor and a general discussion follows.

The President is Miss Thompson, an industrial nurse in Rock Island. Mabel Dunlap (Presbyterian Hospital, Chicago), who is President of the Illinois State Association of Graduate Nurses, as well as superintendent of the Public Health Nursing Association of Moline, is one of its members and leading spirits.

THE PUBLIC HEALTH NURSE IN APACHE-LAND

BY AUGUSTINE BARNARD STOLL, R.N.

NOON—hot blinding sunshine dancing in weird heat waves over the dying grey sage brush. A road, without beginning and without end, wound through the seared country, up a bit and down, over ruts, deep into arroyas gouged out by sudden rain torrents; then up and on it crept, pathetic in its hopeless search for rest and shade. Now and then a brilliant splash of red—cactus or devil's paint brush. Over-

head a buzzard, silent, waiting—over all, intense quiet.

That is, until I came along, roaring in my Ford that reeked with the fortunes of the road. Some months before in bright gold paint, important letters on its door bore this information, "Indian Service, Car 6." Then, too, the car shone in its newness—but now! Both car and I show signs of increasing age in dents, dust and wrinkles! In

the days of "our" youth we were named the "Broncos" by the Indians—but that's no longer appropriate as we are quite tame by now.

Suddenly there was a loud report—the car staggered as though mortally wounded and came to a stop. Slowly I opened the door and clambered out, wide floppy sun hat, big goggles and all. I went to the rear of the car, pulled off the spare and collected a few tools, looking contemptuously at the collapsed tire. The car boiled merrily and the sun poured down special warmth. Overhead the buzzard swooped a bit nearer to see if there was anything in it for him. Eventually the exchange of tires was finished but when the jack was removed the new tire proved to be soft! So then the heart-breaking task of pumping it full of the hot breathless air had to be accomplished. Eventually that, too, was finished and then the wild ride was continued through the deserted country. The speed was now a bit slower because it is difficult to keep in the road and search for a hidden tepee. Finally there was a faint trail to one side and the car and I swerved into it. The center was high with sage and discouraged scrub oak but we heaved on, roaring loud in low gear. In a little hollow there was one tree, too lonesome to grow very big. Near it was the long Indian tepee, blackened at the top by smoke and at the bottom by dirt, leaving a band almost white between. At its entrance was a shelter built of large supporting posts with interwoven oak branches and beneath this was blessed shade and coolness. The Ford came to an eager stop under the shade of the little tree, grateful that it hadn't given up the struggle and died. I

climbed out and in the dancing heat made my way to the tepee. Squatted about on sheep and goat skins were Indian women, brown and wrinkled; but gay in their red and orange dresses trimmed with bands of bright contrasting colors. A few grunts greeted me, as I sank a bit wearily on a skin. In my original "special mixture" of Spanish and Apache we exchanged a few sentences on the ever absorbing topics of heat, water supplies, and how the new lambs were doing in the drought. In a corner was a shy young girl just back from school who occasionally would interpret for me in a soft thick English. At length I said that I had been told a few camps back that there was a very sick man. Was it so? Then followed a rapid fire of grunts while I fought a losing battle against flies. Finally the young girl said just one word, "Yes." Then I asked if I could see him and perhaps help. Again came a volley of grunts and guttural words. An old, old woman seamed with a thousand wrinkles and bent with age began the low weird shindy song calculated to drive out any devil hanging about me. All seemed to await her decision. At last she looked at me for a long time and then uttered one word, "Ouu," the Apache yes. A squaw arose and led me into the tent. It was like a fiery furnace—the sun had poured on it all day and the heat within was quivering. In the center was a sluggish fire adding its mite. On some blankets lay a boy of about seventeen with a bandana handkerchief tied under his nose, its point hanging down upon his chest. He was very sick. The squaw removed the handkerchief, disclosing very badly broken down glands. After much coaxing the mother permitted the

boy to be moved out into the shelter where, by comparison, it seemed surprisingly fresh and cool. With the mother crouching close beside me I washed the sores gently and put on cool wet dressings and then taught her to make the solution by simply adding some tablets to water and shaking thoroughly. Then I went out and opened the lid on the back of my car and there was my miniature traders' store. A bottle of milk in damp papers, often wet during that long hot day, cocoa, malted milk, a piece of bacon, a package of flour, and eggs that, in their sawdust nest, safely defied the bumps of the road. From the dark ages eggs have been taboo to the Indian women but the men can eat them and, poor things, they love to assert this prerogative, because in all other things the women of the tribe rule. No one knew how to make the cocoa with the malted milk, so a small fire was built and, with the squaw intently watching every move, I measured and cooked the mixture. She first

tasted it and pronouncing it good, after cooling it a little gave it to the boy. All were intensely interested and then one after another brought forth their hidden ailments and my black medicine bag paid heavy toll to their tribute. Eventually the old grandmother admitted to a certain stiffness in her joints and she quite willingly took a bottle of my home-made liniment. It is difficult to coax the Indians to swallow medicine but they adore liniments and plasters.

The sun had rolled quite a little westward when I finished, promising to return in a day or two. Spreading my arms in true Indian fashion I said "Addios," and crossed to my car. A tiny breeze had mysteriously sprung from nowhere and a few prairie dogs yapped from their holes. The Ford stood cool and drowsy in the shade but with a mighty rattle and cough it roared into life and we lurched back over the trail to the road that has no beginning and no end.

BEWARE OF UNKNOWN AGENTS

During the past month the following instances of fraudulent agents have been reported to us:

A man signing his name as Thomas took a subscription in Minneapolis which was never sent in by him.

A man signing his name as J. D. Gordon has visited several cities in New Jersey—Newark, New Brunswick, and Orange—taking subscriptions from nurses, visiting hospitals and training schools and asking permission to speak at meetings. He quotes the Journal officers by name. This man is unknown to us and does not represent us.

Do not give subscriptions to anyone who cannot show a letter of authorization dated this year! Do not give subscriptions to any strange man, however straight his story may seem to be.

We cannot honor such subscriptions when not a penny of the money taken has been turned in to us.

ANOTHER SORT OF IMPOSTER

A nurse in Patterson, La., writes us that a man posing as a male nurse in passing worthless checks in that vicinity and in Texas. "He wears a white uniform like an intern with a red cross on the shoulder. His face is badly disfigured."

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R. N., DEPARTMENT EDITOR

DATA RELATIVE TO THE FINANCIAL VALUE OF THE NURSING SERVICE PERFORMED BY STUDENT NURSES.

BY LOUISE GLIEM, R. N.

[Within the last few years there has been considerable discussion relative to the actual financial value of the student nurse to the hospital and various attempts have been made to accumulate figures of statistical value upon which to make a definite decision. This has been a very difficult procedure inasmuch as practically all hospitals include the operating expense of the nurse school with the general hospital budget and it is practically impossible to separate these items.

Inasmuch as we are now considering the school of nursing as an educational feature, the time has come when we must draw the line between simply providing board and lodging in exchange for so many hours of bedside nursing and between the actual educational value of the clinical experience provided in the wards in comparison with the economic value to the hospital for such service.

Hospitals have long been considered philanthropic institutions and the money to sustain them has been raised largely through voluntary contributions from members of the community for the purpose of relieving the suffering of the indigent poor and in most cases this method of hospital financing has not changed although the demand which is being made on the hospital budget in reference to its school of nursing is constantly increasing. By this we do not mean that the services rendered by the student nurse are not more than equal to the actual funds expended for her education.

In previous years she has been a financial asset to the hospital and these institutions have been able in many instances to break even at the end of the year due to the unpaid nursing service which these young women have supplied in addition to a large amount of special nursing for which the hospital received from \$14 to \$20 a week. Such revenue

was placed directly in the hospital treasury to be used for disbursing the debts of the hospital such as fuel, food, payroll etc., without in any way improving the educational facilities of the school. Therefore when we speak of the increased demands on the hospital budget by the school of nursing it is in comparison with this early practice.

These figures which Miss Gliem has submitted are interesting and may serve as a basis to assist other schools in working out a comparison between the cost of nursing service to the hospital and benefits derived. A. S. G., Dept. Ed.]

ESTIMATED value of one first-year student's service to the hospital from September 10 to September 10 covering a period of twelve months:

1st year students

Sept. 10—Nov. 13

8 hours per week for 7 weeks at
35 cents per hour----- \$ 19.50

Nov. 13—Dec. 26

22 hours per week for 6 weeks at
35 cents per hour----- 43.20

Dec. 26—Jan 2

8 hours per day for 8 days at 35
cents per hour----- 22.40

Jan. 2—Jan. 17

22 hours per week for 2 weeks at 35
cents per hour----- 15.40

Jan. 17—June 10

52 hours per week for 21 weeks at
35 cents per hour----- 381.50

June 10—Sept. 10

52 hours per week for 13 weeks
at 40 cents per hour----- 270.40

\$752.50

Estimated cost per nurse to the hospital for one year:

Board—365 days less 21 days (vacation) at 75 cents per day-----	\$258.00
Maid service—365 days at 10 cents per day -----	34.40
Laundry—365 days at 28 cents per day -----	96.32
Rent at 30 cents per day-----	103.20
Fireman service at 9 cents per day--	30.96
Fuel at 34 cents per day-----	11.78
Furniture at 3½ cents per day-----	12.04
Telephone, gas and lights at 2½ cents per day -----	8.60
Social director at 3 cents per day---	10.32
Instruction at 14 cents per day-----	48.71
Illness (9.2 days per student, per year, at \$3 per day)-----	27.60
Uniforms—1st year, \$55.14 (Average)	
2nd year, \$52.14	
3rd year, \$52.14 -----	53.14
	<hr/>
	\$695.07

Comparative value of the services of one nurse to the hospital for three years:

1st year -----	\$ 752.05
2nd year -----	1,019.20
3rd year -----	1,019.20
	<hr/>
Total -----	\$2,790.90

Comparative cost of one nurse to the hospital for three years:

1st year -----	\$ 695.07
2nd year -----	692.07
3rd year -----	692.07
	<hr/>
Total -----	\$2,079.21
Gain to hospital-----	\$ 711.69

Totals showing value received by the hospital over and above funds expended for the maintenance of the school of nursing:

1st year—\$57.43 x 58 students----	\$ 3,330.94
2nd year—\$327.13 x 44 students--	14,393.72
3rd year—\$327.13 x 40 students--	13,085.20
	<hr/>
	\$30,809.86

Basis of cost from which the ratio of expense involved in maintaining a nurse was taken:

Care for nurses when ill----	\$ 3.00 per day
Board per day (including overhead) -----	.75

Maid service (per person)-----	2.75 per mo.
Laundry (per person)-----	2.00 per wk.
Rent (2 Washington Heights Houses, 14 students in one house)-----	250.00 per mo.
Fireman (5 houses taken care of)-----	200.00 per mo.
Fuel -----	165.00 per yr.
Furniture per person-----	12.00 per yr.
Telephone, gas and light per person -----	8.00 per yr.
Social director-----	10.00 per yr.
Instruction -----	7,600.00

Cost of uniforms etc., per year:

<i>Freshman</i>	
2 uniforms at \$2-----	\$ 4.00
6 aprons at \$1-----	6.00
6 pairs cuffs at 17c-----	1.02
6 collars at 17c-----	1.02
3 pairs shoes at \$8-----	24.00
6 caps at 35c-----	2.10
1 pair scissors-----	1.25
1 cape -----	15.75
	<hr/>
Total -----	\$55.14

<i>Junior</i>	
3 uniforms -----	\$ 6.00
12 aprons -----	12.00
12 kerchiefs -----	6.00
12 pairs cuffs -----	2.04
3 pairs shoes -----	24.00
6 caps -----	2.10
	<hr/>
Total -----	\$52.14

<i>Senior</i>	
3 uniforms -----	\$ 6.00
12 aprons -----	12.00
12 kerchiefs -----	6.00
12 pairs cuffs -----	2.04
3 pairs shoes -----	24.00
6 caps -----	2.10
	<hr/>
Total -----	\$52.14

Expense of Individual Uniforms:

Uniforms -----	\$ 1.32 each
Aprons -----	.96
Collars -----	.16 2/3
Cuffs -----	.16 2/3
Capes -----	15.75
Shoes -----	6.85 and \$8.00

Note—This plan makes no provision for allowance to be paid student nurse.

STUDENT NURSES' PAGE

ETHICS

BY GLADYS CONORY

Mercy Hospital, Janesville, Wisconsin

WHEN a young woman enters a training school, it is an entirely different world than that from which she has come and it has entirely different rules of conduct and duty. She must adapt herself to these new conditions so that she will always be considered highly by those with whom she comes in contact. The standards of right and wrong must be very definite to her and the standards of right must be always higher because the nurse is subjected to far different problems than the girl in the business or social world. If a girl fails to discern and observe the ethical view point of her training she will be unworthy of her vocation, regardless of her proficiency in the technic of her work, because a nurse who does not consider the finer points and moral conduct of her position is not wanted by doctors, patients or friends.

For the young student nurse there are certain general rules which if she follows she is almost certain to do her best. She should always accept certain rules and decisions by those in authority even though she does not understand them. If she thinks conditions are unjust she should consider things from the viewpoint of the person in authority. Another good plan is to place herself in her patient's place and try to see situations from his viewpoint. This will simplify many conditions which she may meet and help her to choose rightly her course. Another safeguard of conduct is the habit of analyzing one's own motive

in doing things. Always dissect yourself and see if you are entirely unselfish and are trying to do your very best and that which others think is right.

The technic and the ethics of nursing should be in a balanced ratio. A nurse who is very efficient in the performance of nursing procedures but who neglects the principles and high ideals of her chosen profession will never be successful. Her conduct towards patients, doctors, superiors, and all the hospital personnel must be governed by high principles and ideals. The proper understanding of her attitude towards others and the efficient performance of duties must both be present in the make-up of the best nurse.

One's personality is the thing that makes us liked or disliked, it is the thing that is always evident, the thing that distinguishes us from other beings. In nursing one needs an especially pleasing personality because of the close contact with people. It is revealed at every turn, in her manner toward her work, toward her patient, and in the decisions she makes many times a day. It is always on the surface and if pleasing, brings to the surface of the other person the best in him. The pleasing personality of a nurse exerts a powerful influence over a patient and may be made to entirely change his outlook on life. To acquire a desirable personality one must develop the very best traits he finds in his nature and discern and eliminate the weak ones. Every person can look into

his soul and find the weak ones and with a will can root them out. Develop the will by making the right decision every time a problem presents itself and do not let the weak side win by doing the easiest thing which is often wrong. Develop the right habits and always be alert for the bad spots and develop character and personality by coming through the weak places victorious. Ambition has much to do with personality. One should always wish to be the best and therefore must develop the best.

There is more than one side to truthfulness in hospital life. In reports of the patient's condition to doctor or superiors, absolute truthfulness must be the guiding motive. It is wrong to convey by means of his record a wrong impression of a patient's condition or to falsify his record. However to the patient himself this rule may be altered. If the truth would be detrimental to the patient's state of mind an evasive reply should be given. Always consider your motive before telling a patient anything about his condition and remember that often silence is the best policy especially in dealing with people who are nervous and over curious.

Without the spirit of service a nurse should not be in the profession. She must always be full of a desire to help the sufferer. She must remember that

the patient is the most important person in the hospital and that service to him is the reason for her being there and for everything connected with the hospital.

Courtesy should always be paramount and a nurse should always remember she is first a lady and her attitude toward the patient, to his friends and to inferiors should always be polite and courteous and in particular should this be true in her conduct toward superiors.

A nurse has manifold responsibilities. To her patient she is responsible for the faithful performance of the doctor's orders and the carrying out of every duty to facilitate his return to health. To the doctor she is responsible for the welfare of the patient, of the performance of his orders. To the school she must be loyal and return as much as she receives and she must be true to herself and do the very best she knows how in every case.

True sympathy is expressed more by deeds than words. The faithful performance of all duties and the expression of sympathy by a thousand and one little things that might be done is the most sincere way. A kind touch of the hand and silent expression is often more expressive than voluble words. Words are often more insincere than deeds and true sympathy is best expressed by honest efforts to help the sufferer at every opportunity.

"Now, frankly, I regard it as more of a spiritual feat to keep yourself in the lime-light unselfishly than to keep out of it altogether."

C. C. MARTINDALE,
(Bernard Vaughan, S. J., a Memoir)

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A TRIBUTE TO ARMY NURSES

(Forwarded by Julia C. Stimson)

AT the annual meeting held under the auspices of the Osaka Asahi Shinbun at the Asahi Building on the fifteenth, October, 1923, the representatives of the Federation of Ladies' Associations of West Japan have decided to present the following letter of appreciation to the nurses of the American Relief Party for Japan Earthquake.

LETTER OF APPRECIATION

To the nurses of the American Relief Party
for Japan Earthquake

The Capital of Japan that was built by the toil of the Japanese nation was completely destroyed, about four hundred thousand houses were burnt to ashes, about one million and half people have lost their livelihood and property worth ten billion yen was lost by the violence of nature unexpected with the wisdom of the present age. Yokohama, the biggest port of Japan, and Shonan districts, noted with historical places, also were destroyed. At this time of national calamity America, the best friend of Japan, moved by the spirit of humanity has rushed relief measures with resources and did her best to help the poor refugees. Every people of Japan was deeply impressed by the kind act of America and will remember it forever. We have no word to express our hearty thanks to you who came to Japan across the Pacific and did best relief work for the sufferers.

THE LUCKNOW FLOOD

DEAR EDITOR: One morning on my way to the Medical College, I remarked to the students that it did not look as if the rains were coming this year to fill the Gunti and to water the hot dry plains of Northern India. Not many days after this event our fears were relieved. The thunder and lightning came. The rains began and continued until the Gunti was full. The Hindu people thought that Mother Ganges was surely mad because she was throwing so much water into the Gunti. Early on Sunday morning I was called to assist in relief work. The river had

risen and overflowed its banks to such an extent that the people were driven from their mud huts to the roadside. I went to the nearest place, only a half mile from our College, our students wanted to help, so they went with me. We took a box of medicines and bandages, and with the help of the Boy Scouts set up a Dispensary in a train compartment. We treated about fifty people that morning and also found out how many were sick and how much milk and food were needed. At the same time tents were coming in on the first train and the Boy Scouts were ready to set things in order. Many people had to be removed from their houses in boats although some of them were reluctant to leave. An encampment was set up and doctors arrived taking over the medical work. A system of distributing food was started and all became comfortable. The rain continued, but we continued hunting out the sick people and giving the babies milk. We also visited the zenana women. The relief officers were pleased with our work, so called us to other sections. We found many people marooned in far away places with no food or medical help. In order to get to these places we had to go in little wooden boats, which are thought unsafe for Europeans. The people gathered around us with pitiful stories. We found men, women and children with dreadful conditions of long standing. Not realizing the seriousness of their sore eyes, many were fast becoming blind and the Oriental ulcers were eating their flesh to the bone. Day after day we went to these people. We were especially asked to visit the temporary zenana quarters in an old Government building. We found rows and rows of women sitting behind curtains probably thinking of the things left behind them when they were forced to leave their homes. They had many ailments which must be cured by lady doctors. The men could not see their faces or it would mean a serious fine, loss of nose, or defacement of their faces by their husbands. One morning before daylight, an officer came to our college and asked if we would open it to refugees. Of course we said we would, and then we thought of our fine new buildings and

of our girls who were in good health. We thought the refugees would probably bring dirt and disease to us and ruin our buildings, but that was not the Christian way of doing things so we consented. After a day or so tents were provided for all the refugees. The high places of the city which only could be reached by boat, were dotted with tents where hundreds of families were finding shelter from the rain which continued until the river was thirty-five feet above normal. Outside the city on the banks of the Gunti, many villages fell and helpless people were washed down with the current. We have a bridge in Lucknow called the Monkey Bridge. On it and under it live many monkeys. As the river rose, the monkeys fled to the tree tops. There they remained for the two weeks. People were also marooned in the tree tops and were rescued by Boy Scouts in little boats. After two weeks the sun came out and the lakes began to dry. Every inch of decrease was noticed for several days. As the water dried, a stench filled the air, being worse at night. The ruins became noticeable and the houses that did not fall were very soon occupied by the poor people. The roads had to be rebuilt, the bungalows cleaned out and whitewashed and the rubbish cleaned away, because the Viceroy and Lady Redding were coming to visit Lucknow. This was done quickly and the streets were decorated with bunting and flags. When Lord Redding arrived the bands played, the soldiers stood at attention, and the village people flocked to greet him. During a garden party given in honor of Lord and Lady Redding, those who had helped in the flood relief work were called forward. We felt highly honored to take his hand and hear his words of appreciation.

Lucknow, India ALICE C. HARRIS, R.N.

THE PRIVATE DUTY NURSE ON CONTAGIOUS CASES

DEAR EDITOR: I have read two articles in the *Journal*, criticizing the private duty nurse or her training school because she does not wish to take contagious cases. After some experience in nursing contagious cases I do not blame a sister nurse for refusing one, and I understand why; in at least two instances, the directory did not

tell me that the cases were contagious. A year ago I was sent twenty miles in the country to nurse a child. When I arrived I found that it was scarlet fever with a threat of pneumonia and mastoid complications. We were isolated in a room having an outside door. After ten days the doctor said the child was ready to be set free. The patient was bathed in a bichloride solution and placed in a tub of clean water in a clean room under the mother's care. I put the room we had occupied in fumigation, and went to the kitchen to take my bath. Maybe good technic would have required me to take mine on the porch immediately outside the sealed door, but the northwest wind did enough mischief in the kitchen. I was given the dish pan to mix the bichloride solution in which to bathe. After my body and hair were wet with the solution, I discovered that there was no place to empty it, so I tried to rinse in a very small wash pan. I dried my hair over an oil heater, and commenced to chill before my hair was dry. I chilled till long after I went to bed. Next morning my throat was sore, and the chilling returned. I stopped at my doctor's office on my way home. He examined my throat, and said it was not scarlet fever. I went home and took a sweat bath, which stopped the chill. I had a severe headache by this time. Purging started soon, urine became very scanty. I need not describe symptoms further. I had a cold and bichloride poisoning. I did not go into convulsions, but I had to spend ten days in bed and have a nurse. My nurse told me of leaving a diphtheria case and taking a railroad trip involving a change of roads, and a four mile ride to her home in the country, before she could dry her hair. Blaming the nurses or the training schools will not solve the problem of caring for contagious diseases.

Kansas

T. W.

A CAP-PINNING SERVICE

DEAR EDITOR: Following a suggestion given a few months ago, regarding a cap-pinning service, we had a uniform party with a short program by the class when our probationers were received into the school.

Michigan

C. A. B.

NO MORE JOURNALS NEEDED

DEAR EDITOR: Through the courtesy of your magazine I have been enabled to place a complete file of the *Journal* for the last ten years in the hands of our Central Office for St. Luke's Hospital, Tokyo, Japan. We need no more copies.

Rhode Island MARY ELLIOTT DAVIS.

JOURNALS WANTED

DEAR EDITOR: We are anxious to have on file as many back numbers of the *Journal* as it is possible to obtain prior to 1912. We are a comparatively young school,—being just a little over three years of age,—and wish to know something of the history and development of other schools. We believe that the back numbers of the *American Journal of Nursing* can supply this information in more complete form than any other publication.

CALVINA MACDONALD
*The Maternity Hospital, 3735 Cedar Avenue,
Cleveland, O.*

JOURNALS ON HAND

Ruth E. Smith, 315 8th Avenue, Brooklyn, N.Y. will be glad to give away the following numbers, (transportation should be paid by the recipient): 1920, September, October, November: 1922, complete; 1923, January through June.

Mary E. Simms, Schoolhouse Hill, Shields, Pa. has on hand all copies of the *Journal* for 1922 and 1923. She will sell these for fifty cents for each year.

LEAGUE REPORTS ON HAND

Ruth Brewster Sherman, 219½ East North Avenue, Baltimore, Md., will sell the following reports of the Superintendents' Society for \$1 each and the cost of sending: 10th and 11th annual reports, (1903-4.) She will sell for \$8 and the cost of sending, volumes 21 to 28 of the National League of Nursing Education, (1914-22) with the exception of Volume 22 which is missing. All are in perfect condition.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with *Journal* subscribers for the month of January:

Over 100%

Oklahoma

Between 80% and 90%

Idaho

Between 70% and 80%

Florida, Mississippi

Between 60% and 70%

Arizona, West Virginia

Between 50% and 60%

South Carolina, Wisconsin, South Dakota, Alabama

Between 40% and 50%

New Mexico, Oregon, Kentucky, Pennsylvania, North Carolina, New Jersey, Georgia, Wyoming, Kansas

Between 30% and 40%

Massachusetts, Virginia, Illinois, Nebraska, Iowa, Delaware, New Hampshire, Indiana, Connecticut, Minnesota, Maine, Ohio, North Dakota, Arkansas, District Columbia, Michigan

Between 20% and 30%

Vermont, Washington, Missouri, Texas, Rhode Island, New York, Tennessee, Montana, Colorado, Louisiana, California, Utah

Less than 20%

Hawaii, Maryland

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

10. Kindly advise us about rules and regulations regarding the operation of an official central directory (nurses').

The Nurses' Central Directory of Seattle is a part of, or rather the business center of our King County, Graduate Nurses' Association, Second District of Washington State Nurses' Association, being operated by the Board of Trustees of the District Association which appoints the Registrar, and her Assistants. All Association members may have the use of the Directory, one fee covering all, \$2 initiation fee and \$10 yearly dues. This plan makes for a stronger District Association, and a more efficient Central Directory. The Rand Filing System is used, a card for each member of the Association, filed alphabetically on right side, and on the left the files are reserved for those nurses on call; as a nurse goes out on a case, her card is removed from the active file, the date of her going out added and placed in general file. Colored cards are used, each Alumnae having a color, and nurses from schools outside of the city have white cards. Doctors and hospitals have the privilege of requesting a nurse whether she be at head of list or not, and every effort is made to get that nurse. If no request is made the first nurse on call is given the opportunity to take the case, unless she has registered against that particular work. A Day Book is kept, in which each call is entered in detail, also the nurse requested, and if that nurse cannot respond to the call, the nurse who filled the call. Four nurses are employed, the nurse at the Switch Board, working ten hours, half day a week. Night nurse for the Switch Board, fourteen hours and one night relief a week. Nurse who does the bookkeeping etc., eight hours with a half day away from duty. The Registrar, nine hours, unless business calls her

outside, and afternoon a week. The relief for the night nurse and Sunday duty is cared for by the Registrar and the two day nurses, each taking a night and the Sunday of the week every third week, taking the morning off following night duty, also Sunday duty.

We have a Directory membership for \$7.50 for six months, for those nurses who have just arrived in Seattle and have their membership with the District Association in their home towns. If, at the end of six months Directory Membership the nurse expects to remain with us, she usually becomes an Association member.

We have felt that we could serve a larger number of people, and keep the undergraduate and practical nursing up to a higher standard, if we maintained a directory for them here under the direction of the Central Directory, which we have done for several years, charging a fee of \$1 per month. We also register male nurses on the same basis.

We feel that it makes for greater coöperation in a District Association, if the Directory be a part of the Association work; a clearing house for all nursing activities. Perhaps too much stress is laid on the "Central Directory" in our local activities, when the big thing is the National Association through our State and District Associations. However, the Directory has a big part to play in our future, as it may become a wonderful power in bringing and binding together the different hospital circles, private duty and public health sections and visiting nursing association, helping them the better to serve the Community. When we have educated the public to seek the service that we might give, and will then meet its demand, we, as an organization will be of unlimited service to mankind.

CORA E. GILLESPIE, R.N.,
Corresponding Secretary and Registrar.

TOO LATE FOR CLASSIFICATION

Under the heading, Our Contributors, should be added the name Augustine B. Stoll, a graduate of the Presbyterian Hospital, New York, who served overseas at Base Hospital No. 1, Etretat, for a year, and was later sent to Czecko-Slovakia. She is now doing pioneer work among the Apaches in New Mexico.

NURSING NEWS AND ANNOUNCEMENTS

(Nurses who send items are asked to write very clearly, to print proper names, and to be sure of their facts. Please add the name and address of the sender.)

PROPOSED PLAN FOR THE BIENNIAL CONVENTION, JUNE 16-21, 1924

The National Organizations of nurses will hold joint meetings.

Business Meetings—To be held on Monday, June 16, and Saturday, June 21. The hours are to be arranged so that all nurses in attendance may have the privilege of being present.

General Meetings—To be held jointly on Tuesday, Wednesday and Friday.

Sections—To be held on Thursday, June 19, from 9 a. m. to 1 p. m.

On Thursday afternoon there is to be an informal get-together meeting arranged by the Arrangements Committee.

Evening Meetings—There will be only three evening sessions, Monday, Wednesday and Friday.

Tuesday, Thursday and Saturday evenings will be left open for reunions or dinners of Alumnae Associations, State Associations, or special groups.

Round Tables to be held from 4:30 to 6 p. m. daily and at such other times as may be arranged with monitors of the program, according to the number of rooms available, and if they do not interfere with other important meetings.

The above plan has been approved by the Boards of Directors of the three organizations and was arranged with a view to making the convention a profitable and happy one to the largest number; it is hoped to have the coöperation of all the nurses in attendance in carrying it out.

HOTELS AND RATES

Hotel Statler—Washington Blvd. and Park Blvd.

Single rooms with bath—\$3.00, \$3.50, \$5.00
Double rooms with bath—\$5.00, \$7.00 and up

Hotel Tuller—Park Blvd. and Adams Ave.

Single room with bath—\$3.00 and up
Double room with bath—\$5.00 and up
Large room, double bed, two single wall beds—\$2.50 per day per person.

Hotel Wolverine—Witherall and Elizabeth Sts.

Single rooms with bath—\$3.00 to \$6.00
Double rooms with bath—\$5.00 to \$8.00

Hotel Fort Shelby—525 Lafayette Blvd.

Single rooms with bath—\$3.00 to \$5.00
Double rooms with bath—\$4.50 to \$7.00

Hotel Dixieland—John R. St. and Farmer St.

Single rooms with running water—\$2.00
Single rooms with bath—\$3.00

Double rooms with running water—\$2.50
Double rooms with bath—\$4.00

Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite

Hotel Madison and Lennox—Madison St. and John R. St.

Double room with bath—\$3.50 and \$4.00

Living room, bedroom, bath, for three persons—\$7.50

Living room, bedroom, bath, for two persons—\$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.

Single rooms with bath—\$2.50 to \$4.00

Double rooms with bath—\$5.00, \$6.00 and \$7.00

FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.

Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day

Same as above with bedroom, to accommodate 4—\$5.00

Harding—129 Charlotte Ave.

Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day

Same as above with bedroom, to accommodate four—\$6.00 day

Willis Arms—675 Willis Ave. West.

Rooms—\$1.50, \$2.00 and \$2.50 day

Apartment, living room, bedroom, kitchen, to accommodate two or three people—\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—\$18-\$25 week

Parmento—Warren Ave. and John R. St.
Can accommodate probably 75 or 80 people
1 room and bath, to accommodate two—
\$5.00
2 rooms and bath, to accommodate four—
\$7.00 and \$8.00
Because of other conventions on nearly the
same dates, rooms should be engaged as early
as possible.

We wish to acknowledge through the
Journal the contribution of \$50 from the
Alumnae Association of the Illinois Training
School for Nurses to the Headquarters' Office,
\$25 of this amount was turned over to the
Headquarters of the National League of
Nursing Education.

AGNES G. DEANS, *Secretary.*

NURSES' RELIEF FUND
REPORT FOR DECEMBER, 1923

Receipts

Balance on hand-----	\$27,477.79
Interest on bank balance-----	254.82
Interest on Liberty bonds-----	586.99
	<hr/>
	\$28,319.60
California: District 1, \$10; Dis- trict 3, \$4; District 5, \$16; Dis- trict 9, \$77.50; District 11, \$6; District 16, \$1; District 17, \$10; District 19, \$6-----	130.50
Connecticut: Connecticut Train- ing School Alumnae Association, New Haven-----	123.00
Nurses' Association, Territory of Hawaii -----	138.50
Illinois: Evanston Hospital Alum- nae Association, Evanston, \$10; Illinois Training School for Nurses' Alumnae Association, Chicago, \$50 -----	60.00
Indiana: St. Mary's Mercy Hos- pital Training School, Gary----	12.00
Kansas: State Nurses' Associa- tion -----	32.50
Kentucky: One individual, Daw- son Springs -----	1.00
Maryland: St. Agnes Alumnae Association, Baltimore, \$15.75; One individual, \$1-----	16.75
Massachusetts: One individual---	2.00
Michigan: District 3, Nicholas	

Hospital Alumnae Association, Battle Creek, \$30; District 1, One individual, \$1; District 4, \$32; District 10, Mercy Hos- pital Alumnae Association, Bay City, \$27 -----	90.00
Minnesota: District 2, \$6.50 District 5, \$4; Individuals, \$5----	15.50
Missouri: Lutheran Hospital Alum- nae Association, St. Louis, \$15; State Nurses' Association, \$50; Centenary Hospital Nurses' Alumnae Association, St. Louis, \$5; Children's Mercy Hospital Nurses' Alumnae, Kansas City, \$11; Research Hospital Alumnae Association, Kansas City, \$46; District 2, Two individuals, \$2; District 3, One individual, \$1; District 5, 13 individuals, \$13---	143.00
New Hampshire: State Hospital Alumnae Association, Concord, \$15; Mary Hitchcock Memorial Hospital Alumnae, Hanover, \$17; Whitefield Hospital Alumnae Association, Whitefield, \$10; Beacon Hill Hospital Alumnae Association, Manchester, \$7; In- dividuals, \$6-----	55.00
New Jersey: District 1, One indi- vidual -----	5.00
New York: Anonymous, \$5; French Hospital Alumnae, New York, \$25; District 2, Genesee Valley Nurses' Association, \$10; District 13, Student Nurses of Roosevelt Hospital, \$25; Suyden- ham Hospital Nurses' Alumnae, 11 members, \$11; Four indivi- duals, \$18; District 14, Nassau Hospital Nurses' Alumnae, \$15; Jewish Hospital Nurses' Alum- nae, \$25 -----	134.00
Oklahoma: State Nurses' Associa- tion, \$35; Methodist Hospital Alumnae Association, Guthrie, \$7; Shawnee Municipal Hospital Nurses' Alumnae and hospital staff, Shawnee, \$12; District 4, \$17 -----	71.00
Texas: District 1, El Paso, \$29.50; District 3, Fort Worth, \$150;	

District 8, San Antonio, \$125;	
District 10, Waco, \$51; District	
14, \$32 -----	387.50

Total Receipts ----- \$29,736.85

Disbursement

Paid to 40 applicants-- \$	595.00
Printing -----	39.85
Postage -----	8.49
Exchange on checks----	.42
U. S. Fours at 4¼%,	
Liberty Loan Bonds- 14,901.50	\$15,545.26
<hr/>	
Balance December 31, 1923-----	\$14,191.59
Invested funds -----	71,951.50
<hr/>	
	\$86,143.09

The Secretary is sorry not to be able to include a number of checks received from several State Associations in time for the above report, as they were received too late to deposit in the bank, and as we were obliged to close the books on the 31st of December, it would have made some confusion in having the books audited.

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

INTERNATIONAL

The Graduate Nurses' Association of Greece was formed on September 27, 1923, at a meeting held at the invitation of Mrs. Charlotte Heilman. Ten Greek nurses were present. Officers elected are: President, Miss Clonari, graduate of the Massachusetts General Hospital; vice-president, Miss M. A. Zacca; secretary, M. Chrysaki; treasurer, Miss Anesti, all graduates of the New England Baptist Hospital. All the other members are graduates of this hospital except Miss Bola, graduate of the London Hospital and Miss Tsitsekli, of the LaSource Institut de Gardemalade, Lausanne. The address of the Association is Care Miss Zacca, 19 Karneadou Street, Athens, Greece.

TABLE OF RELIEF FUND
CONTRIBUTIONS FOR THE
YEAR 1923

The state memberships given in parenthesis are one year old, figures to date not having been received.

States having a star after the name have reached or exceeded the desired quota of one dollar for each member.

		Amount sent to Relief Fund during 1923
State	Membership	
Alabama	(208)	\$ 15.00
Arizona	(58)	20.10
Arkansas	217	1.40
California	(2680)	2,209.02
Colorado	(650)	104.00
Connecticut	(1210)	349.46
Delaware	(124)	None
District Columbia	(488)	60.00
Florida	(226)	124.00
Georgia	(368)	34.00
Idaho*	(36)	50.00
Illinois	(2560)	927.18
Indiana	(875)	442.00
Iowa	(1087)	513.00
Kansas	(556)	100.00
Kentucky	357	61.00
Louisiana	(464)	75.00
Maine	(337)	219.50
Maryland	(1196)	185.45
Massachusetts	(2423)	133.00
Michigan	(2000)	769.95
Minnesota	(1596)	387.50
Mississippi	(98)	58.70
Missouri	(1562)	472.75
Montana	(252)	211.00
Nebraska	(458)	264.05
New Hampshire	(300)	187.10
New Jersey	(1327)	265.00
New Mexico	(96)	32.50
New York	8251	3,812.50
North Carolina	(500)	None
North Dakota	(207)	None
Ohio	(2253)	863.35
Oklahoma*	(283)	350.00
Oregon	(258)	None •
Pennsylvania	(5420)	3,845.10
Rhode Island	(478)	None
South Carolina	(168)	75.68
South Dakota	129	50.00
Tennessee	502	310.00

Texas	(974)	687.55
Utah	(208)	58.00
Vermont	(210)	None
Virginia	(506)	None
Washington	(747)	247.00
West Virginia	(209)	25.00
Wisconsin	773	318.25
Wyoming	(49)	15.00
Hawaii*	(109)	191.25

ARMY NURSE CORPS

During the month of December, 1923, the following named members of the Army Nurse Corps were transferred to the stations indicated: to Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieut. Bernice E. Hanson; to Station Hospital, Jefferson Barracks, Mo., 1st Lieut. Mary M. Broaddus, Chief Nurse, 2nd Lieut. Rozene Wentz; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Agnes P. James, Chief Nurse, 2nd Lieutenants Edna L. Mahar, Ella V. Shorney; to Fort Totten, N. Y., 2nd Lieut. Mabel M. Ford; to Phillippine Department, 2nd Lieut. Josephine M. Nesbit.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants Florence Arnold, Dora M. Askew, Katherine G. Burkhardt, Zoe I. Caillaud, Norma First, Hazel B. French, Etta A. Gilliom, Ruth E. Hall, Gail Langworthy, Edytha Macy, Hannah I. McCune, Zella T. Milam, Wilnora Phillips, Caroline Slusser, Lillian M. Smith, Bertha L. Stoll, Harriet J. Thompson, Anna C. Sellner.

ARMY SCHOOL OF NURSING

Mademoiselle Mignot, of the Florence Nightingale School at Bordeaux, France, returned to the Army School of Nursing at the Walter Reed General Hospital to spend the holiday season before continuing her status. Christiane Reimann, Secretary of the International Council of Nurses, arrived on January 4 for a two weeks' visit at the Army School of Nursing. We are glad to welcome these foreign visitors, and to place at their disposal whatever we have that may be of use to them. We believe that their coming to us enriches our lives and greatly broadens our professional horizon.

JULIA C. STIMSON,
*Major, Superintendent, Army
School of Nursing.*

NAVY NURSE CORPS

Transfers: To Brooklyn, N. Y., Margaret M. Fitzpatrick, Mary H. King, Isabelle M. Hazelwood; to Prescott, Ariz., Mrs. Lydia G. Leininger; to Canacao, P. I., Eva C. Todd; to Charleston, S. C., Lillia M. Anderson, Myrtle B. Kinsey; to Chelsea, Mass., Caroline Thompson; to Cleveland, Ohio, Lakeside Hospital, (Course in Anaesthesia), Louise Cook, Olive I. Riley; to Great Lakes, Ill., Mary A. Hassler, Sophia R. Hassler, Catherine McNelis; to League Island, Pa., Marie Doherty, Bessie C. Graham, Ruth Ingram; to Mare Island, Calif., Nellie J. DeWitt, Nora B. Frederick, Louise R. Lobb; to Newport, R. I., Harriet E. Kingston, Isabella C. Manning, Elizabeth G. Mullen; to Norfolk, Va., Margaret C. Donovan, Rose E. Fitzgerald, Ada E. Griffiths; to Portsmouth, N. H., Charlotte S. Millett; to Philadelphia, Pa., Graduate School of Medicine, Univ. of Pa., (Course in Anaesthetics), Julia Higbie; to San Diego, Calif., Josephine Corbett, Helen L. McKenzie, Habelle S. Torgeson; to St. Thomas, V. I., Ruth Murray; to Tutuila, Samoa, Marie J. Kane, Mazie D. Sowell; to U. S. S. Kittery, Anna M. Fallamal, (temporary duty); to U. S. S. Relief, Elizabeth J. Keavey; to Washington, D. C., Mary A. Murphy; to Washington, D. C., Naval Dispensary, Navy Department, Louise E. Langstaff; to Washington, D. C., Naval Medical School, Course in Laboratory Technique, Elizabeth D. Bushong, Mary M. Ritter.

Resignations: M. Ada Allen, Mary G. Bieber, Mary L. Huber, Catherine V. Montgomery, Frankye Peckenpaugh, Margaret A. Rose, Margaret E. Whitener.

Inactive Status: Mary L. Cavanaugh.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Elizabeth MacDonald and Anna Neylon to New Orleans, La.; Mae Bracken to Hudson St., New York City.

Reinstatements: Rose Donohoe, Baltimore, Md.; Irene Martin, New Orleans, La.; Julia Lumpkin and Elizabeth Delaney, Stapleton, N. Y.; Mary A. Donohoe, Ellis Island, N. Y.; Susan Rudden, U. S. P. H. S. Dispensary, Philadelphia.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSE CORPS
HOSPITAL SERVICE

Transfers: To Newport, Ky., Laura B. Coe; to American Lake, Wash., Olive B. Sweet, C. N.; to Tuskegee, Ala., Mrs. Beatrice Harper; to Edward Hines, Jr. Hospital, Maywood, Ill., Mary G. Brady, H. N.; to Boise, Idaho, Emily Jummel, C. N.; to Kansas City, Mo., Susie G. Green, Marguerite O'Neill; to Helena, Mont., Harriet O. Johnson, H. N.; Zella Bradford, H. N., Gertrude B. Patterson, H. N.; to Federal Park, Md., Lizzie W. Grant, C. N.

Reinstatements: Cecelia Crofter, Mrs. Helen C. Reynolds Hendrix, Louise Reinhardt, Mary C. Caffrey, Carrie M. Kennedy, Marjorie Mulcahy, Hazel E. Lutton, Nelle R. Roberts, H. N., Margaret V. Topping, Hannah Halloman, Martha D. Havens, Gladys J. Gilliatt, Estell K. Sterr, Alice M. Burditt.

DISTRICT MEDICAL SERVICE

Transfers: To Federal Park, Md., Clara Spielman.

During the month a Chief Nurse was assigned to the new U. S. Veterans' Hospital for the care of mental cases which is to be opened for the reception of patients at an early date at American Lake, Washington. Nurses having had special training in Neuro-Psychiatry will be needed for this hospital, also for the new hospitals at Northampton, Massachusetts and Chillicothe, Ohio. At this time there are a number of vacancies in the nursing service for nurses specially trained in Psychiatry for duty in our mental hospitals.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN CHILD HEALTH ORGANIZATION has announced that it has decided to center its nursing services in the National Organization for Public Health Nursing. "Specialists in Nursing related to child health will be added to the staff of the National Organization for Public Health Nursing on the nomination and with the support of the American Child Health Organization."

THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its annual meeting in Atlanta, Ga., May 5-10.

Alabama: Jasper.—WALKER COUNTY

HOSPITAL was opened on December 5 by exercises held at the New Colonial Theater when speakers representing all classes of the community told of the need for the hospital, the coöperation which had made it possible, and the facilities it offers. During the afternoon and evening the building itself was open to visitors. It is a three-story, up-to-date, conveniently arranged building. On the first floor are the usual offices, and a department for colored patients. On the second floor are wards and private rooms for men and women, the surgical, obstetrical, and x-ray rooms. For the present, the third floor is to be used as a nurses' home. The Superintendent is Helen MacLean whose good work in other parts of the state gives great confidence to all those interested in this new project.

Arkansas: DISTRICT 6A held its regular meeting, Jan. 2, at which time all officers were re-elected. After the meeting a social hour was enjoyed with Coral Page as Hostess.

California: Los Angeles.—A NURSES' CLUB HOUSE to cost \$125,000 is under construction. **San Francisco.**—Daisy Urch, class of 1913, Illinois Training School, has been appointed Superintendent of Nurses at the San Francisco Hospital. PRELIMINARY STUDENTS OF THE STANFORD SCHOOL OF NURSING gave the play, Florence Nightingale, by Edith Gittings Reed, on December 19.

Colorado: THE COLORADO STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting at the Auditorium, Colorado Springs, February 14 and 15.

Connecticut: Bridgeport.—THE BRIDGEPORT HOSPITAL ALUMNAE held its regular monthly meeting on January 8, at which the following officers were elected: President, Julia Dean; vice-presidents, Kathryn St. John, Mae Neuman; secretary, pro tem. Maude Church; treasurer, Ann Richter; directors, Mrs. W. Braumann, Mrs. Whyte, Mrs. D. Henderer, Mrs. Elizabeth Coughlin. **Suffield.**—Dora Kearn, visiting nurse of the Emergency Aid association for the past two years, has resigned and her place has been taken by Lillian Brennan.

District of Columbia: Washington.—THE COUNCIL OF SOCIAL AGENCIES met on January 14 to discuss Common Needs of Washington Hospitals. Clara D. Noyes, Dr.

William Mather Lewis and Dr. Canby Robinson were speakers. THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION held its regular monthly meeting at the Homeopathic Hospital. Miss Minnigerode read the proposed Nurse Practice Act for the D. of C. She then addressed the meeting on the Personnel Reclassification bill; after a discussion of these subjects, the meeting adjourned. During the social hour that followed supper was served by the student nurses.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION, held its tenth annual meeting, November 26 and 27 at the Hotel Seminole, Jacksonville. The invocation was asked by Rev. L. G. Broughton, and was followed by an address of welcome by Mayor John T. Alsop. The President of the Association, Theresa P. Fremd, responded to this and made an address to the nurses in her gracious manner. The remainder of the forenoon of the first day was devoted to business of the association. In the afternoon, when the business was completed, an address was made by Marie T. Phelan, Consulting Nurse of the Children's Bureau, Washington, D. C. This touched upon Miss Phelan's broad experiences in her line of the profession and was most interesting and instructive. Following the meeting a very pleasant motor ride through the city was given by St. Vincent's Alumnae. In the evening, District Association No. 2 entertained the visiting nurses with a theater party and supper at the Mason Hotel. On the second morning the Public Health Section meeting was held, presided over by Ruth Mettinger. Mrs. W. S. Jennings, Vice-President of the General Federation of Women's Clubs, spoke on the Relation of the Public Health Nurse to the Women's Club. A forceful address was made by Mrs. Laurie Jean Reid; the Prevention of Diphtheria was very comprehensively discussed by Dr. F. A. Brink. The Round Table on Public Health Nursing was presided over by Mrs. Jas. Cox, in the absence of Mrs. Lucy Knox McGee. It was well attended and there was a good deal of general discussion. Katherine Murphy of Gainesville read a paper on the Health of the School Child. Talks were made by Inez Wileham, of Orlando, Marie T. Phelan, Washington, Mrs. Laurie Jean Reid, Jacksonville,

and by Dr. W. W. McDonnell of the City Board of Health of Jacksonville. Julia Hopkins, Secretary of the Duval County Board of Charities, spoke on Social Service. Frances Jones, Duval County Welfare Nurse, and Cressy Holt, St. John's County Welfare Nurse, gave talks. Miss Burson's paper on Industrial Nursing was read by Mrs. Laurie Jean Reid. Harriet Sherman, of Tampa, spoke on the Importance of Birth Registration. Marie T. Phelan gave a talk on the Pre-school Child. Mrs. Jas. Cox, of Orlando, and Dr. R. E. Barnes of the Florida Public Health Assn., spoke on Tuberculosis; this was followed by discussion on tubercular nursing with particular reference to the child. From 12 M. to 1 P. M. the Private Duty Section held its meeting, Isabel H. Odiorne presiding. The subject of conducting a local registry was brought up by Nellie French of Tampa, who asked for suggestions. Miss Odiorne gave a brief but accurate account of the management of the Central Registry of Jacksonville. May Morse spoke of the method of registering and securing nurses in Daytona, and Theresa Fremd gave the Orlando plan. There was much discussion of private duty problems until the meeting adjourned for luncheon, which was a joint one with the Florida Public Health Association. At the afternoon meeting officers were elected as follows: President, Theresa P. Fremd, Orange General Hospital, Orlando; vice-presidents, Lillian Clarkson, Ocala; Mrs. Lucy Knox McGee, Jacksonville; secretary, Elizabeth Steil, Riverside Hospital, Jacksonville; treasurer, Theresa Kohten, St. Luke's Hospital, Jacksonville. A rising vote of thanks was given Miss Phelan for her instructive addresses and for her assistance to the association during its convention. A delightful tea was given by St. Luke's Hospital Alumnae from four to six P. M. On Wednesday, November 28, meetings of the Hospital Superintendents and of the Board of Examiners of Nurses, were held.

Georgia: THE GEORGIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examination for registration April 16 and 17, 1924. Apply to Jane Van De Vrede, secretary, 688 Highland Avenue, Atlanta, Ga. **Atlanta.**—THE GEORGIA BAPTIST HOSPITAL ALUMNAE ASSOCIATION at its meeting, Decem-

ber 18, presented a loving cup to Jean Harrell with resolutions expressing disapproval of the action of the Hospital Commission in permitting her to be removed from her position as Superintendent of the Hospital and expressing confidence in her work and in the principles she upheld. Miss Harrell is President of the State Association, Vice-President of the Professional and Business Women's Club of Atlanta, and Treasurer of the Atlanta Registered Nurses' Club. She gave faithful service during the World War. **Savannah.** Gertrude Hodgman, educational secretary of the National Organization for Public Health Nursing spoke at a meeting held under the auspices of the Fourth District Association, December 11. On the evening of the 12th a banquet was given in her honor. At the December meeting, held at St. Joseph's Hospital, a letter from Miss Hodgman was read. A social hour followed.

Illinois: Chicago.—THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL held a meeting on November 6 in the Nurses' Club Room, when Dr. Bertha Van Hoesen described the earthquake in Japan. The December meeting was held on the 4th at the Nurses' Home. It was decided to give \$50 each to the Isabel Hampton Robb Fund, the McIsaac Fund and to National Headquarters, also to send \$50 for the relief of Russian nurses. Dora C. Saunby, graduate of the Good Samaritan Hospital, Los Angeles, has been appointed principal of the Michael Reese School of Nursing. **Jacksonville.**—DISTRICT 13 held its twelfth annual meeting in Jacksonville, January 8 at the Governor Joseph Duncan Memorial Home, when the following officers were elected: President, I. Maude Ryman, Jacksonville; vice-presidents, Mrs. Sophie Strandberg, Jacksonville and Helen Burris, Springfield; recording secretary, Mrs. Stanley Grines, Decatur; corresponding secretary, Lucy A. Mount, Jacksonville; treasurer, Katherine Mohn, Springfield. A report of the State Executive Board meeting was given by Mabelle Parrott, first vice-president of the State Association. May Kennedy, secretary of the Illinois State Association was the guest of the Association and gave a talk on Psychiatric Nursing, also a talk on the Institute for Nurses which is con-

ducted under the auspices of the Illinois League of Nursing Education in Chicago. Many members and guests were present also the student Nurses from the schools in the District. A social hour followed. The next regular meeting will be held on March 1 at the State School for the Deaf, Jacksonville, as guests of Col. O. C. Smith, Superintendent.

Indiana: Fort Wayne.—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION elected the following officers at the annual meeting: President, Pauline Huser; vice-presidents, Eleanore Daehnke, Mae Wilson; secretary, Pauline Bischoff; treasurer, Anna Von der au; members of executive committee, Sevilla Denninger, Bessie Cottrell. Chairman of committees are: Program, Anna Holtkamp; Social, Helen Diekroeger; Sick, Carrie Raquet; Nominating, Chloe Van Horn; Legislative, Anna Holtman; Auditing, Edyth Gappinger. On December 13 the alumnae gathered in the nurses' home for a Christmas party which was much enjoyed. The seventeen Senior nurses were guests. **Gary.**—At the January meeting of St. Mary's Alumnae, the business meeting was followed by a paper on The Model Nurse by Sister Reinoldina, readings and music. A surprise luncheon was given by the Sisters afterward. **Huntington.**—THE FIRST DISTRICT ASSOCIATION held its regular meeting January 12, at Huntington County Hospital with good attendance. Ida J. McCaslin, secretary of the State Board of Examiners gave a very interesting talk on State Registration. She urged all the nurses to write letters to congressmen, asking them to have nurses listed as professional. The student nurses of the Hospital entertained the members with a pleasant musicale. The next meeting will be held at Muncie, March 8.

Iowa: Boone.—Beatrice L. Case, Superintendent of Eleanor Moore Hospital, and her assistant, Amelia Thie, have resigned. They are succeeded by Mrs. Maud Ragan Hill, graduate of St. Luke's, St. Louis, and Lucile Rommel, graduate of Decatur-Macon Hospital, Decatur, Ill. Lela M. Ferguson, graduate of Burlington Hospital, Burlington, is surgical supervisor. **Creston.**—DISTRICT 9 held its meeting on October 8. Three delegates attended the state meeting, they reported a wonderful meeting. **COUNCIL BLUFFS**

CLINIC has four nurses on its staff, Ethel Martin, Bessie Peterson, Marie Peterson, Leah Gay.

Kansas: Wichita.—THE ST. FRANCIS SCHOOL OF SOCIAL WORK connected with St. Francis Hospital is giving three-months' courses to graduate and student nurses.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION will hold its annual meeting February 28-29, at the Roosevelt Hotel, formerly the Grunewald, in New Orleans. In addition to having several interesting speakers, there will be a joint meeting with the Public Health nurses. THE LOUISIANA NURSES' BOARD OF EXAMINERS gave examinations in New Orleans and Shreveport, December 10 and 11. 79 applicants qualified as registered nurses.

Maine: THE MAINE STATE NURSES' ASSOCIATION held its annual meeting at the United Baptist Church, Lewiston, January 4 and 5, with the following program. *January 4, Morning*, Reports. *Afternoon*, Prayer, Rev. George F. Finnie; Address of Welcome, Mayor Lewis J. Brann; Response, Margaret M. Dearness; Address of the President, Mrs. Lou S. Horne. Meeting of the League of Nursing Education, Chairman, Rachel A. Metcalf, with the following papers: The Relation of the Training School to the Pupil, Marion Weld; The Insulin Treatment, Minerva L. Dickey; Compulsory Registration, Is It to be Desired?, Mrs. Theresa R. Anderson. After the business meeting of the League, a tea was given at the Nurses' Home of the Central Maine General Hospital by the alumnae of that school and that of St. Marie Hospital. At 8 p. m. a banquet was given at the DeWitt Hotel, after which Margaret Bannerman gave an illustrated lecture on The History of Nursing. *January 5, Morning*, Public Health Nursing Section, with Carrie L. Anderson as chairman. Public Health Nursing from the Local Viewpoint, Catherine Galvin; From the Industrial Viewpoint, Helen F. Dunn; From the Country Viewpoint, Harriet Anderson; Maternity and Infancy Work in the State, Mandane B. Read; Public Health Nursing in the Mountains of Kentucky, Nellie B. Wright. The Private Duty Section held a meeting with Alice Lord, chairman. A paper was given by Mrs. Jane C. Prevost on The Private Duty Nurse and the

Public. All the papers were good and the attendance was large. The members felt that it had been a remarkably interesting meeting. Officers elected were: President, Mrs. Lou S. Horne, Portland; vice-presidents, Margaret Dearness and Mrs. Jane Prevost, Portland; secretary, Louise P. Hopkins, Bangor; treasurer, Mabel Blanchard, Portland; director, Rachel Metcalf, Lewiston. **Portland.**—Achaia A. Dorsey, class of 1905, Eliot Hospital, Manchester, N. H., has been appointed special police woman. Miss Dorsey has been Superintendent of the City Hospital for the past two years.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its mid-winter meeting on February 16, at the Lecture Hall, Boston Public Library. Each section will present a program. **Boston.**—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held its December meeting at 2 Joy Street with a large attendance. Dr. Clarence O. Sappington spoke on Advances of Industrial Medicine. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held its alumnae dinner at the Masonic Club on December 6. Addresses were made by Dr. Stephen Roblin, Carrie M. Hall and Dr. Crane. Other guests were Mrs. Pollock and Colista Crane. The evening was greatly enjoyed. **Fall River.**—Officers of the FALL RIVER GENERAL HOSPITAL ALUMNAE for 1924 are: President, Florence D. Thistlethwaite; vice-president, Harriet Briggs; secretary, Angela V. Higgins; treasurer, Margaret L. Casey; directors, Laura M. Sullivan, Mrs. Anna Hampson, Irene F. Carroll. Officers of the ALUMNAE ASSOCIATION OF THE UNION HOSPITAL for 1924 are: President, Mrs. F. B. Albert; vice-president, Jennie Smithers; treasurer, Mrs. Anna E. Duffy; recording secretary, Katherine Doherty; assistant, Mary E. Mason; corresponding secretary, Mrs. James E. Hampston; assistant, Mrs. Frank Conway; auditor, Elizabeth E. Platt; directors, Helen Carson, Bridget J. Hampston, Mrs. C. Ed. Shay. **New Bedford.**—ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and banquet in the roof garden of the New Bedford Hotel, January 7. Sally Johnson, a former instructor of the school, now Superintendent of the Training School at

the Massachusetts General Hospital, Boston, was the guest of honor. **Springfield.**—Nurses of the WESSON MATERNITY HOSPITAL held their Christmas celebration in the class room on Christmas Eve., with a tree and many gifts. On Christmas morning they sang carols under the windows of the hospital buildings and in the corridors of the Memorial Hospital. **Worcester.**—ST. VINCENT'S HOSPITAL has a new nurses' home which is nearly completed and which will soon be occupied. MEMORIAL HOSPITAL nurses gave a miscellaneous shower to Mary R. Shepard on the evening of January 4 which was a surprise. She is one of the older graduates. THE WORCESTER STATE HOSPITAL ALUMNAE met in the hospital recreation room, October 9. The prize, for the highest average, offered by the Alumnae, was won by Menta Gardner, class of 1923. Dr. Cohoon of Medfield State Hospital talked to the members on the new Legislative Bill. A social hour was enjoyed.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants at Lansing, Michigan, March 5 and 6. Helen deSpelder Moore, Secretary. THE MICHIGAN STATE NURSES' ASSOCIATION will not hold a regular annual meeting this year, but will have a one-day business session on June 14 in Detroit, prior to the convention of the national associations. THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION will hold its tenth annual meeting in Flint, February 13-25, at the Hotel Durant. All Michigan nurses are invited to attend these meetings, particularly those of the Private Duty Section. Business and registration will occupy the first morning. In the afternoon there will be papers on Teaching by Miss Lake and on Ethics by Mrs. Foy. The open evening meeting will have the formal welcome and response, the President's address by Miss McClaskie and an address by Miss Pfefferkorn, Executive Secretary of the National League. On the morning of February 14, subjects considered will be Constitution and By-Laws of the National League; Reclassification of Government nurses; report of the survey of Michigan training schools and a report of the committee on education. At the subscription

luncheon at noon, Miss McLaughlin will report on the arrangements for the biennial conventions of the national organizations. In the afternoon a pageant will be given by school children, followed by addresses on public health subjects at both the afternoon and evening sessions. Friday morning will have papers on Psychology, Dietetics and Private Duty. **Detroit.**—THE DETROIT LEAGUE OF NURSING EDUCATION met for the New Year at the Children's Hospital of Michigan, January 10, Margaret Rogers presiding. Mrs. L. E. Gretter read the Questionnaire from The National League on Ethics. A general discussion followed. THE FIRST DISTRICT ASSOCIATION held its annual meeting at The Wayne County Medical on January 11, when the following officers were elected: President, Katherine Kimmick, Ford Hospital; vice-presidents, Golda St. Leon, Grace Hospital and Grace Ross, Board of Health; secretary, Ethel Jardine; treasurer, Abbie Bayne; directors, Lulu B. Durkee, Theresa Martin, Mary J. Dorey. At the annual meeting of the GRACE HOSPITAL ALUMNAE ASSOCIATION, the following officers were elected: President, Zade Ives; vice-presidents, Emma J. MacDonald, Winnie MacGregor; recording secretary, Georgiana Reid; corresponding secretary, Katherine Neeley; treasurer, Mabel White; directors, Ella Malley, Hilda Cox, Ida Harland, Jessie O'Harrow, Melvina Johnson. During the month of December, Dean Rogers, of St. Paul's Cathedral, spoke at the regular monthly meeting of the DETROIT BRANCH OF ST. BARNABAS' GUILD FOR NURSES, of his trip through the near East. He visited the very spot where Florence Nightingale ministered to the soldiers in the Crimea. **Flint.**—THE DISTRICT NURSES' ASSOCIATION held its annual Banquet meeting at the Elks' Temple on January 8 with 40 members present. After the banquet, a short program was enjoyed, Mrs. D. H. Glass gave a very interesting talk on "You are You." During the past year, at each regular monthly meeting, a committee provided very unique and enjoyable entertainment and although the year has been a very successful one both as to attendance and results, it is planned that the coming year will carry much more. The following officers were elected: President, Jessie Scott;

vice-presidents, Mabel E. Haggman, Helen M. Pollock; secretary, Mrs. Lisabel McKenzie; treasurer, Mrs. Frances Shearer; directors, Anna M. Schill, Irene Gibbons, Lillie Betts, Julia Schneible, Mrs. Don D. Knapp. The Association hopes to be able to do much for the convention in June. **Jackson.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE JACKSON CITY HOSPITAL was held at the W. A. Foote Memorial Hospital, January 2. There was a large attendance, and full reports for the year were read. The officers for the following year were elected as follows: President, Mae Lee; vice-presidents, Marion Braunick, Mrs. Nina Oliver; secretary, Ina Faurot; treasurer, Netta King. **Saginaw.**—THE ELEVENTH DISTRICT ASSOCIATION celebrated Christmas by caring for the family of a widow with seven children. STUDENT NURSES OF THE WOMAN'S HOSPITAL were given a radio set by the Staff, Board members and friends. Gladys Gibson has accepted a position with the City Health Department as School Nurse, filling the vacancy caused by the resignation of Elaine Almen.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis, February 20 and 21. Applications may be obtained from Jannett G. Flanagan, Secretary, 620 Chemical Building, St. Louis, Missouri. **Kansas City.**

—*A Correction.*—THE UNIVERSITY HOSPITAL was reorganized by Dr. John W. Perkins in 1913, not organized, as was stated in the January *Journal*. The hospital was organized in 1895 by the University Medical College.

St. Louis.—THE THIRD DISTRICT ASSOCIATION has purchased a residence at 4543 Westminster Place for a Club House. This will provide a residence for about eighteen members, and because of the location will be very accessible for all meetings in the district. The Central Directory will be moved to this address in the near future. On December 27 and 28, Richard Olding Beard, M. D., of the University of Minnesota, was a guest of the Board of the School for Nurses at ST. LUKE'S HOSPITAL. The evening of the 27th Dr. Beard gave an address to a small, but interested audience, on "Modern Trend of Nursing." There have been several changes on the staff of the SOUTH SIDE PUBLIC HEALTH

AND NURSING CENTER. Mary D. Forbes, Supervisor of the Tuberculosis Department is now Assistant Superintendent of nurses at St. Luke's Hospital. Mary Stahl, Supervisor Bedside Nursing has been promoted to Supervisor of the Visiting Nurse Association, St. Louis County work, and Louise Knapp is now supervisor of this department at the Center. Miss Knapp is a graduate of Washington University Hospital Training School and has had wide experience at Henry Street Settlement and Teachers College.

Montana: Members of the MONTANA STATE ASSOCIATION OF GRADUATE NURSES hope to achieve stronger organization and greater activity along professional lines as a result of the visit of Mary M. Roberts, editor of the *American Journal of Nursing*, to Billings and Helena. While in Helena, Miss Roberts visited the hospitals, including the government hospital at Fort Harrison. She stated that the training schools of the city hospitals were excellent and should attract more student nurses, so that Montana need not depend on other states for the greater number of its nurses. She stated it was up to the alumnae of the state's training schools to correct this condition. Publicity was the medium suggested. Speaking at a luncheon given by the Helena nurses in her honor, Miss Roberts urged all nurses to be responsible for the dignified advertisement of the nursing profession. The greatest power lies in the alumnae organizations of the training schools. These should assume some definite responsibility that will create inspiration for the future student nurse. THE CHAIRMAN OF THE REGISTRATION PIN COMMITTEE wishes to announce that individual pins may be secured at the rate of \$2.10 each or \$1.75 each if bought in one-hundred pin lots. Send direct to Frances Friederichs, Box 928, Helena, Montana.

Nebraska: THE NEBRASKA STATE LEAGUE OF NURSING EDUCATION held its annual meeting in Omaha, December 19. Papers were presented by the nurses over the state. Discussions of each paper were helpful and instructive. The various subjects presented were: The Problems in the Small Training School, Teaching of the History of Nursing, Training School Inspection, and a number

of others that deserve mention. About 65 nurses attended the meeting representing the accredited training schools in Nebraska. The following were elected: President, Charlotte Burgess, Omaha; vice-president, Mrs. Renault, Lincoln; secretary, Miss Salin, Omaha; treasurer, Miss Lewis, Hastings. The Executive Board of the Nebraska State Nurses' Association met December 19 and appointed chairmen of the standing committees: Legislation, Lulu Abbott, Lincoln; Program, Blanch Fuller, Omaha; Nurses' Relief Fund, Mary Cogill, Lincoln; Printing and Publication, Wm. C. W. Stump, Hastings; Nominations, Kate Lincoln, Lincoln. Red Cross State chairman, Charlotte Townsend, Omaha. It is hoped during the coming year to increase the membership and raise the standards.

Omaha.—THE CREIGHTON MEMORIAL, ST. JOSEPH'S HOSPITAL ALUMNAE has elected the following officers for 1924: President, Mrs. Alice Jenkins; vice-president, Mrs. E. L. Kenny; secretary-treasurer, Teresa M. Tully.

Hastings.—DISTRICT NUMBER 1 ASSOCIATION held its Annual Meeting, January 8, at the First Methodist Church. Because of recent bad weather the attendance was not good, yet those present felt that it was a very helpful meeting. The morning was devoted to a business session. At this time Mrs. C. W. Stump gave an interesting report of the state meeting. The afternoon program was opened by music. Dr. P. J. Egan gave a very instructive lecture on, The Insulin Treatment of Diabetes. He was followed by Dr. J. V. Beghtol who in a humorous talk gave the members some timely reminders of points in ethics for nurses. More entertainment was furnished by Professor and Mrs. Reager of Hastings College, who gave a clever one-act comedy, "It Might Have Happened." Reports of public health work were heard from Olga Peterson, Clay County Red Cross Nurse, and from Florence Stein, Hastings Visiting Nurse. The new officers elected were as follows: President, Mrs. C. W. Stump; vice-president, Arta Lewis; secretary, Florence Baker; treasurer, Minnie Ehrke; director, Florence Stein. **Lincoln.**—THE FIRST DISTRICT ASSOCIATION held its sixth annual meeting at the Orthopedic Hospital, on January 15. An address was given by Dr. Margaret M. Koenig

on Child Health Work in Two Southern States; and by Dr. Chauncy Chapman on Duties of City Health Department. Officers elected are: President, Harriet Patterson; vice-presidents, Sister Edwarda, Gertrude Krausnick; secretary, Euphemia Peterson; treasurer, Mrs. James Campbell; director, Sena Peterson. **Scotts Bluff.**—THE WEST NEBRASKA METHODIST HOSPITAL has chosen Lydia H. Keller as its Superintendent. Miss Keller is well known for her work in Minnesota and in China. A new building is being erected for the hospital with a capacity of 125 beds; this will be opened in March.

New Hampshire: THE NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION at its quarterly meeting held in Concord, voted to give financial aid to three worthy objects. Contributions in money will be made to the Orphans' Home at Franklin, the state tuberculosis fund and the "prosperity" educational fund of the Federation of Woman's Clubs. Nurses from all parts of the state came for the meetings which were under the management of a committee representing the alumnae of the three local hospitals, the State Hospital, the New Hampshire Memorial and the Margaret Pillsbury. Sectional meetings were held by the League of Nursing Education and the Public Health nurses. Grace Haskell, Superintendent of the Wentworth Hospital, Dover, and Elena Crough of the State Board of Health were the respective presiding officers. Myla Chamberlin, president of the Concord Woman's Club spoke to the public health nurses on parliamentary law. Anna Lockerby, Superintendent of the Mary Hitchcock Hospital, Hanover, presided over the general afternoon meeting. William J. Ahern, secretary of the State Board of Charities and Correction, gave an address on the machinery of political parties and the processes of enacting legislation. A social hour followed the meeting. **Laconia.**—THE LACONIA HOSPITAL NURSES gave a Charity Ball, December 27 at the Armory, which was one of the most notable events of the holiday season. About 300 were in attendance.

New Jersey: THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its mid-winter meeting on January 12 in the Contemporary Club House, Trenton, with a

very good program and a small attendance. The morning was given to business with an address on The Effect of Public Health Nursing in the Schools by Mrs. Edward Katzenbaugh. At the afternoon session the following addresses were given: The Function of the New Jersey State Board of Health, Raymond Paterson; How Visiting Nursing Associations Should Coöperate with Official Departments, Anna Ewing; State Institutions, Burdette G. Lewis; Coördinated Efforts of Public Health Nurses to Reduce Tuberculosis in New Jersey, Ernest D. Easton. The members were delighted to have with them Mrs. Charlotte Heilman who has done notable work for the Red Cross in Greece and who is on the eve of departure for further foreign service. **Newark.**—The Niehaus monument, The Planting of the Standard of Democracy, was unveiled on December 9. Edith Borchers was chosen to represent Army nursing in the group of those who stood near the monument representing various types of war service.

New York: Buffalo.—THE BUFFALO HOMEOPATHIC HOSPITAL has changed its name to the Millard Fillmore Hospital. **New York.**—THE BELLEVUE ALUMNAE ASSOCIATION met on November 15. Miss Dennhardt gave a report of the State meeting. THE LENOX HILL ALUMNAE ASSOCIATION met on November 5 and heard a report of the State meeting from Miss Schneider. A lecture was given by Miss Long on the Duties of a Social Service Worker. Graduation exercises for a class of 23 were held on November 22 in Krackowizer Hall. Speakers were: Henry Mosle and Dr. Gustav Seligman. Dr. Blumgarten again presented each member of the class with a subscription to the *Journal*. A reception followed the exercises. Margaret Beckman, class of 1915, has been appointed Assistant Superintendent of Nurses, and Josephine Heide, class of 1919, Second Assistant. THE NEW YORK HOSPITAL ALUMNAE held a meeting on November 8, when an interesting address was given by Dr. Darlington, and a good report of the State meeting by Marie A. Kraemer. Lillian Wald has been granted the Rotary Club Service Medal in recognition of her service to humanity. Nellie Gillette who has been Superintendent of the

Club for the past five years has resigned because of ill health. Annetta Colver has gone to China to take up work at the Pekin Union Medical College. THE INDUSTRIAL NURSES' CLUB will hold a meeting on February 14, at the Metropolitan Life Insurance Building, 1 Madison Avenue. Dr. Bessie B. Wolbarst will speak on The Teaching of Sex Hygiene in Industry. **Syracuse.**—DISTRICT 4 held its annual meeting at Memorial Hospital, January 10. The following officers were elected: President, Louise Sherwood, Syracuse; vice-presidents, Mrs. Lester Brew, Auburn, and Charlotte Fage, Syracuse; secretary, Anna Chaffee, Fayetteville; treasurer, Mrs. Cornell Smith, Syracuse; directors for three years, Helen O'Hern, Auburn, and Nora Comerford, Syracuse. **Watertown.**—DISTRICT 6 held its annual meeting at St. Joachim Hospital, on January 2, with an attendance of 28. Officers elected for 1924 are: President, G. Marion Potter; vice-presidents, Florence L. McConnell and Irene Cunningham; secretary, Jeanette Crafton; treasurer, Mrs. Anastacia Flynn.

North Carolina: Asheville.—DISTRICT 1 held its annual meeting in January at the Club House. Officers elected are: President, Iola C. Hanna; vice-presidents, Esta B. Kirk and Vashti Davis; secretary, Sarah Spencer; treasurer, Elizabeth Spearman; directors for three years, Edna P. Jenkins, Delia Hazel. Mary P. Laxton and Athalia Lord stay in office until 1926. Great credit is due to the retiring officers for the very great success they have made in the administration of the association during the past year; 20 new members have been added, making 106. Several improvements have been made in the Club House, and a piano purchased. Maye Lowe, chairman of the Program Committee, has been untiring in her efforts to make every meeting a pleasure; \$200 has been collected for invalid nurses in the District. Also one dollar per capita was sent to the State Relief Fund, for which all members belonging to the State Association are assessed, making more than \$300 in all.

Oregon: Portland.—Mrs. Rose Weeks has resigned as Superintendent of Nurses of the Multnomah County Hospital. Her position is being taken by Mary L. Wiley, class of

1921, St. Luke's Hospital, Cedar Rapids, Iowa. Sellwood General Hospital discontinued its training school for nurses on January 1. The greater portion of the undergraduates are at Multnomah County Hospital and some are going to St. Vincent's Training School. Sellwood Hospital is now hiring graduate nurses to carry on the nursing. Helen Harper Weil, class of 1918, Sacred Heart Hospital, Spokane, is Superintendent of Sellwood Hospital. Mary C. Campbell has taken charge of Dr. Pierce's Sanatorium after spending a year in Arizona.

Pennsylvania: Allentown.—THE ALLENTOWN HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the Nurses' College, January 7. A committee was appointed to make a survey of the alumnae rooms for sick nurses at the hospital with the intention of replacing furnishings and accessories needed. Committees were appointed and final plans made for the holding of the annual card party and dance in Mealey's Auditorium on February 5. The affair will again be in the nature of a Pre-Valentine Social. After the meeting the nurses adjourned to the Auditorium to attend the regular Hospital Staff meeting of which Dr. Robert Schaeffer, Chief Surgeon of the Hospital had charge. The Board of Directors of the Hospital were also invited guests. An interesting program was carried out, made up largely of instructive demonstrations given by pupil nurses. **Harrisburg.**—THE HARRISBURG HOSPITAL opened its new nurses' home on January 1 with appropriate exercises. The building was open for inspection until 5 p. m. The Home has forty-four individual rooms on four floors. On each of these there is a study room and kitchenette. On the first floor are an assembly room, five class rooms, an office for the Instructor, and an infirmary. Reception, library and rest rooms are in the old Home. The program for the opening of the Home contained an interesting appeal to young women to enter the nursing profession with a sketch of its opportunities. **Philadelphia.**—THE CHILDREN'S HOMEOPATHIC HOSPITAL ALUMNAE has elected the following officers: President, Mrs. I. G. Felton; secretary, L. E. McKnight; treasurer, M. M. Forster. The meetings have been changed to evening with much more success in bringing

out members. **THE HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting December 6, with good attendance. During the past year 25 new members have been accepted. A scholarship fund has been organized as a memorial to the nurses who were in late war service. Three courses are open to eligible candidates, Hospital Management, Teaching, Public Health. Amy Bardens took a course at Columbia University through the scholarship and is now assistant instructor of the hospital. The graduating class of 33 was entertained by the Alumnae last May, with a dinner and dance. During the year two dances were held in Bellevue Hotel,—\$600 was raised. Mimeograph reports of meetings are sent to all absent members each month, resident and non-resident. The Alumnae Association sent a subscription for the *Journal* to each of its foreign missionary nurses. For the Nurses' Relief Fund, \$150 was donated. **Wilkes-Barre.**—Mary Denion, graduate of Mercy Hospital, has accepted a position with the Mothers' Pension Fund of Luzerne County.

Rhode Island: Providence.—PROVIDENCE BRANCH GUILD OF ST. BARNABAS FOR NURSES held a Christmas party at Diocesan House, January 2. Music was enjoyed and the reading of Van Dyke's The First Christmas Tree. Refreshments were furnished and served by nurses, followed by distribution of joke gifts from the Christmas tree. There were more gifts than guests, so the extra ones will form the nucleus of a Christmas box to a missionary nurse in Porto Rico. A meeting of persons interested in St. Barnabas Guild for Nurses was held January 7 at Diocesan House at the call of Bishop James DeWolf Perry relative to forming a Diocesan Branch in order to widen the scope of the work. Such a branch was formed and officers elected. Chaplain, Bishop Perry; secretary, Mrs. Grace M. Hanchett; treasurer, Mrs. Clara M. Dwigee. The Providence Branch of the Guild has disbanded in order to allow the members the privilege of joining the Diocesan Branch. **THE RHODE ISLAND HOSPITAL NURSES' CLUB** held a meeting January 1, which was a musical. **THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its regular meeting December 18, when Annie Cot-

ter gave a talk on Feeding during the First Year and Problems Involved.

Tennessee: In addition to the report of the TENNESSEE STATE MEETING published last month, we have received the following: Drs. S. S. Marchbank and Paul Johnson of Chattanooga, treating the subjects of X-ray and Artificial Pneumothrax, respectively; Jane Van De Vrede, Atlanta, Ga.: subject, Red Cross; Mrs. Harry Lacey, Chattanooga, subject, The Lay Woman's Viewpoint of Hospital and Nursing Service, added much to the pleasurable and profitable program prepared by the Arrangement Committee of which Mrs. C. E. Ferree, Chattanooga, is chairman. The four district associations were well represented by papers and discussions. The retiring president, Mrs. Daisy Morrison, formerly Mrs. Gould, was the recipient of a string of pearls from the members of the Association, a token of their appreciation of her three years' efficient service as chief executive.

Washington: Everett.—THE STATE PUBLIC HEALTH NURSES held their quarterly meeting on January 5, here. Elnora Thomson of the American Child Hygiene Association was the speaker of the day. There was a large attendance, good representation from outlying counties, especially Gray's Harbor.

Seattle.—Nurses of Seattle are planning to take up the study of Parliamentary Procedure some time this month, an advanced class and one for beginners. The University of Washington, coöperating with the State nursing organization, is to conduct an institute for graduate nurses, the second week in July. Edna L. Foley, Superintendent, of Chicago Visiting Nurses' Association and Carol Martin, Instructor of Nurses at the Presbyterian Hospital, Chicago, will be the faculty of the Institute.

Wisconsin: Milwaukee.—THE STUDENTS OF THE MOUNT SINAI SCHOOL FOR NURSES began their Christmas festivities by singing carols through the corridors of the hospital. A Christmas tree was erected in the nurses' home and many generous gifts to the students and school by members of the staff, the alumnae, and friends, were received. The gift of an elaborate radio set from the Ladies' Auxiliary was received with much

pleasure. On December 28, the nurses were entertained at a dancing party by the faculty. Guilda Frieman, class of 1920, Milwaukee County Hospital, has accepted the position of Bayfield County nurse. THE FOURTH AND FIFTH DISTRICT met December 11. Dr. J. P. McMahon lectured on Early Diagnosis of Cancer. Refreshments were served by the members of the St. Mary's Alumnae. Professor Ross of the Milwaukee School of Engineering talked on Radio at the January meeting. Fifty dollars was subscribed to the State Legislative Fund and ten dollars was voted sent to the State Reference Library in return for which the district will be mailed all bills coming before the House or Senate which will directly or indirectly concern the profession. The Milwaukee Alumnae were the hostesses for the evening. The resignation of Ione Lavake for three and a half years superintendent of the Riverview Hospital, Wisconsin Rapids, was received with regret both by the management and the community. Sarah E. Brown, formerly of the Mayo Brothers Clinic, Rochester, succeeds Miss Lavake, who has accepted a position at Superior, Wisconsin. The members of the Wisconsin Nurses' Club entertained a few poor children at a Christmas party on December 21.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. E. C. Hall (**Irene Blackburn**, St. Vincent's Hospital, Billings, Mont.), a daughter, LaVonne Irene, November 26.

To Mrs. Fay Brown Bett (**Laura Brightman**, class of 1920, New York Hospital, New York), a daughter, October 29.

To Mrs. Robert Thomson (**Alice Brodie**, class of 1912, New York Hospital, New York), a daughter, born at Siparia, Trinidad, B. W. I., October 16.

To Mrs. Jerry Temin (**Henriette Dvorsky**, class of 1917, Lenox Hill Hospital, New York City), a daughter, Dorothy Dvorsky, December 6.

To Mrs. Ralph L. Sharkey (**Eleanor Ewing**, class of 1914, Good Samaritan Hospital, Portland, Ore.), a daughter, December 4.

To Mrs. L. A. Sarrow (**Edythe Ginther**,

class of 1920, South Side Hospital, Pittsburgh, Pa.), a son, December 6.

To Mrs. Rufus Swope (**Marguerite Hor-ting**, class of 1917, General Hospital, Lancaster, Pa.), a daughter, Vesta Catherine, November 4.

To Mrs. W. S. Perry (**Jennie Hulse**, Jewish Hospital, St. Louis, Mo.), a daughter, October 18.

To Mrs. Edward Cronin (**Anna Kerr**, class of 1921, Montgomery Hospital, Norristown, Pa.), a son, December 28.

To Mrs. C. D. Miller (**Amber McFarland**, class of 1922, Allentown Hospital, Allentown, Pa.), a daughter, Alma M., in October.

To Mrs. Bethea (**Maud Mayo**, class of 1922, Touro Infirmary, New Orleans, La.), a son, December 3.

To Mrs. Virgil Wescott (**Georgia Mess-ner**, class of 1919, Illinois Training School, Chicago, Ill.), a son, George Virgil, November 26.

To Mrs. Arthur Liebis (**Florence Parrot**, class of 1919, Michael Reese Hospital, Chicago), a son, Richard, in December.

To Mrs. J. G. Miller (**Marie Passmore**, class of 1921, Georgia Baptist Hospital, Atlanta, Ga.), a son, November 13.

To Mrs. F. C. Rasmussen (class of 1915, Nebraska Sanitarium, Hastings, Neb.), a son, November 28.

To Mrs. Warren Butz (**Clara C. Rottet**, class of 1913, Allentown Hospital, Allentown, Pa.), a daughter, Katherine, October 12.

To Mrs. Otto Krohn (**Wilma Sanders**, class of 1916, Lenox Hill Hospital, New York City), a son, Otto Christian, October 22.

To Mrs. Henry Schoenfelt (**Stella Stom**, class of 1915, Altoona Hospital, Altoona, Pa.), a son, Marion Justis, November 21.

To Mrs. Kenneth White (Methodist Episcopal Hospital, Philadelphia), a daughter, December 25.

MARRIAGES

Margaret Lenore Agnew (class of 1919, St. Luke's Hospital, New York City), to Frederick C. Pickard, November 29.

Anna Baitinger (class of 1920, St. Luke's Hospital, Bethlehem, Pa.), to Herman Minderman, November 10. At home, Glendale, L. I.

Emma Bauman (class of 1904, Lenox

Hill Hospital, New York), to George Schofield, October 18. At home, New York.

Ruth W. Beavan (class of 1922, Bellevue Hospital, New York), to John C. Goebel, November 23.

Rebekah Marie Bell (class of 1921, Illinois Training School, Chicago, Ill.), to Capt. Louis W. Eggars, November 29. At home, Lincoln, Neb.

Cecil A. Bixler (South Side Public Health and Nursing Center, St. Louis, Mo.), to J. L. Buchanan, November 1. At home, St. Louis.

Helen M. Brown (class of 1919, Samaritan Hospital, Troy, N. Y.), to Walter H. Lathrop, December 3. At home, Schenectady, N. Y.

Jessie Leora Brown (class of 1905, Massachusetts General Hospital, Boston), to George Winkley Pollard, November 28. At home, Manchester, N. H.

Stella Brown (class of 1920, Michael Reese Hospital, Chicago), to G. Wilkinson, December 15.

Frances Brush (class of 1920, Michael Reese Hospital, Chicago, Ill.), to Francis Collins, in December.

Liba Butler (class of 1895, Lenox Hill Hospital, New York City), to John Watson, December 6. At home, Kildare, Franklin County, N. Y.

Mildred Carnaham (class of 1919, Wesley Hospital, Wichita, Kans.), to Andrew T. Long, December 12. At home, Augusta, Kans.

Beatrice L. Case (recently Superintendent of Eleanor Moore County Hospital, Boone, Iowa), to Ralph M. Hueston, December 15. At home, Chicago, Ill.

Nell Chisholm (class of 1916, Presbyterian Hospital, Chicago, Ill.), to George S. McCreery, October 2.

Dorothy Hahn Cleveland (Army School of Nursing), to Dean E. Waldron, December 11.

Jean Crosline (Methodist Episcopal Hospital, Philadelphia), to Fred Slocombe, December 31.

Lucille Dean (class of 1920, Michael Reese Hospital, Chicago), to Dr. Michael, in October.

Emily Dorion (class of 1920, Massachusetts Homeopathic Hospital, Boston), to

W. Henry Nolan, October 22. At home, Somerville.

Jennie E. Ertwine (class of 1917, State Hospital, Scranton, Pa.), to Paul Freedly, November 20.

Kathleen Finkle (class of 1921, Bridgeport Hospital, Bridgeport, Conn.), to Robert Carroll Payne, October 6.

Roberta Florence (class of 1922, Georgia Baptist Hospital, Atlanta, Ga.), to Theo. H. Yeager, December 6.

Marie Louise Friederich (class of 1919, Methodist Hospital, Brooklyn, N. Y.), to Henry J. Dietz, December 2. At home, Larchmont, N. Y.

Marie Fusco (class of 1922, Montgomery Hospital, Norristown, Pa.), to Jimmie Ferrick. At home, Philadelphia, Pa.

Julia Grant (class of 1922, Georgia Baptist Hospital, Atlanta), to C. J. Colquitt, M.D., December 24. At home, Birmingham, Ala.

Sadie Gratton (Jewish Hospital, St. Louis, Mo.), to Richard Irwin, November 7.

Rose Gritzmacher (class of 1918, Milwaukee County Hospital, Wauwatosa, Wis.), to H. B. McClure, in November.

Amy Haines (class of 1910, Milwaukee County Hospital, Wauwatosa, Wis.), to Mr. Lewis, December 22.

Lena Hanson, to W. L. Robbins, December 1. At home, Youngstown, Ohio.

Iva Harding (class of 1921, Mary Lanning Hospital, Hastings, Neb.), to Carl Buck, December 29. At home, Blue Hill, Neb.

Esther I. Harper (class of 1921, Presbyterian Hospital, Chicago), to Dr. Gatewood, in November.

Belle Harris (class of 1923, Lenox Hill Hospital, New York City), to Frederick Charnok, December 3. At home, South Norwalk, Conn.

Dolores Henke (class of 1918, Bellevue Hospital, New York), to Joseph W. Hardison, November 29. At home, New York City.

Daisy Hewitt (class of 1921, Mary Lanning Hospital, Hastings, Neb.), to Fay Cramer, November 5.

Josephine Hightower (class of 1922, Pensacola Hospital, Pensacola, Fla.), to Edward

Franklin Wicke, December 24. At home, Pensacola.

Amanda Holloway (class of 1922, Georgia Baptist Hospital, Atlanta, Ga.), to Boyd Randall, November 22.

Florence Josephine Howes (City Hospital, Parkersburg, W. Va.), to Paul J. Crummett, December 26. At home, Parkersburg.

Janet Johnson (class of 1923, Lenox Hill Hospital, New York), to Fred Somers, November 23.

Clara Kalfur (class of 1920, Lenox Hill Hospital, New York City), to Rev. Fletcher Galloway, December 23. At home, Merced, California.●

Clara Koch (class of 1911, Lenox Hill Hospital, New York), to Ernest Wm. Brown, November 22.

Minnie Kuipers (class of 1922, Passaic General Hospital, Passaic, N. J.), to Thor Rommeriede, December 27. At home, Atlantic City, N. J.

Dora Lang (class of 1911, Oil City Hospital, Oil City, Pa.), to John M. Wolf, November 23. At home, Struthers, O.

Gladys Mae Leggett (class of 1923, Nebraska Sanitarium, Hastings, Neb.), to Professor Rollin M. Falk, in December.

Vio McCollum (class of 1923, Georgia Baptist Hospital, Atlanta, Ga.), to Fred M. Pegg, D.D.S., November 10.

Winnifred Madden (class of 1922, Georgia Baptist Hospital, Atlanta, Ga.), to B. L. Shackleford, M.D., December 25.

Mary E. Mansfield (class of 1922, Children's Hospital, Portland, Maine), to Charles O. Spear, October 16. At home, Stockton, California.

Helen Minear (Mercy Hospital, Council Bluffs, Iowa), to Robert Price, November 4.

Beatrice Mitchell (class of 1923, Providence Hospital, Seattle, Wash.), to John Galant, January 2.

Ora Muse (class of 1922, Georgia Baptist Hospital, Atlanta, Ga.), to T. D. Meador, in November.

Viola Peters (class of 1922, Allentown Hospital, Allentown, Pa.), to Joseph Rutherford, M.D., December 22. At home, Allentown, Pa.

Marie Phillips (class of 1923, Spartan-

burg County Hospital, Spartanburg, S. C.), to Louis Lockman, November 28.

Mary Catherine Redding (class of 1911, Altoona Hospital, Altoona, Pa.), to William D. McAvoy, November 29. At home, Osceola Mills, Pa.

Dorothy Elizabeth Reed (class of 1919, St. Luke's Hospital, New York City), to Clark Howard Denison, December 17.

Lillian Roll-Green (class of 1921, Lenox Hill Hospital, New York City), to Frederick Oelkers, December 24.

Elizabeth Roth (class of 1922, Allentown Hospital, Allentown, Pa.), to Clarence Allenbach, in October. At home, Allentown, Pa.

Daisy Scott Sharpe (class of 1895, St. Luke's Training School, St. Louis, Mo.), to David Haines Ball, December 15. At home, Mount Vernon, N. Y.

Mary L. Simpson (New York Hospital, New York), to John Birnie, November 15.

Helen Smith (class of 1921, Michael Reese Hospital, Chicago), to Dr. Fonner, in December.

Marian Smith (class of 1920, Touro Infirmary, New Orleans, La.), to J. Reives, M.D., September 10.

Nellie Summerville (class of 1916, Georgia Baptist Hospital, Atlanta, Ga.), to Fenner Ball, December 1.

Hulda Teichman (class of 1915, Illinois Training School, Chicago), to Frank J. Chihak, October 7. At home, Waterloo, Iowa.

Talitha Margaret Thumn (class of 1919, Columbia Hospital, Columbia, Pa.), to Carl A. Osterman, December 27. At home, Ft. Wayne, Ind.

Anna Trudgian (class of 1920, Presbyterian Hospital, Chicago, Ill.), to A. D. Bates, M.D., October 8.

Mary Wagner (class of 1920, Lenox Hill Hospital, New York), to Charles Harris, December 23.

Eva Way (class of 1921, Michael Reese Hospital, Chicago), to Arnold Scholz, M.D., December 22.

Maybelle G. Weiss (class of 1920, American Hospital, Chicago, Ill.), to Harvey McKerney, December 20. At home, Detroit, Mich.

Vera Williams (class of 1923, Spartan-

burg County Hospital, Spartanburg, S. C.), to John Charles Barry, November 28.

Margaret Kate Williford (class of 1918, Chester Sanatorium, Chester, S. C.), to Gill Means Gregory, November 10. At home, Chester, S. C.

DEATHS

Harriet Boone (class of 1913, Highland Hospital, Asheville, N. C.), on December 25, of pneumonia, after an illness of four days. Burial was at Lumberton, N. C.

Christine Cameron (class of 1922, Vancouver General Hospital, Vancouver, B. C.), at Firlands Sanitarium, December 2.

L. Louise Campbell (class of 1920, Hotel Dieu, New Orleans), on January 3, due to injuries received in automobile accident. Miss Campbell was a member of the Alexandria District Nurses' Association; she had been Superintendent of St. Landry Sanitarium, Opelousas, La., for the past two years.

Anna M. Charlton (class of 1890, Post Graduate Hospital, New York City), suddenly, on December 28, at the Margaret Fahnestock Training School Home. Miss Charlton left her fellow workers at 9:30 p. m., and at 10:15 was found lying on her bed, lifeless. She was a private duty nurse and had, as well, held responsible positions in several hospitals where her quiet ways and capable work were appreciated by patients and students. During the Spanish-American War in 1898, Miss Charlton served through the typhoid epidemic at Chicamauga Park, and at Ft. McPherson, Ga.; Savannah, Ga.; Manila, P. I.; Appari, P. I.; and San Francisco. She was an earnest worker for the Spanish-American War Nurses' Association and served it as treasurer for fourteen years, refusing to continue after the October meeting. For a time Miss Charlton had charge of the Postgraduate Nurses' Club House and Registry; she had charge of Baby Ward clinics, and she was for over ten years secretary of the New York Chapter of the American Red Cross. She was also assistant matron at the Training School Home, where services were held on December 31. She was buried with military honors at Arlington, January 2. The Post Graduate Nurses' Alumnae Association adopted resolutions of apprecia-

tion and regret. She had been a member of its Executive Board for many years.

Grace Elizabeth Collins (class of 1921, Ravenswood Hospital, Chicago, Ill.), in Ravenswood Hospital of an acute renal condition. Burial was at Greenville, Iowa.

Ella Matilda Duman (class of 1917, Illinois Training School, Chicago), on November 11. For five years Miss Duman did private duty nursing and under all difficult situations she was brave, helpful and courageous. For more than a year she had been in failing health.

Josephine Holland, on November 28, at Greater Community Hospital, Creston, Iowa. Miss Holland had been sick for some time.

Christine E. Key (class of 1907, Mission Hospital, Asheville, N. C.), on December 14, at DeLand, Fla., after an illness of several weeks. Miss Key was a good nurse, a devoted daughter, and a sincere friend.

Mrs. G. L. Harshaw (**Anne Killea**, class of 1909, Charity Hospital, New Orleans, La.), on November 15 at Touro Infirmary of eclampsia. Mrs. Harshaw prior to her marriage held a hospital position at Almirante R., Panama.

Mildred C. Kimball (Massachusetts Homeopathic Hospital, Boston, Mass.), on November 28, in the Alumnae room at the Hospital. Miss Kimball was ill less than a week, dying of an infected cervical gland. She was a member of the South Boston staff of the Instructive District Nursing Association and had been a member of the Community Health Association staff since its beginning. She was faithful and devoted in her work and was a loved companion.

Mrs. Foster (**Louise King**), class of 1896, Illinois Training School, Chicago), on September 25, in the Peter Bent Brigham Hospital, Boston, of tumor of the brain. Although Mrs. Foster had been in failing health for some months, her illness was of only about two months' duration. She attended Oberlin College for two years. She came to Moline in 1898 as Superintendent of the City Hospital. She organized the visiting nurse work in Moline in 1903, and had directed the work since.

Lydia McDonald (class of 1910, Iowa Methodist Hospital, Des Moines, Iowa), near Aurora, Colo., in December. Miss McDon-

ald served in the Army from June, 1918, to April, 1919, at Camo Travis, San Antonio, Texas. She had been doing private nursing and was on the way from a patient to her home, on December 24, when she disappeared. Her body was found on January 7, in a pasture on a ranch, where she had evidently died of exposure. She had suffered from loss of memory and despondency. Burial was at Lawrence, Kansas.

Frances A. McGuire (class of 1916, Providence Hospital, Everett, Wash.), at her home in Snohomish, Wash., December 10. She was an ex-service nurse, member of the American Legion. The Legion of Snohomish took charge of the funeral services with military honors.

Mary A. Reading (class of 1897, Bellevue Hospital, New York), after a few days' illness. Miss Reading was former president of the Bellevue Hospital Alumnae Association. She held several institutional positions at one time serving as matron of the Bellevue Hospital and at the time of her death acting in the same capacity at Lincoln Hospital. Her loss is mourned by her many friends and associates.

Mrs. Belle B. Smith (class of 1915, T. E. Shumpert Memorial Hospital, Shreveport, La.), on December 21, in the Michael Meager Hospital, Texarkana, Ark., of bronchial pneumonia. During the World War, Mrs. Smith enlisted as a Red Cross nurse and was later transferred to the Army Nurse Corps. She was stationed during the ten months that she was in the service at Fort McPherson, Ga., Camp Denvers, Mass., and Fort Porter, N. Y. She was a member of the American Legion and it was during an American Legion parade, celebrating the fiftieth anniversary of the city of Texarkana, in which she took part, that she contracted a cold which later resulted in her death. Her work in the nursing profession began in 1913, and she had many friends made during the ten years of active work.

Edith Godfrey Thompson (class of 1918, Reading Hospital, Reading, Pa.), in November. Miss Thompson was connected with the Visiting Nurse Association. She also was an active member of her Alumnae Association and was enrolled in the Red Cross Nursing Service.

BOOK REVIEWS

HANDBOOK FOR MENTAL NURSES.

(Handbook for Attendants on the Insane.) Published under the authority of the Medico-Psychological Association. Seventh Edition. 615 pages. Illustrated. Chicago Medical Book Company, Chicago, Ill. Price, \$2.50.

The first edition of this book was published in 1885, under the title, Handbook for Attendants on the Insane. As the name implies, it is a reference book for nurses doing psychiatric nursing.

In selecting and arranging the questions treated in the book, the authors have followed a natural and logical method, which greatly facilitates the work of the student and enables her to coördinate the whole course of instruction. The first few chapters deal with the general duties of nurses in a mental hospital and discuss in an illuminating manner the special qualities necessary for a psychiatric nurse. The precautions peculiar to psychiatric nursing are properly emphasized and some very practical advice is given as to methods of treatment and modes of procedure in such cases as self injury, suicide, violence, destructive and faulty habits, and in case of fire. There are several chapters on the following subjects, Anatomy and Physiology, First Aid, Hygiene, General Nursing Care, and the Anatomy of the Nervous System.

The subject of psychology is discussed in section eight. It is gratifying to note that this subject has been given special attention, because so often the condition of the abnormal mind has been discussed without giving the slightest attention to the normal condition, and how can the

abnormal be intelligently studied without knowledge of the normal? The subjects of the different divisions of this section will form an excellent basis for discussion in the class room. The instructor in psychiatric nursing could use these topics as an introductory course to that in psychiatric nursing. In hospitals for the insane, where a course in psychology is given, the different sub-headings of this section could be used as an outline for that course.

Considering the comparatively brief space allotted that particular subject, mental diseases and disorders are presented in a comprehensive manner. The etiology and the symptoms of mental disorders are discussed with a fulness and accuracy of scientific and expert knowledge which shows that the authors are fully abreast of the best advanced thought and literature on the subject. The care and treatment advocated is thoroughly modern and in perfect accord with the practice of all progressive hospitals. This book would be a good reference book for all types of hospitals.

MAY KENNEDY, B.S., R.N.,
Chicago, Ill.

THE CONQUEST OF NERVES. By J. W. Courtney, M.D. The Macmillan Company, New York. Price, \$1.00.

This book is primarily for the layman. It is easily comprehensible to the person in search of some information in regard to functional nervous disorders.

The author takes up in a very interesting fashion the various ways in which the nervous invalid seeks a cure. He points out the many pitfalls that obstruct his way. It often is the family

physician who, nine times out of ten, knows little or nothing of these disorders and can do no more than assure the patient that he is "organically sound." Since this can give no lasting comfort, the patient goes on from bad to worse, seeking relief in patent medicine or some religious, medical cult. The little volume is intended as a guide against quackery, and as a means of directing the person in search of help into the proper channels.

The nature and causes of functional nervous diseases are set forth very completely. Many of the factors which contribute to nervous breakdowns are given, and the author shows how the real cause is often far removed from the one which precipitates the disaster.

The chapters on symptoms—physical and mental—are especially good. The bodily symptoms which vary from queer sensations to actual pain are accounted for and no longer need be regarded as mysterious.

Those chapters which deal with the physical treatment and psychotherapy are sound and cannot but be of much benefit to the person seeking knowledge along this line. The book would be an acquisition to any nurse's library.

ADELE S. POSTON, R.N.,
New York City.

THE DIETARY OF HEALTH AND DISEASE.

By Gertrude I. Thomas. 210 pages. Illustrated. Lea and Febiger, Philadelphia. Price, \$2.25.

The author states that the purpose of this book is "to provide an intermediate text as a basis for instruction in schools of nursing or departments of home economics in as concise a form as possible." It is probable that this desire to serve in

small space two groups whose needs are different, is responsible for the sketchy and inadequate presentation of much of the material. For instance, assimilation, metabolism, and elimination are discussed in brief paragraphs of three or four lines (Chapter II), and absorption is given less than a half page. The chapters on food and its relation to the human body (I), and the caloric values of food (VIII), would serve as notes for discussion by the instructor rather than a text.

The emphasis is not that which might be expected from the title. Fifteen chapters (X to XXV) are given to food preparation, one, (XXVI) to diet for the various periods of life, one to diet in disease (XXVIII), and one to "diet under special circumstances." More than five pages are given to the care of the laboratory and thermometry (pp 68-73) and three and one half to the diet of children (pp 160-163). Nor does the suggested outline (p. XVII) indicate an attempt to make the course meet more specifically the requirements of the nurse. It includes a report on commercial soap-making, the inspection of a flour mill, inspection of a packing house and separate lessons on cakes and flour mixtures. Only one tray is prepared, (7).

The extreme brevity may also account for the fact that many of the statements seem inaccurate. For example: "Vitamins are present in milk, and these, as well as the protein constituents of the milk, are destroyed by high temperature" (p. 90); "sterilized milk is held at 212°F for one and a half hours" (p. 92); "Fat-soluble A Vitamin—It is believed to be an antirachitic vitamin" (p. 48); "In rickets and other deficiency

disease the fat soluble A containing foods are indicated," (p. 49); "Gastric ulcer—The object is to keep the ulcer bathed in milk so that the gastric juices do not attack it," (p. 183); "Albuminous beverages, these are high in food value and form a means of giving food in a highly concentrated form," (p. 74); "Water exists in combination with other materials in the body, and as free water it is eliminated," (p. 28); etc.

In the Typical Diabetic Diet, (p. 176) containing 100 grams of carbohydrate, 50 grams are given by 10 a. m. Calculations of the food values of recipes for diabetic cookery are given in grams, but no measures of ingredients are given by weight. The calculations of some of these recipes must have been made from unfamiliar figures. See Baked Cod, (p. 146); Green peppers, (p. 145) and stuffed tomatoes, (p. 145).

Recipes are not consistently organized; some of them throughout the chapters on cookery are given for individual portions, others for larger quantities. The correct order of adding ingredients is not always observed.

It is to be regretted that this book could not have been developed from a single point of view.

MARY DEGARMO BRYAN,
New York City.

SYLLABUS AND NOTE BOOK OF LECTURES ON OBSTETRICS FOR NURSES. By Philip F. Williams, M.D. J. B. Lippincott Company, Philadelphia. Price, \$1.00.

This syllabus is based on the Standard Curriculum, Foote's State Board Questions and Answers, and Cooke's Handbook of Obstetrics for Nurses. The syllabus occupies the left hand

pages, while those on the right hand are left blank for notes.

HABITUAL CONSTIPATION. By Ismar Boas, M.D., translated by Thomas L. Stedman, M.D. 297 pages. Illustrated. Funk and Wagnalls, New York. Price, \$2.00.

This book, written by a Berlin authority, has been purposely put into non-technical language, so that it may be of greater use to the lay reader. It discusses causes, prophylaxis and treatment. In the "twelve golden rules" we note: "Do not allow yourself to fall into the laxative habit." "Reject all laxatives the composition of which is unknown." "Listen, if you must, to the recommendations by friends—but don't act on their advice." The diets listed are not those to which we are accustomed, as they include tea for children, and give lists of wines, etc.

DIATHERMY AND ITS APPLICATION TO PNEUMONIA. By Harry Eaton Stewart, M.D. 45 illustrations. 15 charts. Paul B. Hoeber, New York. Price, \$3.00.

CARE AND FEEDING OF INFANTS AND CHILDREN. By Walter Reeve Ramsey, M.D., including Suggestions on Nursing by Margaret B. Lettice, R.N. Third edition, revised. 290 pages. 123 illustrations. Price, \$2.50.

This well known text book on the care of children has been carefully revised, and the first chapter, Child Welfare, has been rewritten.

APPLIED BACTERIOLOGY. By Charles F. Bolduan, M.D., and Marie Grund, M.D. Fourth edition. Thoroughly revised. Saunders. Price, \$1.75.

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CONVALESCENT HOME FOR CHILDREN, LELAND STANFORD UNIVERSITY

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

MARCH, 1924

No. 6

TWELVE-HOUR DUTY¹

BY RUTH BROWN, R.N.

TRADITIONS have ever been a block to progress. In particular, any new ideas concerning the servants of the public always meet with terrific opposition from the traditions of the public. And yet we know that there is a necessity of either growth or decay in all mortals and their affairs, be it as individuals or governments, in business or in professions, and that progress and development come about through the struggle of a thinking few, rather than through the adherence of the majority to traditional customs.

It is, therefore, no proof against the justice, reason, efficiency or economy of the move for better conditions in nursing, that a large number of people—and among them, nurses themselves—cannot adjust their thinking to the changing conditions which not only make possible, but demand a more normal life for the private duty nurse.

Twelve-hour duty does not begin to solve the problem, nor does it answer

the pressing question, "What can be done to make the lives of private duty nurses less unwholesome and less unhappy without breaking down the ideals of service upon which our profession is founded?"

WHAT kind of a nurse do you want when illness occurs in your family? If you agree with the public, which wants nurses who "can comfort and educate and heal and give," these articles on private duty will set you thinking.

For nurses — indefinite hours on duty, torturing fatigue, unwholesome, unhealthy, unnatural living conditions, have been and still are traditional. It has always been necessary for pioneers in any sort of an enterprise to endure hardships. When the necessity for these hardships has been re-

moved, a little smoother sailing has always been followed by a period of more rapid development and greater efficiency.

Pioneers in the nursing profession have endured unspeakable hardships, but the rapid advancement of science—in this case, medical science—has removed the necessity for a part of these hardships. Modern hospital organizations should give and in many instances do give some thought to the welfare of their private duty nurses. Private nurses in hospitals include a very large

¹ Read at the annual meeting of the Illinois State Association, Peoria, October, 1923.

group of women, essential and necessary in carrying on the work, but for whom no one is responsible, and in whose welfare no one is interested.

The aim of the modern hospitals is to educate as well as heal. They should be the first to take some thought for the welfare of their own people, but as it is, they are blinded by their own enthusiasms.

There are no large organizations today, industrial or educational, that have not proven without a question that insufficient rest, recreation, and sleep—in other words, over-fatigue—do markedly impair the efficiency of the institution as a whole, as well as of each individual concerned. This is accepted and an effort is made to remove these bad conditions for every one in the world except private nurses, but the suggestion that they be included in just a few of these essentials for health and happiness and for life itself, is met with horrified accusations of “selfish,” “mercenary,” “lazy” and “disloyal.”

The effort to establish twelve-hour duty in hospitals is being met with the usual opposition that meets all measures contrary to established customs, regardless of reason or justice. Our motives are being misunderstood as being purely selfish. We do not ask for twelve-hour duty with any craving for luxury and ease nor because our hearts are hardened to suffering humanity, nor are our original ideals being crowded into the background. We only ask for conditions, possible at this time, which are not thoroughly destructive to physical health and mental and general morale. We are asking for conditions for nurses which do not, in a short time, completely unfit them for their responsi-

bilities to the public and which do not gradually but completely undermine all their resources. I would like to make the subject of this discussion “Human Hour Duty,” and not “Twelve-Hour Duty.”

Twelve-hour duty is only a step forward in improving unnecessarily inhuman conditions imposed upon private nurses. The whole point here is to convince the nurses themselves that twelve-hour duty is an improvement and that they owe it to themselves and to the public to meet the situation with a broader outlook. *We can comfort, and educate, and heal, and give, only when our own bodies and minds are sound, when our spirits are unbroken and when our capacities are not overtaxed beyond human endurance.* We are taught this as an underlying principle of our success at the time we enter a training school and throughout the years of training, but it is completely disregarded the moment we receive our diplomas. The whole question involved is one of education and upon this question of education hinges the entire future of our profession.

We are very optimistic as to the final outcome in this particular step for improvement. A very large number of all the hospitals in the United States have abolished this medieval custom of allowing—to say nothing of *demanding*—that a nurse get what sleep she can in the room of a sick patient. These truly modern hospitals are assuming that health principles apply to all. They do not regard their daily routine of caring for the sick as one constant emergency in which the health of hundreds of young women should be sacrificed. They see that the necessity no longer

exists. They are willing to assume a part of the responsibility, and they provide adequate nursing care for the sick who are unable to pay for more than one nurse.

Ten years ago, members of the Staff of the Royal Victoria Hospital in Montreal, while taking our party through that hospital, were quite surprised to learn that the hospitals in our country were exacting such a heavy toll from the health and morale of their nurses in permitting twenty-four hour duty. Since that time all the hospitals in New York City, hospitals in all the cities throughout the east, hospitals in St. Louis, and most of the hospitals in the west, no longer tolerate the undignified and deplorable sights which are observed at night in hospitals where the nurses are expected to appear in the elevators, corridors, and other public places in sleeping apparel. Institutions which are so careless and indifferent to the needs of its own personnel (and we insist that private nurses do belong to their personnel) are, to say the least, inconsistent when they give wide publicity to their educational and humanitarian aims.

Those who are concerned in this question can be classified in three groups—the public, the doctors, and the nurses themselves. Of the three groups in one hospital which we will take as a representative type, we find the public to be the most open minded in their views. Naturally, their own interests speak for twenty-four hour duty and as long as hospitals permit it, they accept and expect it. However, the majority of the people we have interviewed during the past year are more or less readily willing to admit the unreasonableness of a

twenty-four day for nurses and we are convinced that any opposition from the public will be negligible when twelve-hour duty is universally established in all hospitals.

The group least open to conviction is the doctors, although many of them are generous and reasonable and consistent in their views. We would like to have their unanimous consent and approval, and not be compelled to oppose their decisions in the matter; but if women had ever waited for men's unanimous approval in any measure in which women's interests and welfare were concerned, all women would still be slaves today.

Not so many years ago, women were being refused admittance into universities. Men did not want women educated. It had never been done, therefore it must not be done—was the chief argument against it. Doctors—in great number at least—have fought education for nurses for years, for reasons just as illogical. A change always means chaos in the minds of unthinking and shortsighted people, and for that reason doctors who are opposing a rational life for the nurse can see in this change only complete and destructive disorganization of all hospital routine; whereas the exact opposite has proven to be the case in hospitals where the plan has been adopted.

One prominent surgeon, upon an attempt to get his opinion, became very much excited. He said, "Never, never will it be done in this hospital! You nurses are wanting too much. You will soon want to be paid for no work at all. You are queering your own game! Queering your own game—this is what comes of education for nurses!" And

he leaped into an elevator and refused to think.

We pass on to another and ask for a few minutes of his time. He proves to be a little more liberal minded, and we state our aims and reasons. He seems interested and we go on with our story of the dreary and unhappy lives of hundreds of young women, who go from one case to another, on each one a little more weary of mind and body, not because they are unwilling but because they are victims of a vicious and stupid routine which deprives them of the most necessary things in life. He says that he is open to conviction, that he has never given the matter any thought, but if it is the thing to do he will endorse it.

We feel encouraged enough to approach another. We are sure, in this case, of hearty support and an understanding mind, so definite has this doctor always been in his teachings of sane living conditions. He is prominent throughout the country because of his contributions to humanity in the way of the cure and prevention of illness. His work could not possibly go on without the aid of intelligent and educated nurses who are eager to be of service, but he refuses to turn a hand to inaugurate a system in his own hospital which will give them any of the things which, according to his own teachings, are vital to health and efficiency. This doctor was almost bitter in his false interpretation of our aims and was tragic in his pleadings for us to adhere to the old routine. I think he was sincere in his fears that we were breaking away from our ideals, and that we were bleeding and cheating the public in asking for a twelve-hour day in hospitals. On three different occasions during the year

previous to this discussion, this same doctor asked us to assist in finding a nurse for certain difficult cases. Each time he specified that the nurse must be lively and "peppy" and entertaining, intelligent, cheerful and willing. Upon one occasion, we had some difficulty in finding one who could qualify. He kept repeating over and over: "What is the answer? What is the answer?" His own stupid program for them is the answer. Few can qualify after a year or two of over-fatigue from excessive hours of work or excessive hours of boresome idleness, shut up in a room with a patient.

We have talked to many others and on the whole they are evasive or emphatic in their refusal to endorse a change. One argument is that in many cases the unfortunate sick people cannot carry an added financial burden. This is true, and we realize more than anyone the financial strain of a long illness—and in many cases, of a short illness—but the entire responsibility of meeting this burden should not be thrust upon a nurse who in twelve hours is physically unfit to do more. The hospitals should assume a part of the responsibility. Ward patients never question the twelve-hour schedule when they require extra nursing care. Private room patients should be arranged for in the same way.

One doctor whose work is largely among the wealthy classes, lays particular emphasis upon the necessity of economizing for the patients in the hospitals. He sees no other way to reduce this expense during an illness than by putting an enormous drain upon the vitality of a nurse. The class of patients whom I have in mind now spare

no expense in other ways and make no sacrifices themselves. This doctor accuses them of gross extravagance if they, for their own comfort, are willing to keep a night nurse. His other financial arrangements for them do not support his statement that he is worrying about their expenses incurred during an illness. This doctor had a patient admitted to the hospital a few years ago whose husband was the only heir to nine million dollars. She had two of the most expensive rooms in the hospital and brought her own linen and china. One nurse took entire care of her and her baby and both rooms; she did most of the cooking because the patient did not like hospital food. Aside from the actual nursing care, the work to be done in the daytime alone would have been divided among several servants, if the woman had been at home, but in the hospital it all fell upon one nurse and continued practically all night, due to feeding the infant every four hours, and its crying at intervals between times. The woman paid \$85 for her baby's dresses and for other things in proportion, but her doctor spared her the expense of a night nurse. Recently, in discussing the question of twelve-hour duty, with the nurse who was on that case, I asked her just why she felt called upon to make such enormous sacrifices at that time and upon many similar occasions since, and she said because that doctor did not approve of twelve-hour duty, and when working for a doctor she believed in pleasing him, because she had been trained never to complain. *We are not working for the doctors, we are working with the doctors for the good of humanity!*

During the recent marathon dancing

endurance tests, very few of the participants dropped dead on the spot at the end of the tests, and so with the foolhardy endurance tests for nurses. They live to take other cases, but twenty-four hour duty is an endurance test and it is only a matter of time until they are able to stand the tests no longer. When this time comes, the doctors who are opposing twelve-hour duty for them will say they are getting lazy and that education is interfering with their usefulness. Education is not interfering with their usefulness. It is economizing in their usefulness. Twenty-four hour duty with patients who are convalescent or not seriously ill is unnecessary, and the days are gone when educated women are looked upon with suspicion.

It is rather disheartening to find that a number of the nurses themselves are not in sympathy with the elimination of the twenty-four hour duty in hospitals. Those who oppose it are in the minority, but their influence is a check upon a measure which the large majority feel to be a progressive step in bettering conditions and increasing their usefulness.

The reasons that most of them give reek with either shortsightedness or selfishness. Most of them argue that twelve-hour duty with a sick patient is harder than twenty-four hour duty with one who is not sick and requires little care. In hospitals where the matter is optional, they can sign for twenty-four hour duty, but if after being called they find that the patient is very ill, they say it is a twelve-hour case and insist upon a second nurse or refuse to take the case. They work very hard for a few days or weeks and do some real nursing. They tell the doctors that they

much prefer the twenty-four duty, and these are the misleading statements, as far as their motives are concerned, for as a rule they mean by this that they prefer a patient who is not ill at all. They lack in finer feelings or a proper sense of propriety in not finding it offensive to run around in public places in sleeping garments and in being willing to sleep in the room with their patient.

During our investigation of the views of the nurses doing private duty, not one of the few who definitely oppose twelve-hour duty, gave reasons that had the slightest bearing upon the interests of the patients or the good of the profession. Some of them admit that they believe it to be a step for the general good of all concerned, but because they live too far away to go home at night, or prefer to have nothing to do with really sick people, they are using their influence against eliminating twenty-four hour duty. Other nurses who are opposing twelve hour duty are the ones who have done very little or no private duty at all but have done other kinds of nursing in which a rational eight or nine or ten-hour day was their program.

It is the nurses themselves who can put the hospitals in a position to be called truly modern in every department and in a position to claim equality with other states which lead in the nursing profession in all its branches. Let me repeat that growth or decay is inevitable for us, as for all enterprises. Indifference to our weakest spot is retarding our growth. Shortsightedness is interfering with our usefulness. Unconcern as to the health and morale of our forces is impeding our progress. Inconsistency in our practices is rendering our educational standards comical. We are raising our requirements to the point of preferring college women in our training schools and disillusioning them later by depriving them of all the freedom that education demands.

It is not for the doctors or the public to decide, for they do not understand. They will accept as long as we will give, and *we* must be the guardians of our own health and happiness. Let us give all nurses more freedom and more happiness and ask from them in return greater efficiency and more devotion to service. Let us make all the hospitals truly modern within the next year.

RECLASSIFICATION

Adam, naming the animals, had no precedents to guide him, and his roving fancy was sometimes eccentric. There was no good reason, however, why the Personnel Classification Board of the federal government should have attacked its job in the same spirit of naiveté. When the status of graduate nurses was in question, for example, there were sound precedents for considering them as professional workers—the United States Census, the immigration laws, the law which gives army and navy nurses the rank of officers, to say nothing of the consensus of opinion among medical and health workers generally, or the fresh emphasis on the professional training of nurses which has been given by the establishment of independent university schools at Yale and Western Reserve Universities. * * * What is likely to be the effect of such ratings, if they are allowed to stand, on the progressive raising of standards of training in the nursing profession? Or, more narrowly, on the ability of federal service to attract well-trained and competent nurses?—From an Editorial in *The Survey* (Graphic) for February.

TWELVE-HOUR DUTY: ANOTHER VIEW¹

BY MERLE DUNCAN, R.N.

THE subject of twelve-hour nursing has reached a point of wide discussion at the present time, and the different views on the subject make it all the more interesting.

Twelve-hour duty has been tried in a great many localities with varying degrees of success. The nurses in this community (Quincy) are almost unanimously against it. The subject seems not very attractive as I try to present it, but I will try to be simple and concise in giving our view.

When a nurse is called upon a case she immediately assumes the nursing responsibility of her patient; she is intensely interested in his wellbeing, knowing that she and she alone is responsible for the nursing care given. Perhaps the nurse is very busy and is not able to get sufficient rest. Sometimes a few hours that should have been used for recreation is all the time that she feels she may safely take for sleep; then a second nurse is advisable and is more than welcome. On the contrary, when a patient is not very ill and a nurse can get her required rest it seems an imposition to ask a family to retain two nurses when one could do the work perfectly well. It means double expense for the patient and oftentimes the nurse feels her interest in the case lagging.

If the patient is able to sleep at night, it is extremely annoying to have someone in the room who is not sleeping. I sincerely believe that in this community many persons who really need nursing

care would be forced to do without because of the added expense and the result would be short cases and an indifferent type of nursing.

The patient also has his claim upon the nurse for companionship. Nurse and patient live very closely together, often the patient is very much attached to her, and as personalities are varied, it is hard to find two nurses of the same temperament. One nurse may be quite calm and another exactly the opposite. All these things make vital impressions upon a person who is ill; for the sick body does not harbor a normal mind, and it is not easy to become accustomed to a number of types of persons without friction.

The nurse complains that she does not get the proper recreation on twelve-hour duty, as she is required to remain within doors either all day or all night, and at the end of her duty she is too tired to go about for amusement. If on day duty, she must not remain out late in the evening if she wishes to render good service next day; and if on night duty, it is hard to arrange for recreation that will not interfere with either duty or rest.

To the layman this does not sound logical, but one who has done twelve-hour duty can easily see the plausibility of it. While twelve-hour duty may seem very attractive at first glance, to us it means fewer and shorter cases, less interesting work, very little coöperation from our local physicians, and much unfavorable comment from the public upon whom we are dependent for our livelihood.

¹ Read at the annual meeting of the Illinois State Association, Peoria, October, 1923.

TWENTY-FOUR HOUR DUTY FROM THE STAND-POINT OF THE NURSE ¹

BY ESTHER C. O'DOWD, R.N.

WHY are the majority of nurses in favor of twenty-four hour duty? Because they can render far better service to their patients in the home, and because it is more convenient for the nurse than is twelve-hour duty.

For the past three years the private duty nurse in this District has been allowed four and one-half hours off duty in the afternoon. It means a great deal to her to be able to get about, to forget her patients for a while, to go shopping, or to a place of amusement. Then, too, if she loses much sleep at night, she may have eight hours off duty during the day. Even though she is called a great number of times during the night, she can in most cases lie down, and if she does not sleep, she can at least get a little rest.

From the patient's standpoint, it is a great comfort to have the assurance that the nurse is within call even though the patient requires nothing, especially during the night. The patient's family are greatly relieved of responsibility, also, in knowing the nurse is within call.

After the noon meal the patient is usually relaxed, and the nurse can then

be spared better than at any other time. The family are free to relieve her, and the patient is always glad to have her return to serve the evening meal or, if very ill, to be fixed up comfortably again after the long afternoon, as only a trained nurse can make such a patient comfortable.

Twelve-hour duty means coming on and going off duty the greater part of the year in the dark of the day, especially in this northern climate. It practically means no recreation at all. The hours for twelve-hour duty are usually from seven to seven, or eight to eight, which leaves no time for anything other than duty and sleep. Twelve-hour duty usually means night duty, which is always hard if long continued.

The only time twelve-hour duty is justified is when a patient is seriously sick, when the services of two nurses are required and constant attention is necessary. Personally, I have had a great deal of experience in twelve-hour duty in such cases, both in the hospital and in the home, and have always found it most exhausting and isolating. Twenty-four hour duty is the only satisfactory solution of private duty nursing in the home.

¹ Read at the Private Duty Section of the Minnesota State Association, St. Paul, October, 1923.

INTERNATIONAL COUNCIL OF WOMEN CONFERENCE ON THE PREVENTION OF THE CAUSES OF WAR

To be held in Hall 4 at the British Empire Exhibition, Wembley on May 5-8, 1924
(With the Marchioness of Aberdeen of Temair in the chair)

This conference will be open to representatives of International Societies and their National groups. Katherine Olmstead, Director, Division of Nursing, League of Red Cross Societies, has been asked to represent the American Nurses' Association.

Admission will be by ticket, to be obtained *free* from the International Council of Women Conference and Exhibition Office, 26 Victoria Street, London, S. W. 1.

WHAT HAS BECOME OF THE OLD-TIME PRIVATE DUTY NURSE?¹

BY ADA F. BABCOCK, R.N.

ONE hears this question constantly. The private duty nurse is vanishing, as is the country physician, and for practically the same reasons. Of course we know this is an age of specialization. We boast of our efficiency, and we are efficient; but we are in danger of becoming over-specialized and too automatic, as were our late enemies.

It is without doubt a case of the greatest good to the greatest number, but we never can divorce the human equation in dealing with human beings,—call it magnetism, or what you will.

The old-time private duty nurse because of her intimacy with her patient and in her patient's household, lives their lives for the time being; she gets their viewpoint, their different reactions, as she never could through seeing them occasionally, in any other branch of nursing. By thus learning the right method of approach, she is able to educate her patient's family, and through them, the neighbors, perhaps, in at least the a. b. c.'s of hygienic living. Few people will learn except by experience.

From years of continuous passing in and out of all kinds and conditions of homes (no nurse should stay a day longer than she is needed), among all classes and nationalities, she acquires that gift, invaluable to one of her craft, capacity for getting on with people.

Every young graduate who is ambitious to become the head of an insti-

tution, or a leader in any other branch in the nursing field, should take a course in private duty nursing, and I think it should be recognized and accredited as a postgraduate course. It is possible to put in years in a sort of treadmill, blind and deaf to the wonderful educational possibilities; but how many others take postgraduate courses in other branches, with the same mental laziness? It is but a small per cent that ever do arrive.

The same qualifications that are requisite for other highly specialized nurses are to be found in the successful private duty nurse, with the technical knowledge of that particular field of specialization she has chosen to enter added.

The old-time private duty nurse was trained by a still older-time private duty nurse who, if the greater part of her nursing education was learned empirically still had a valuable education. Later she added her "reading education." She also had that broad human understanding of the pioneer in a chosen life work, the knowledge that only life gives, and her pupils had the advantage of the perfect teacher.

Later on this superintendent's place was taken by a stern (very efficient, it is true), military commander, one who had no method of approach; indeed her chief ambition was to be unapproachable. Still later we have another type, whose responsibilities in instruction are divided into as many sub-divisions as subjects, and these are now turning out

¹ Read before a group of nurses in Everett, Wash.

our material for the specialized fields of nursing.

One cannot blame the pupil. Her education is as specialized as is the present medical education. This type of graduate strays at times, as if by misfortune, into the ranks of the old-time private duty nurse. She apologetically states that she is just now specializing in a hospital to mark time while she is waiting for charge of A——, or she is just seeing the country after resigning from B——, or she worked so hard as superintendent of C—— but is preparing to go back. Tactful, isn't it? when often it is an old-time nurse who is her confidante, doing the same kind of specializing and at the same remuneration, in spite of her years of valuable experience. "But of course, they're not up-to-date as we are," says young Miss Graduate. Is it any wonder that the old-time private duty nurse feels ashamed of this attitude? She does not necessarily resent the patronizing for, of course, she realizes that is only Youth. What she does resent is the mental attitude toward this branch of

our profession which is so far removed from the Standard Bearers of the past and the lessons she was taught of the dignity and responsibility of her profession as a private duty nurse, which field she was as a matter of course, expected to enter.

If the instructors in the schools of nursing boast of never having done a day's private duty, implying that their time was too precious for this line of endeavor, or if they have risen from private duty and feel that fact too disagreeable to mention, one that must be concealed as a dark secret of their past, instead of a rich experience, how can one blame the young graduates?

The old-time private duty nurse, as well as the old-time country physician, cannot be replaced. After all, what we most need in the final analysis when all of the modern mechanical appliances are made use of, is the educated touch, the educated sensitive extra sense, which instinctively tells what to do and what to say, which comes from visiting and living with patient after patient, year after year, by their own bedsides.

Plans for the observance of 1924 National Hospital Day, May 12, are being prepared by the National Hospital Day Committee, 537 S. Dearborn Street, Chicago, and all hospital and nursing administrators and others interested in this movement to make the public better acquainted with hospitals and to win greater community support and interest are invited to write to Matthew O. Foley, Executive Secretary of the Committee, for printed suggestions and ideas for a program. E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, and Dr. M. T. McEachern, president of the American Hospital Association, are respectively chairman and vice-chairman.

National Hospital Day now is not only generally observed throughout the United States and Canada, but it has gained a foothold in Alaska, China and Egypt.

The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

AS OTHERS SEE US

BY EMILY T. BUZBY

YEARS ago, long before the war had taught us so many things, almost before tonsils and adenoids and appendicitis were understood, I sat on a bench on the Boston Commons, utterly discouraged. I had just lost my third case; I had given all it was possible to give; I had worked to the best of my knowledge and strength and, in spite of all, death had won again.

I was young and impressionable and very tired, and I felt that perhaps I was lacking in some vital point, so feeling unable to stay indoors, I stole out to a secluded corner of the park for an hour's rest.

I remember how the pigeons bobbed their silly heads for chance crumbs and how the wind puffed my cape around, for I had not troubled to change my uniform before coming out.

Some one sat down on the other end of my bench, but it meant nothing to me. Tears came to my eyes; I loved my work, but, was I fitted for it? And I gave myself up to the most doleful thoughts.

"My dear, I believe you are one of our trained nurses?" As I was unused to being called "my dear" by a strange, masculine voice, I looked up—looked into a pair of searching, old grey eyes, not quiet, gentle, loving eyes, but eyes

that had seen life and conquered it; a trifle cold perhaps, but oh, so just!—and then the voice went on:

"I wonder if you truly know just how we of the outside world feel about you nurses? I wonder if I can make you sensible of the wonderful peace that comes over a house when a trained nurse arrives to take charge? You know your weaknesses and mistakes, but we know only your untiring kindness and merciful help. To us you are ministering angels. Have you ever thought that your simple white dress is as great a symbol of respect as the clerical garb, or the soldier's uniform?"

I cannot remember all he said, but he opened my mind to the realization that the trained nurse, in her uniform, has the whole world back of her. What she demands is hers. Her word is law. It is a tremendous responsibility, but once realized, it makes any task possible. After that talk, I attempted things I would never have dared earlier—and I made good.

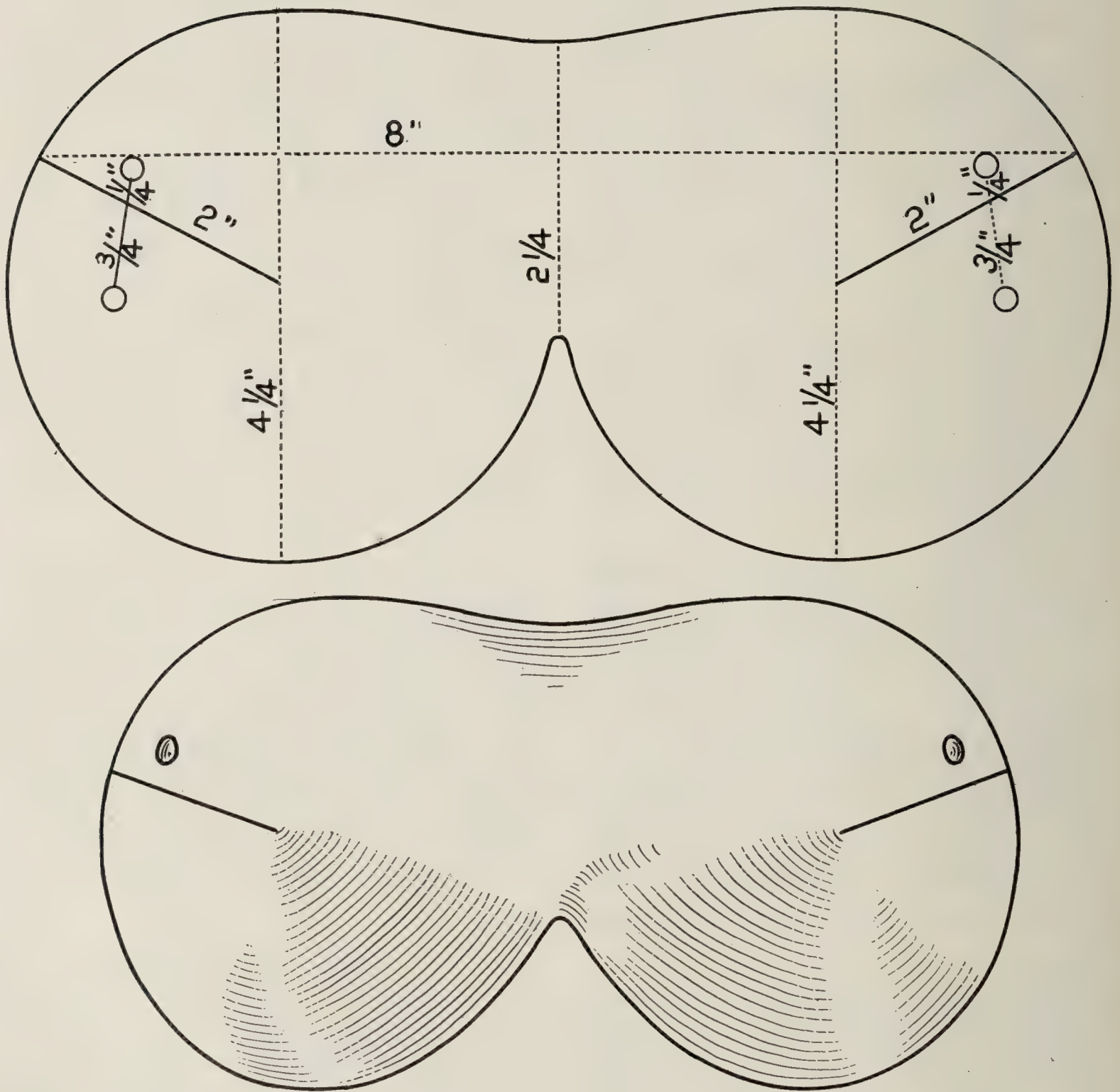
I have found public officials, persons of wealth, and God's own poor, all ready to help and love, not me, but the body of women I represent. And now that my time has come to rest, I feel I must pass "Grey-eyes'" message along to the younger nurses.

"There is no short cut to trained intellectual power. Its possession demands long and patient exercise and the expenditure of untiring conscientious effort," is the opinion of President James Rowland Angell of Yale University.

The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

AN EYE SHIELD

In use at the Nebraska Methodist Episcopal Hospital, Omaha



The shield is used over eye dressings in cases where pressure caused by bandages is undesirable; such as cataracts, trephines, injuries, etc.

The shield is made from a red pressed manilla board paper, being shaped by the cuts in upper outer sides; it is fastened together with Oakville fasteners through the holes punched at the sides.

The shield should be trimmed to fit the face. A narrow edge is moistened and turned

upwards around the entire shield, thereby aiding the process of sealing the shield.

To keep in place, the edges of the shield are sealed with a good grade of cotton and collodion.

This red pressed manilla board paper comes in sheets 18" x 24" costing 18 cents a sheet. About eight shields can be cut from one sheet of paper; therefore the cost is $2\frac{1}{4}$ cents apiece, approximately.

BASAL METABOLISM AND ITS INTERPRETATION¹

BY LOUISE S. HEYEN, R.N.

AS basal metabolism is becoming quite a common laboratory procedure, various nurses and others have asked me, "Just what is basal metabolism?" In our training school days we were taught that metabolism is the building up (anabolism) and breaking down (catabolism) of tissue, and that this action produces heat. Basal metabolism is the measured heat output of a fasting resting organism computed to a definite time period, usually one hour, or in other words, it is the minimum amount of energy required to keep the body alive for a definite period.

This heat output is measured by direct or indirect calorimetry. In direct calorimetry the entire body is inclosed in a chamber and the entire heat production of the body determined. This method has been known for years but was too complicated, expensive, and tiring to the patient. In indirect calorimetry (the method discussed in this paper) the heat production is determined by measuring the oxygen consumed or carbon dioxide liberated or both. It is only within very recent years that this method has been perfected for practical purposes.

Basal metabolism is spoken of in terms of calories per hour referred to some physical characteristic, such as body surface or weight. Standards have been devised giving the basal metabolism average or normals for the two sexes at different ages from fourteen to eighty years, expressed in calories per square

meter of body surface per hour. In children the basal metabolism may be more correctly referred to weight alone than to body surface. If by determination it is found that a certain individual's basal metabolism is 40.06 calories per square meter of body surface per hour and the accepted normal for that individual is 37.00 calories the variation from normal is 3.06 calories per square meter of body surface per hour.

For convenience and purposes of comparing the results of different individuals, or of the same individuals at different times, the variation from normal is expressed in per cent and is known as the basal metabolic rate (commonly abbreviated B.M.R.). If the variation is above normal it is known as plus, below normal minus, and if the heat production is the same as the accepted normal the result is zero and is reported as a plus or minus zero. The variation of 3.06 calories mentioned in the previous paragraph is reported as a plus 8 per cent. Mental anxiety, the slightest muscular activity, uncomfortable posture, restlessness, a desire to urinate, and food in the stomach, all tend to raise the rate, while sleep lowers it.

In determining the basal metabolic rate it is necessary to consider the respiratory quotient which is the ratio between the carbon dioxide eliminated and the oxygen absorbed. For practical purposes the respiratory quotient of a fasting resting individual is 0.82, which corresponds to a heat value of 4.825

¹ From the Department of Laboratories, Army Medical School, Washington, D. C.

calories for each liter of oxygen or carbon dioxide. It is at this figure that the metabolic rate is usually calculated when either the oxygen consumption or carbon dioxide elimination methods are used. With the gasometer the respiratory quotient is ascertained.

As we are discussing the indirect calorimetry method of determining the heat production of the body and knowing that to do this it is necessary to measure the oxygen absorbed, the carbon dioxide liberated or both, it is expedient that we know something of the apparatus used to do this. There are several varieties and makes in use but all are based more or less on the same principles. In our laboratory we use a series of jars for collecting the liberated carbon dioxide, the Benedict spirometer type for determining the oxygen absorbed and the Bailey model of the gasometer type for determining both the carbon dioxide eliminated and the oxygen consumed.

In the carbon dioxide elimination method the patient breathes atmospheric air and the expired air is collected in jars containing soda lime and calcium chloride. The soda lime absorbs the carbon dioxide and the calcium chloride the moisture. The jars are weighed before and after each test, the difference in weight being the amount of carbon dioxide eliminated. Several runs are made for checks, each lasting about ten minutes.

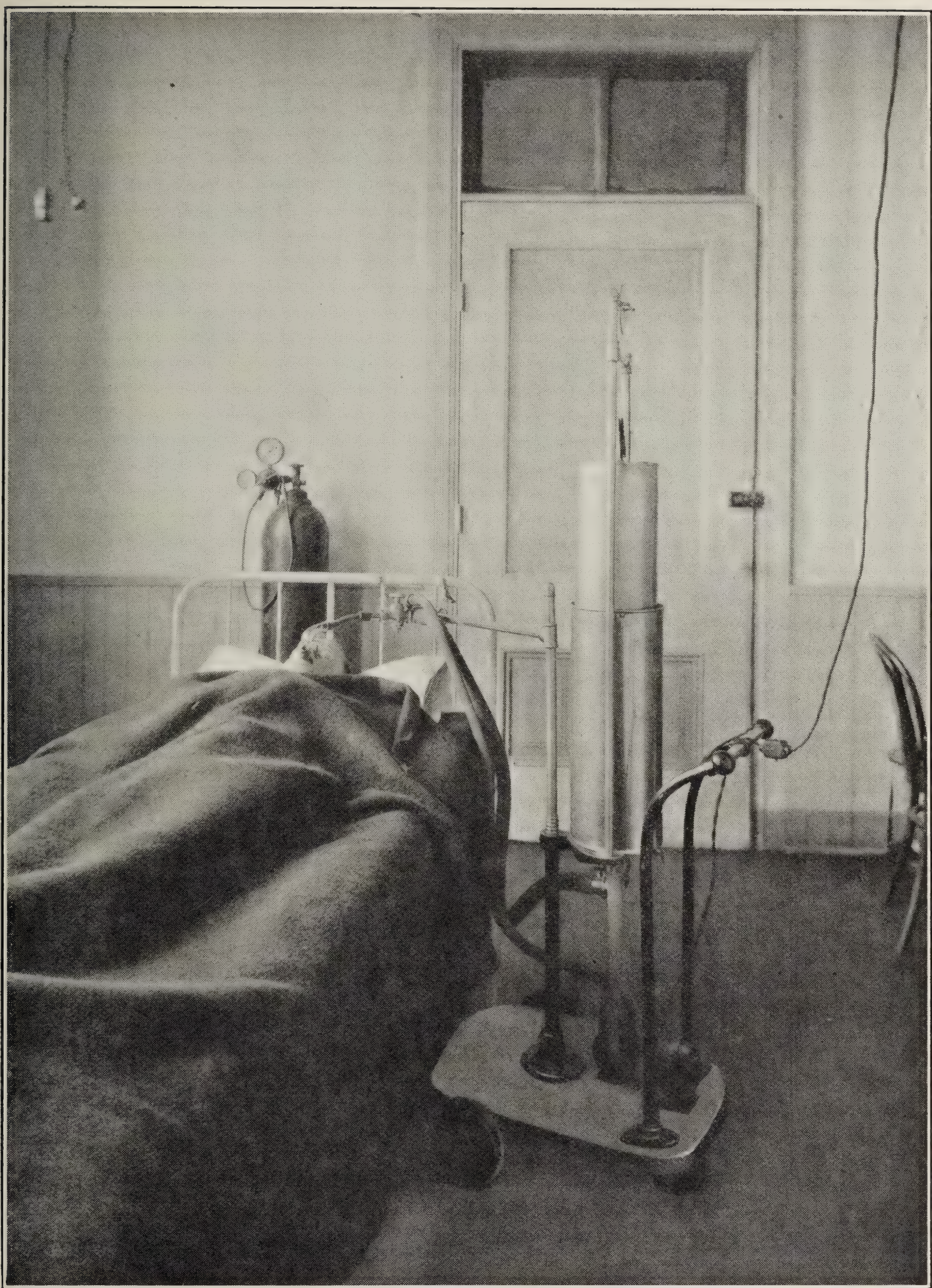
The oxygen consumption method is a closed circuit apparatus whereby the patient breathes and rebreathes practically pure oxygen, the carbon dioxide being absorbed by a soda lime container in the apparatus. The air is kept in circulation by a small motor driven fan.

The oxygen consumed is the difference between the amount of oxygen in the spirometer at the beginning of the run and at the end. As in the former method several runs are made for checks but of about six minutes' duration.

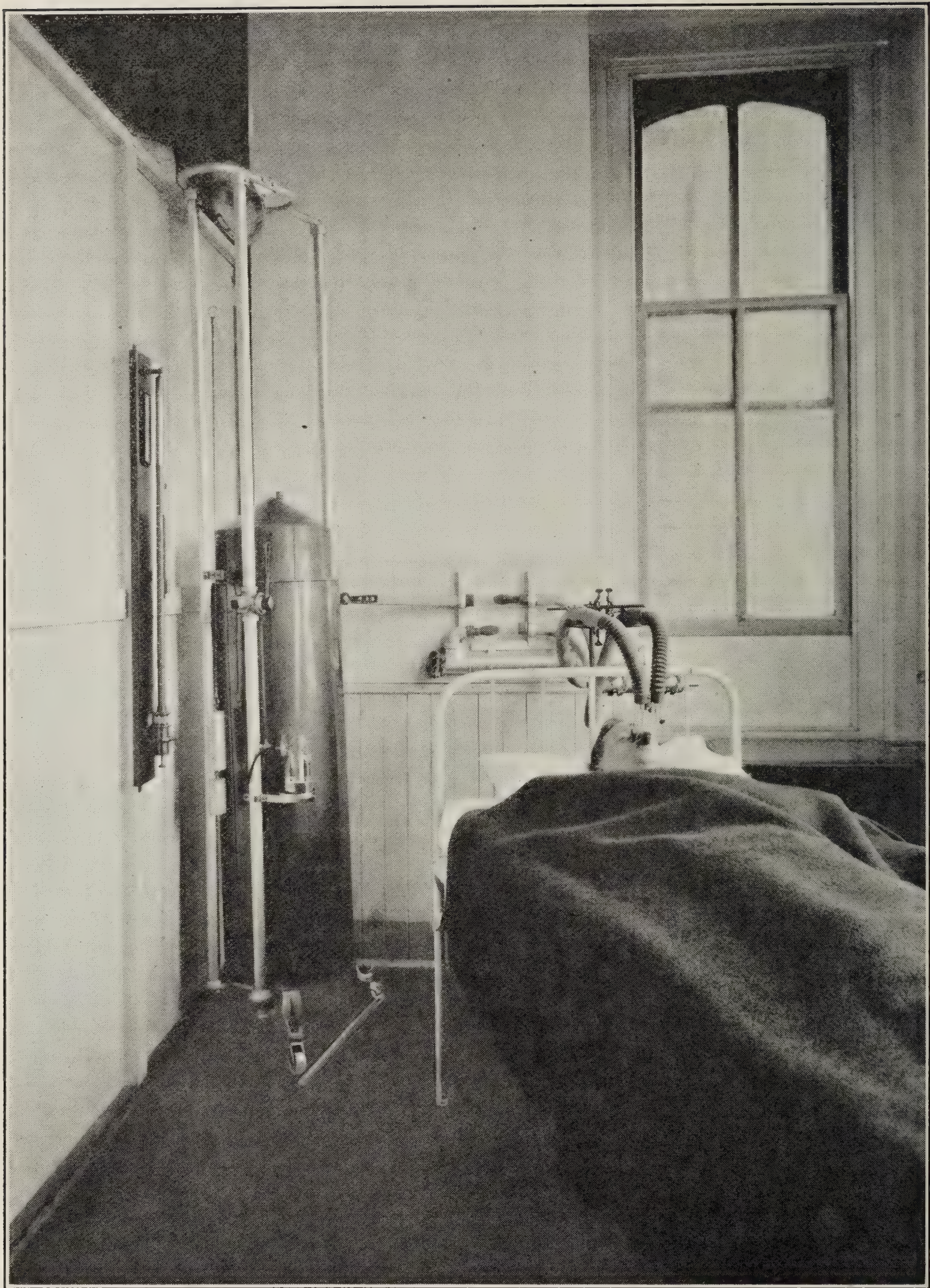
The gasometer is an open circuit method whereby the patient breathes outdoor air and the expired air is collected in the gasometer. Samples of this air are then analyzed for their carbon dioxide and oxygen content. This test lasts from ten to fifteen minutes with a preliminary washing of four or five minutes. Several analyses of the collected air are made for checks.

There are several methods of connecting the patient to the apparatus, one is the face mask similar to the one used overseas and the other a soft rubber mouth piece and nose clamp. The mask or mouth piece is attached to the apparatus by rubber tubing and a series of valves. We have found the mouth piece and nose clamp much more satisfactory both in comfort to the patient and in the prevention of leaks. Leaks by all means must be guarded against.

In basal metabolism a great deal depends upon the patient for an accurate determination. We have, therefore, certain fixed procedures for them to carry out. They are to retire early the night before, after a light dinner at their usual hour. No medication of any kind must be taken until after the test and where tonics or stimulants are being taken, they must be discontinued for a week or so before. In the morning the patient is to proceed to the laboratory without breakfast and with as little muscular or mental exertion as is possible. A few swallows of water may be taken if the patient feels she must have something.



A. M. S.—SANBORN-BENEDICT, SPIROMETER TYPE. (O₂ ONLY)



A. M. S.—BAILEY MODEL, GASOMETER TYPE. (O_2 and CO_2)

Upon reaching the laboratory the patient is put to bed, is told to relax, and is reassured as to the simplicity of the procedure and its freedom from pain. During the rest period the respirations and pulse are taken every fifteen minutes. In most cases a half hour or an hour is sufficient for the preliminary rest before starting the test.

During the determination, the pulse and respirations are taken and recorded at the beginning, middle, and end of the run. The reading of the barometer and room temperature are checked several times, as well as the gas in the apparatus. Where there are several runs to be made, a rest of about five minutes is given between them. All readings and figures must be accurately taken. After the test the patient's nude weight and height in stocking feet are taken, and her age is recorded. We are now finished with the patient and she may go her way.

There is a great deal of calculating to be done before the basal metabolic rate is known. Most of the figuring is done on a form sheet in logarithms with the various procedures noted so as to avoid mathematical errors. Various tables have to be referred to, etc. Tables have been devised from which, knowing the patient's height and weight, the body surface in square meters is easily obtained. There are tables for correcting of gases to standard, also tables giving the calories per square meter of body surface per hour of both sexes at different ages, as referred to in a previous paragraph.

Knowing what is meant by the basal metabolic rate and having some idea of how it is determined, it may be of interest to know its interpretation in re-

gard to various pathological conditions. As I have said, it is a rather new procedure and its many possibilities can only be surmised in light of present findings.

VALUE OF CALORIMETRY

So far its greatest value has been found in disturbances of the internal secretory glandular system and of this system, particularly the thyroid gland. This gland controls the heat production of the body and it is believed to be the keystone of the endocrine family. The frequency of thyroid disturbances makes the determination of basal metabolism very valuable not only as a means of diagnosis but even more in controlling the treatment and operative care. Diseases of the thyroid are divided into two heads, hyperthyroidism and hypothyroidism.

In hyperthyroidism there is an over active gland secretion with an increased heat production and consequent increased basal metabolic rate. Of this group exophthalmic goiter gives the highest rate, frequently as high as a plus sixty or seventy per cent. In toxic conditions which are due more to quality than quantity production the basal metabolic rate lies around the twenties and thirties.

Conditions other than those of the thyroid gland which give a rate on the plus side are fevers and it is interesting to note that as the fever increases so does the basal metabolic rate. In fevers where there is a lowered vitality, such as tuberculosis, the basal metabolic rate is inconsistent with the former findings, in fact, the basal metabolism may be lower than the normal for that person in health. The leukemias and pernicious

anemia give increased rates in proportion to their severity, the leukemias giving the highest rates.

Hypothyroidism is a condition in which the thyroid secretion is deficient and heat production low. Under this heading myxedema gives the lowest rate, a minus thirty or forty per cent. Here, also, is found cretinism and a hypo condition following surgical procedure where too much of the thyroid gland has been removed. In cases of hypothyroidism the basal metabolic rate has been of the greatest use in controlling the dosage of thyroid extract necessary to bring an individual up to the normal level and by frequent determinations to ascertain how much is required to keep him there. After the correct dosage is reached a basal metabolic rate determination once or twice a year should be made to keep in touch with the patient's condition under the long continued treatment which may be required.

Malnutrition, diabetics on severe diets, menopause, old age, and conditions following severe infectious diseases give a rate on the minus side without any direct bearing on the thyroid gland.

We have often seen enlarged thyroid glands in girls about the age of puberty and in young women. They may be nervous and have various complaints but a basal metabolism test determines how much the thyroid is at fault and whether it is a simple goiter and non-toxic. In the same way a basal meta-

bolism determination differentiates between exophthalmic goiter and psychoneurosis. In both instances an initial high rate is obtained but in the exophthalmic goiter the high rate is sustained in further determinations several days apart. In psychoneurosis the rate gradually falls in repeated determinations until a normal is reached and maintained.

Heart conditions show no great variation from normal except where extra muscular work is caused by decompensation. Nephritis, unless with complications, shows no increased rate. We have run several cases through a menstrual cycle and have found some irregularity in the rate but within the normal variation for the individual. Pregnancy shows an increased rate in the later months with a return to normal in about twelve days postpartum. Thyroid enlargement often accompanies pregnancy without any significance to the basal metabolic rate.

As different individuals vary in normal temperature and pulse rate, so does the basal metabolic rate vary. *In our laboratory all rates between a plus fifteen per cent and a minus ten per cent are considered within normal.* No conclusions should be drawn from an initial high or low rate. These should be checked by subsequent runs several days apart. As basal metabolism is a laboratory procedure no diagnosis should be made without a complete laboratory picture and clinical findings.

The *News-Bulletin* of the Bureau of Vocational Information for January is devoted to Nursing—a Profession of Opportunity. In addition to the major article it carries articles on the Yale School, Universities and Nursing, and the Conclusions of the Goldmark report on Nursing and Nursing Education in the United States.

THE NEW CONVALESCENT HOME FOR CHILDREN AT PALO ALTO, CALIFORNIA

BY MARY R. WALSH, R.N.

AMONG the group waiting for a conference with the Business Director of one of our large city hospitals was the Chief of a Pediatric Service who had the previous day received a statement concerning a deficit in his budget which, with a few months still ahead before the end of the fiscal year, gave him a great deal of concern. The patients in the children's ward whose accounts were charged to his budget had been carefully examined and there was not one who was not in need of special nursing care and medical supervision for some time to come.

Upon the Business Director's advice an interview was held with the Director of Social Service of Lane and Stanford Hospitals. She suggested a way out of the difficulty by calling attention to the New Convalescent Home for Children at Palo Alto. This interview was followed by a visit to the Home, with the result that within a few days three of the "budget" children were transferred to that institution.

Let me give a brief description of a few of the differences which make this Home unlike ordinary convalescent homes, as to character of the patients admitted, their care, the building, and its equipment.

President Wilbur of Stanford University, in accepting the building on behalf of the University, said:

There have been arguments of late as to why cities were built, but for whatever purpose they were built, one thing is certain;

they were not built for children. It is children above all who have a claim to sunlit spaces, clear skies, and healing airs.

All these are evident at the new Home!

The site is on the grounds of Stanford University, at Palo Alto, in the Santa Clara Valley, thirty miles southeast of San Francisco. The University assisted the projected home by turning over the old Stanford residence (at the time unoccupied) and twenty-seven acres surrounding it, at a rental of one dollar per year.

The location is a short distance off the "El Camino Real," or State highway, between San Francisco and Los Angeles. The grounds are planted with eucalyptus, pepper, acacia, and many other varieties of trees, shrubs and flowers. To the east, about three miles away, is the bay of San Francisco, and across the bay is the Coast Range with Mount Diablo and Mount Hamilton looming up some 4000 or more feet. Toward the west is the gradual rise of the Santa Cruz foothills making a most glorious and unusual view from the Convalescent Home.

The climatic conditions are ideal with the mercury rarely below 35 degrees in winter and with a summer average of 70 degrees. Rain is plentiful between the months of December and April. Under these climatic conditions, the essentials toward rapid recovery, plenty of fresh air, quiet, and sunshine are abundant.



NOTE THE DARK SHADES WHICH ARE ATTACHED TO THE HEADS OF THE CRIBS

Patients are admitted upon the recommendation of the Professor of Pediatrics at Stanford Medical School, Medical Director of the Home. There is at present no charge for patients, support being obtained by voluntary gifts, supplemented by a grant from the San Francisco Community Chest, under which funds for a permanent endowment have reached over \$100,000. The building of a new unit providing additional facilities to those afforded by the old residence was made possible by a gift of \$40,000 in memory of Mrs. Kate D. McLaughlin.

Under the supervision of Ruth Spande and her staff of three graduate nurses, with the daily visit of Dr. George Barnett, and visits of the consultant staff when indicated, patients receive excellent medical and nursing care.

The type of patient accommodated here is quite different from the average convalescent home patient. They are

received at a much earlier stage in their recovery than is usual, being transferred even while needing bed service. The old building is planned for the accommodation of patients in the ambulatory stage, the new building is for those in need of hospital service. According to this plan a large proportion of the patients are recent post-operative cases, together with cardiac, choreic, bone and joint disease patients. Open tuberculosis is excluded.

The children are transferred from their respective hospitals and homes by ambulance and are considered as patients of the institutions from which they come, but temporarily assigned to the Medical Director of the Home. The special treatment laid down by the attending physician of their hospital service is continued, together with careful supervision of diet, heliotherapy, and frequent reports of progress. These are the outstanding features of the service.

On entering the new unit it is noted that the color scheme is one of charm and great beauty. The delicate tinting of the walls, the cheerful glow from the open fireplace, the high-back settees placed on either side and in front of the fireplace piled high with cushions of gay colored figures, the cabinets of books and toys on either side of the fireplace, the round table at one side with its huge basket of California red berries, with eight or ten small chairs about it, the cream colored enameled beds with ball-bearing castors, individual screens, adjustable metal back rests, and the wonderful dark green shades to draw up over the bed during "nap" time or whenever sun or light are to be excluded, all present objects of the utmost interest.

The two shelved bedside tables, the radiators screened with wire net to prevent tiny hands being burned, the three-inch base "shoe" for wall protection, the sun pouring through the 100 per cent air windows and copper mesh screens, all show at a glance the hours of thought and time spent in detail planning. The night lights present a new idea, having green shades, and while giving an excellent light, at the same time they cast a very faint shadow.

The dining room is equipped with two long green tables of simple but attractive design with chairs to match. The tops of these tables present an unusual appearance which on examination proves to be due to a covering composed of thick padding topped with oil cloth and finished with several coats of varnish. The center of each table has a wreath design of gay colored flowers, painted by a friend of the children, within which is a life-sized green porcelain parrot whose eyes seem to follow one about the

room. The dishes with their downy yellow chicken are very attractive. The silver is of appropriate size and weight, with a simple yet dignified pattern, and includes individual napkin rings. The girls sit at one table, the boys at the other, and a nurse presides at the head of each table, killing two birds with one stone, so to speak, supervising serving and table manners, while eating her meal at the same time.

The kitchen presents a carefully worked out plan which is exceptionally practical. It possesses a cold closet with an automatic closing refrigerator and a closet on whose shelves were over 1000 jars of jellies and jams presented by friends of the institution, giving one a longing to become a patient at least for a while.

The locker room is equipped with individual lockers, each containing towels, a wash cloth, white enamel mug, tooth brush and paste, bathing cap, soap, and a comb. The bathroom adjoining has a built-in tub elevated two or three feet above the floor, with hand rail to prevent slipping and faucets placed so that a child cannot reach them. The purpose of the elevation is to facilitate bathing without the necessary bending over the tub on the part of the nurse. A shower room presents an outside control of the faucets. A small closet containing towels, bath mats, etc., with scales, make this room very complete.

The well stacked linen closet with white washable bath robes and outdoor slip-ons of various sizes, is an example of order. The specially built hopper and shelves for caring for flowers, the lavatories with the wash bowls at the proper height for the kiddies to wash their hands and with toilets of the right

size and height, all show special designing. The isolation unit consisting of two beds is so complete that it can be shut off from the rest of the home.

In the basement the oil burning furnace, loads of fire wood and logs for

the fireplace, and an ideally arranged clothes closet are special features.

This unit of twenty beds is but the beginning of a building program outlined by Dr. Wilbur whereby adults as well as children will be cared for in the future.

INSTITUTE FOR INSTRUCTORS AND ADMINISTRATORS IN SCHOOLS OF NURSING

BY EDITH B. HURLEY

THE SECOND ANNUAL INSTITUTE under the auspices of Sections I and V of the New York State League of Nursing Education directed by Edith B. Hurley, was held from February 4 to 8. Through the generosity of Mt. Sinai, Bellevue and the Presbyterian Hospitals it was possible to hold all the meetings of each day in one place. The last day was a general visiting day on which regular classes were conducted for the visitors in several of the schools of nursing, and the new pavilions were also open for inspection. A session in which a most helpful paper on Food Problems of the Diabetic was given by Mrs. Mary Pascoe Huddleson, brought out a large number of Dietitians. This paper was followed by an instructive lecture on Insulin by Dr. W. S. Ladd of the Presbyterian Hospital Staff. A series of lectures Applications of Psychology to Teaching, Technic of Teaching and The Act of Questioning, of great help to instructors was given by Maude Muse, instructor in Nursing Education at Teachers College. The Institute was particularly fortunate in having Dr. Bela Schick, the originator of the famous Schick test on the program. Dr. Schick presented some very interesting charts and food trays to illustrate the organization of nutrition in the children's department. He urged the necessity for a definite method in such work and the need for the closest coöperation on the part of physicians, nurses and dietitians. Dr. Ira Wile, Chief of the Health Class of Mt. Sinai, conducted a clinic illustrative of the Behavior Problems of Children. A paper on the organization and program of study of the Central School of Nursing of Westchester County presented by Louise Parsons, the Educational Director, provoked a lively discussion. The consensus of opinion among the Superintendents of Nurses who had united in the project was that the Central School was a most satisfactory arrangement. A paper of especial interest to Administrators on the Single-Room Hospital Plan was presented by Miss Hehner, Educational Director of the Fifth Avenue Hospital School of Nursing. Two of the afternoon sessions were devoted to various phases of Pediatrics. Grace E. Allison, formerly Superintendent of Nurses of the Lakeside Hospital, Cleveland, presented in a concise manner some of the problems involved in the Correlation of Pediatric Theory with Nursing Practice, and suggested some solutions. Maud Kelley, Instructor in Pediatric Nursing at Bellevue followed with a Type Lesson in Pediatric Nursing. Lavage was the subject for demonstration to a class of "just capped nurses" and a real baby, perhaps six months old, submitted most cheerfully to the treatment. Tea was served following the afternoon session at Bellevue and again the next day at the Presbyterian Hospital which added greatly to the enjoyment. The Institute was conducted in an informal, sociable, "get-together" way which every one seemed to enjoy. The Director met everywhere the most splendid spirit of coöperation, no one who was approached refused to take part on the program and everyone seemed eager to assist in making the Institute a success. That it is a needed and welcome feature in Nursing Education may be attested by comparative figures,—last year 196 attended the meetings and this year, 359. During the very worst day of the winter 130 nurses made the trip to Bellevue. Suggestions have already been made for subject matter for next year's program.

LOZIER MEMORIAL TRAINING SCHOOL ALUMNAE elected the following officers in January: President, Mrs. Mary Bourne; vice-presidents, Martha LaPlante, Louise Wulkoff; secretary, Mrs. Charlotte B. Oliver; treasurer, Mrs. Lillie M. DeTalmond.

A SCHOOL OF NURSING FOR MEN

BY KENNETH T. CRUMMER, R.N.

EVERY so often a new idea is born in Philadelphia. Aside from the Declaration of Independence, (a new idea of justice and government) and the gloriously new ideas of flag making of Betsy Ross, or Stephen Girard's idea of what one rich man might do for many poor boys,—new ideas do spring up in the Quaker City, and from ideas come ideals.

In 1914, in the men's department of the Pennsylvania Hospital, Department for Mental and Nervous Diseases, a new idea was conceived and realized. This idea was a training school for men nurses.

It is true, that among the 1700 or 1800 training schools for nurses at the present time in the United States, there are a few general hospitals which train men as nurses, and many mental hospitals where they are trained. But in all of these, the men are trained along with the women. That is, they are part of the hospital training school which graduates a mixed class of men and women, or they are closely associated with the women's school.

Now the School of Nursing for Men at the Pennsylvania Hospital is a separate unit from the two schools for women in the same hospital. It has its own organization, a separate policy, its own ideals and traditions. Its officers are men and registered nurses. The superintendent of nurses and his assistant, the night superintendent, and the instructor of nurses are all men. The only association the school has with the School of Nursing for Women of the

same hospital is a coöperative arrangement for teaching the men and women together in the scientific branches. Otherwise the schools are as separate as Yale and Harvard.

The course is the regular one of three years, required in Pennsylvania, the student spending ten months in affiliation in a general hospital where he receives theoretical instruction in addition to his practical instruction in surgery, medical nursing, operating room technic and nursing in genito-urinary diseases. The school is accredited by the Pennsylvania State Board of Examiners for Registration of Nurses, and the course covers the curriculum prescribed by that board, with the exception of obstetrics, gynecology and pediatrics, for which nursing in genito-urinary diseases and hydrotherapy are substituted. Psychiatric nursing is emphasized, of course. At the present time, the school gives well over the minimum requirements of the State Board for theoretical instruction.

We have come to associate the word "nurse" with "woman" so long, that we invariably say "her" in speaking of a nurse. Perhaps some folk may wonder why they have a school for men nurses in Philadelphia and what kind of nurse they turn out. When I tell them there is the greatest need for these men, and they are nurses of the highest type both as regards work and accomplishment, and as men, they may wonder still more.

In 1879, at McLean Hospital in Massachusetts, the first training school for nurses in a hospital for the mentally

sick was organized, including the training and education of men as nurses in its scheme of things. Its organizer, Dr. Edward Cowles, had previously founded the school of nursing at the Boston City Hospital, making it a unit of the hospital, a plan universal now but new then.

Dr. George T. Tuttle, in a recent address,¹ said:

It seems to me, the most significant thing Dr. Cowles did was the training of men as nurses. For thereby was made possible the care of mental cases in their homes, a thing impossible up to that time, because of the lack of the right kind of men with the right kind of training.

Note, please, the *right kind of men*. Right there is the justification and success of the Pennsylvania School. It prides itself not on numbers but on quality of product. It tries to turn out *men*; men who think straight and see straight, who are capable and ready to serve where a woman, for various reasons, cannot. Today and tomorrow the opportunities for helpful service in the fields of psychiatric nursing and mental hygiene are opening up as never before, and much of it is man's work. The School of Nursing for Men of the Pennsylvania Hospital is trying to supply that want with nurses well trained, not only in psychiatric nursing, but in general nursing as well; with men eager to share in these new opportunities and responsibilities and able to carry on the work. But, they must be men of the highest type, and because of the rigid enforcement of this requirement of the school, many fall by the wayside. The

graduating class is always much smaller than the probationer class.

The students come to the hospital from various sources, for different reasons, and from half a dozen states of the Union. Some are college men, some have but one year of high school to offer for preparation. Some are mere youngsters, some are thirty-five years old.

One man came to the school with a definite purpose of using the training in the work he means to do later in the mission field. Another came to find out what it was all about and stayed because of the appeal of service, and because of the satisfaction of accomplishment in study and work, because he discovered he had a new set of values and ideals. A certain proportion of the men say they mean to make nursing a stepping stone to the study of medicine later on.

Not all the pleasures come from work and study. The school is fortunate in being part of a hospital that has a gymnasium, a swimming pool and sufficient ground for out-door games. The baseball team usually boasts a successful season, and the basketball five plays hard and often wins. Sometimes the school boasts special athletic talent; a year or so ago it was represented by a quartet whose members ran in the relays at Franklin Field, in the University of Pennsylvania track carnival of that year. It seems a trifle odd to hear of a training school for nurses competing in a college track event, doesn't it?

Somehow, at least once a year, time is found for a minstrel show, and nearly every class gives a dance. A day off once a week, (though one must go to class) breaks the routine and gives a chance for relaxation and change. The

¹At the organization of the Alumni Association of McLean Hospital Training School for Nurses, Waverly, Massachusetts, June 28, 1923.

nurses' home, although made over from a ward of the hospital, is comfortable and roomy, with wide hall and large common room with a piano and comfortable chairs, where one can study and smoke (for these nurses smoke). That is, one can study if something else is not going on, otherwise it is better to seek one's room, which is quiet.

After graduation, the men find there are more positions waiting than they can fill. Here the preference and inclination of the individual decide. This man goes out to private duty, general nursing perhaps, perhaps nervous and mental cases. One graduate is an office nurse for a specialist in genito-urinary diseases. Some go into industrial work in foundry or factory, first aid and dressings; some study massage and physiotherapy; some remain in their own hospital as officers or charge nurses of wards. A few leave the profession altogether and take up other work. Of these, it is interesting to note that they do not consider their training as three lost years, but rather as experience and education helpful in any line of work.

In private work, the men are especially successful. Except for ten months, when they are away for their affiliation period in a general hospital, they have been carrying out treatments often more difficult, because of the patient's mental condition, than would be the case were the patient only physically ill. For mental cases fre-

quently have physical ills and diseases, as well as the mental condition. To learn to manage medication and treatments for a non-coöperative or even actively antagonistic patient, the nurse must necessarily have learned something of patience and tact, and must have gained adaptability, faculties useful indeed in private nursing.

Possibly our sisters in the nursing world will not take kindly to this invasion by men of a field they have considered peculiarly their own. In other words, they may be unwilling to acknowledge the man as a nurse, worthy to share in all the privileges and pains of nursing.

The woman physician has become an accepted factor in the practice of medicine, and rightly so, of course. The man who nursed was often frowned upon because he was an impostor, not a nurse, but an attendant or orderly of limited training and, worse still, sometimes lacking in *manliness*. It hardly seems as though women nurses should view with anything but good will a school that tries to maintain the highest ethical and educational standards of nursing; a school that is not satisfied with a graduate who is less than a manly man. It needs, and no doubt will receive, the good will and coöperation of the nursing world generally, regardless of sex. Who knows but that the nursing text of the future will speak of the nurse, not as "she," but as "he or she?"

The Mental Hygiene Primer put out by the Massachusetts Society for Mental Hygiene contains a series of thoroughly practical articles intended for the use of nurses and social workers who are interested in learning "what mental hygiene is all about." We commend it to nurses, particularly to those who have not had an opportunity to become informed as to the distinction between serious and mild cases of mental disorder, and the relation of some mental disorders to physical invalidism. *Mental Health for Normal Children* and *The Nervous Child* are admirably dealt with in simple language. This Primer, containing articles by eight well known specialists, may be had for twenty-five cents per copy from the Massachusetts Society for Mental Hygiene, 5 Joy Street, Boston, Mass.

WHO'S WHO IN THE NURSING WORLD



XXXII. SARA ELIZABETH PARSONS

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EDITORIALS

A PERENNIAL TOPIC

IS there nothing new under the sun? Can nursing really be called a profession if we spend so much thought on hours of duty? These and other questions will rise in many places when this number of the *Journal* is opened. In reply to the first we would say that twelve-hour duty in hospitals is only too new a subject in many parts of the country. In reply to the second, we would say that discussion of hours without discussion of the quality of service rendered certainly smacks of a trade and not of a profession.

We are presenting articles that are representative of discussions we have heard in state after state. The scales bear heavily down on the side of twelve-hour duty. No argument offered outweighs the evidence against the noxious practice, with its attendant lowering of morale, of requiring nurses to sleep in patients' rooms; a practice which has given rise to a wholly false sense of values. If a nurse has slept, she has not served. If she has not slept, she cannot long remain efficient and happy. The practice is therefore unfair to nurse and patient alike.

Hours of duty in the home are more difficult to adjust for there is no organized nursing service to depend upon. Clear thinking is necessary and the adjustments made must be generous. In this connection we would remind nurses and the families of patients alike of the splendid results obtained in homes served by visiting nurses. In such homes only an hour or two of actual nursing care is possible, but some mem-

ber of the family, carefully taught, becomes an able lieutenant.

We must learn to distinguish between actual nursing and companionship and between companionship and mere time serving and to call them by their right names. Skilled nurses should not be expected to "spend hours in boresome idleness," because somewhere there are patients who need the skill that is not being used and because the practice leads to mental stagnation for the nurse. From within, not from without, the ranks of private duty nurses must come the initiative in changing such unwholesome conditions. Desirable changes can be brought about by the coöperation, which must be based on thorough understanding, of all those concerned; what the Directors of the nursing services of many hospitals have done, others can do.

The best possible argument is a contented and satisfied patient. Every patient is entitled to good nursing technic based on sound knowledge. He wants also alert, interested, and sympathetic care and not the lack-lustre observation and attention of the habitually tired person. Long, dull, inactive and unproductive hours do not balance the loss to the patient of the more vital elements in nursing. There is a valid argument for an adjustment of hours where the twenty-four hour type of duty prevails, for the professional worker has only himself to sell and in justice to those who buy must keep himself fit.

DRUDGES

"OH! I'm just a poor devil of a private duty nurse." It was said humorously, but underneath lay the

conviction that the private duty nurse is the drudge of the profession. Is it true? Are private duty nurses drudges, the Cinderellas of the nursing family? Some of them toil without spirit or interest, but so do some institutional nurses and some public health nurses.

In this imperfect world there is some drudgery in every job. It is also true that what is soul-destroying drudgery to one may be eminently satisfying work to another. No one knows just how much drudgery the other person performs. Many, probably most, of the glittering and most coveted positions in our profession are held by women gifted with a capacity for hard work of a kind that would be sheer drudgery to the envious ones but it is the result that shows, not the drudgery.

Drudgery may be a habit of mind, a negative acceptance of more or less unsatisfactory conditions. Any position that really holds a maximum of drudgery,—routine, non-stimulating and unsatisfying work, is untenable and should be abandoned if the conditions of work cannot be changed so that the individual may have a proper share of satisfaction in good work well done. Private duty nurses who honestly believe that they are the drudges of the profession have two courses open to them. In a world teeming with opportunity for nurses they should be able to find a field that will call forth all their powers and offer them satisfying rewards. The alternative, of course, is to "put their backs" into the task of making private duty a worth while thing with each patient offering fascinating problems of personality, of treatment, of environment. This is the conception of private duty held by those specialists in private nurs-

ing who genuinely adorn the profession and who are in no sense drudges.

REGISTRARS

A REGISTRAR is the administrator of a nursing service and may be a power in her community and occupy a position of genuine leadership, or she may be almost an automaton, a routineer putting nurses on cases like pegs into holes, any peg into any hole.

The thoughtful competent registrar has no easy task. To her come nurses for cases, for positions, for advice about change of occupation, change of location, and information about registration laws, with myriads of questions about professional and personal activities; all requiring a constantly augmented store of information. To her come the public and the doctors with their demands for nurses and super-nurses and, alas! with their complaints.

A great coördinator is the broad-gauge registrar who functions in a generous spirit. Large hearted, open minded, well informed, her office should be the headquarters in the community for information on nursing. Placing registered nurses on private cases is only a fraction of her service. She may also direct or maintain a service which will put those in need of hourly service in touch with individual nurses or with suitable agencies. Nor should she be required to limit her activities and her interest only to registered nurses. She should be encouraged to meet expressed needs for less skilled care than that of the well prepared nurse. We look to the time, too, when some thoughtful registrar will work out in coöperation with some pioneering and adventurous souls, a plan of "group nursing" that

will make for a more even distribution of nursing skill and thus help solve the problem of the inadequately nursed middle class.

Mother confessor, counsellor, friend of nurses, the registrar has a marvellous opportunity for coördinating nursing activities, for promoting understanding between the medical and the nursing professions, and between both and the public.

Such registrars as we have in mind can do much to bring about the realization of one of our cherished dreams—that of a central organization in every city and town where nursing service of any type, skilled, less skilled, or subsidiary; full time or part time; institutional, public health or private duty, may be supplied to those in need. The potentialities of such central coöperative organizations are enormous and lead one to dreams of communities wholly and completely nursed. Let us not hamper, by petty restrictions, the activities of competent registrars. Let us also seek to develop more well qualified registrars than we now have.

A SOUTHERN AMBITION

THE Graduate Nurses' Association of Virginia is actively at work on a plan for the endowment of a chair of nursing at the University of Virginia, in order that Southern nurses may not only receive postgraduate work at home, but also that a five year course, leading to a degree and a certificate in nursing, may be offered. The promoters have the support of President Alderman of the University, who says that the reasons for establishing such a chair are "obvious and quite appealing" and that "the University of Virginia craves the

opportunity to do this work for the South." At least \$50,000 will be needed and "the major part of the amount must be raised through the efforts of Virginia nurses, in order that there may be no unnecessary delay in realizing this great dream for the advance of the nursing profession in Virginia and her neighbors to the south." The nurses of Virginia have mobilized for real action. More power to the women of courage and vision who labor to the end that dreams may come true!

The future of nursing in the South seems bright with promise when sound advances such as this and the work at George Peabody College are well under way.

THE PLIGHT OF GERMAN NURSES

TO help or not to help German nurses is disturbing many minds. The question is one every nurse should decide for herself in the light of her sympathies and the information given by Sister Agnes Karll in the November *Journal* and by Miss Noyes in our January number.

"Germany is not being destroyed by starvation; but hunger and sickness, unemployment in the factories and infection in the homes are undermining a people," says Dr. Haven Emerson of Columbia University, in his Diagnosis of Germany's Distress in *The Survey* of February first. Just returned from his study of Germany's health, made on request of the American Friends' (Quaker) Service Committee, Dr. Emerson's face lighted with interest and enthusiasm when asked about the German nurses. In spite of lack of funds, lack of equipment, lack of available hospital beds, Dr. Emerson felt that excellent

nursing standards and objectives are being maintained.

The public health nurses observed on duty by Dr. Emerson did not show evidences of undernourishment although their salaries are small and their work increasingly arduous because of the rising tide of tuberculosis. Many of the tuberculous must be cared for in their homes because so many institutions have closed for lack of funds.

The picture in the hospitals is vastly different. They are overcrowded, understaffed, inadequately heated, and therefore poorly ventilated. Nurses as well as patients show the effects of poor air and the lack of proper food. We must remember that twenty-five per cent of all government employees, including nurses, have been dropped. We must remember too that the economic depression has dealt most cruelly with the professional classes and with those who had put by modest savings on which to live in their age.

The American Nurses' Association has not put on a drive in behalf of suffering German nurses; it will, however, through the office of the Secretary, 370 Seventh Avenue, New York City, send to Sister Agnes Karll, President of the German Nurses' Association, such moneys as may be forwarded for the relief of nurses. The Friends' Service Committee, 20 South Twelfth Street, Philadelphia, has signified its willingness to forward bundles of clothing if the donors will send them prepaid and will in addition make a contribution to the fund for shipping clothing. It costs the Committee between three and four dollars per hundred pounds to ship clothing, and funds are not plentiful.

A pathway has been opened for those

who believe that disease and hunger and cold should be mitigated and that nurses have an important part to play in checking these undermining forces in Germany.

A DISTINGUISHED VISITOR

DA ME M c C A R T H Y, G.B.E., R.R.C., Matron-in-Chief of the Territorial Army Nursing Service, has just arrived in this country and is the guest of Major Julia C. Stimson of the Army Nurse Corps. Plans for Dame McCarthy include visits in New York, Philadelphia and Toronto. Invitations for her should be addressed in care of Major Stimson.

BIRTH NOTICES

"THESE, Them, or Those!" This topical song comes into our minds each month when we are confronted with a mass of interesting material large enough to fill two or three magazines the size of the *Journal*. Carefully we balance the claims and the expressed needs and desires of nurses in various sections of the country and of those engaged in the many specialties.

No article or news item or filler goes in unless the editors feel that it really can justify its existence in print. But there is never room for all that can pass the test. A hungry minded subscriber, wanting more actual nursing, wrote us not long ago that the names of babies she would never see meant nothing to her. Since most alumnae associations now have bulletins which carry just this sort of pleasant news, we believe the suggestion a good one. In the interest of economy of space, therefore, the *Journal* ceases to carry Birth Notices with this issue.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

HEALTH OF THE STUDENT NURSE¹

BY CAROLINE HEDGER, M.D.

IN general, a woman agrees with a training school to give service for a period, to give tuition, or both. The hospital or training school undertakes to give her at the same time her nursing education. The report on nursing education referred to by one of the previous speakers shows that this education, both practical and technical, varies in wide limits over the United States and, of course, standardization has to come. The unspoken agreement between these two contracting parties is that this woman is to be a nurse and she is to be of constantly increasing value to the hospital during her stay there, she is to be of value to the public afterward and she is to be of some use of herself. That is not put down in the contract, as I recall the one I signed a thousand years ago, but that tacit understanding is there and must be considered.

The hospital on its side hopes to get its nursing done, and it hopes in addition to its other great services to the community to be of use in the educational field. Here at once occurs a conflict which is amply and ably discussed in "Nursing Education in the United States," published by Macmillan in 1923, and if anybody is interested in nursing problems or nursing education he must study that book. The conflict immediately arises, there are those

sick people, they have to be taken care of, how much time and strength is there left in the nurse's life, in the financial arrangements of the hospital, and all that, to educate her? That conflict is a very serious one.

Another conflict arises which seems to me similar in some ways and more important in others, and that is the conflict between the needs of the hospital and the health of the nurse, and in this conflict I believe little has been done and I want to discuss it with you a little this morning.

In this educational conflict who suffers? The nurse first, and the hospital and the community to a smaller degree. In the health conflict the hospital is hit hardest and second the nurse suffers in this conflict between the care of the actual sick that are in that hospital and the health of the nurse, and lastly the community suffers.

When this paper was put up to me I blithely plunged into this problem with the help of a trained librarian, and I said to myself, "This Hospital Association must be given figures on what the cost is of training a nurse and what her loss of health costs the hospital." Well, "there ain't no such critter." My trained librarian turned up with a couple of references very inadequate, and this same book on Nursing Education says that no figures are known, and I was somewhat in despair as to the basis of my discussion with you this morning. I have, however, gathered together one

¹ Address given before the American Hospital Association, Milwaukee, Wis., November 1, 1923. Published also in *The Trained Nurse and Hospital Review* for December, 1923.

or two sets of figures as samples. These figures will not hold water, they are only suggestive of the studies that you have to make for yourselves. A writer in the *American Journal of Nursing*,² on the basis of forty nurses, reckons that the cost per pupil per year of training a nurse is \$1,148. A writer in the same *Journal* of December, 1922, on the basis of fifty nurses, figured in quite a different way however, gives an estimate per nurse per year of \$914.00 as the cost of training a nurse.

As I had a calling acquaintance on three hospitals of varying size in Chicago, I betook myself out to visit. I visited a very small hospital that trains ten nurses a year, a graduating class of about three a year. Their cost accounting is very inefficient, but on their own figures they pay \$1,106 per nurse per year in the training of that little group of nurses.

I then got figures from a very large hospital, considerably over 200 nurses, and they admitted their cost accounting was very inadequate and gave me many leaks that they couldn't stop, they gave me no figures on advertising at all, and their cost per nurse per year is \$1,328.

Then I went to visit a medium sized school that carries about 140 nurses a year, and they gave me their budget. This budget included no depreciation on plant, no breakage, no care of the sick, and no recreation, and their figures were the lowest of all, and I think absolutely inadequate,—they think they can train one nurse a year for \$590. I don't believe it. I think the gaps there are so big as to make that figure almost useless.

What is a nurse worth? What is she worth to the hospital? I got an estimate of "zero" in the probation period from one of your publications. A probationer is worth more than zero; if she makes beds, she at least takes the place of a maid, but if her education is purely theoretical in that period, of course her value to the hospital is zero. Then I got some estimates as high as 50 cents an hour, the value of the nurse to the hospital. People,—you know we cannot talk health of nurses or conservation of nurses or discuss this problem until we know what the cost is of training a nurse, and what she really earns. We must ask of organizations like the American Hospital Association a systematized cost accounting in the training of nurses before we get anywhere. It has got to be done. But we do know three things that we can begin our discussion on, and that is, first, that those sick people in that hospital have to be taken care of; second, if the nurse falls sick somebody has to take her work; and third, she has to be taken care of.

What does it cost you to replace the nurse in your hospital? What does it cost you to take care of your sick nurse? We have one study on that from Miss McMillan's own hospital. Dr. Dick in the *Nation's Health* in May, 1922, counted time lost in that large training school covering 200 or more nurses in 1920. That was an influenza year and of course the influenza gives it an undue weight, but in that year that training school lost 1,651 days of labor on the part of the nurse, and they had in the hospital 560 days of sick nurses cared for. He estimates the care in the hospital of the sick nurse at \$5 a day. If any of you can take care of a

² June, 1923, p. 573.

sick person for \$5 a day, I would like to get your address in case I should fall ill, but as a matter of fact, even at that inadequate price, that bill for hospitalization was two thousand some odd dollars, \$2,800, and Dr. Dick counts not at all the cost of replacing that nurse in the ward, which Miss McMullan probably could give you.

This sick rate of 1920 has been tremendously reduced by attention to four specific diseases. For instance, their tonsillitis has been reduced by care from 315 days to 130 days; scarlet fever has been reduced by care from 279 days to 61; and their arthritis has been reduced from 131 days to 11 days, showing that by care of certain types of disease great saving can be effected.

That, however, is a little apart from the point I want to discuss with you. The largest training school that I visited reports in one year 1,378 days of illness and 3,607 dispensary visits, exclusive of vaccination, two nurses employed at a salary of \$190 a month to take care of the sick, and no cost given for replacement.

The 140 nurse school, the middle size school, carries seven nurses all the time to make up for the sick. The day I was there the superintendent had five nurses in bed and five of her seven extras on duty. But they gave me no figures on the cost of the care of the nurse, only her replacement.

People, that is a fearful situation, just from the money point of view, and I know as well as any of you the fearful burden of the money side of the hospital. This has got to be considered from a careful cost accounting side, from an evaluation, in the future, of what the nurse's training costs, what her replace-

ment cost is, and what she is worth. I cannot give you those figures this morning and I have simply given you these figures to make you study your own.

Another closely allied cost on the health side, but only partially health, is the labor overturn in the training schools. This middle size training school gave me their labor overturn rate for eleven or twelve years. Some years it ran as high as 70 per cent, and for those eleven years it averaged 50 per cent. What does that mean? It means they took in 100 nurses and they did certain things for them, they gave them their outfit, they trained them, they fed them, they gave them a place to sleep, they did their laundry, and before they could make nurses of them or get, perhaps, an adequate return in the hospital, those nurses slid away and left them.

I know very well that health is not the only cause of labor overturn in nurses. Of course, there are matrimony and family difficulties and many things, but you know, as hospital people, that health, physical disability, flat feet and other things have a tremendous influence on your loss of your nurses. What does that cost you? I don't know. Why don't you find out? I can't find any measure of labor overturn in nurses.

The industries are awake, and a few years ago it became my duty to estimate and learn the costs of labor overturn in industry. The best figured cost of hiring and firing a man that I ever saw was figured by the Commonwealth Steel of Illinois, and in that steel company it cost them \$85 to hire and fire a man. What does it cost you people to lose your material that you have gathered in? And what are the elements of cost in the loss of that material?

First, your hiring cost. And that hiring cost, I judge, from these schools that I visited, is heavy. My little school of ten nurses pays \$500 a year in advertising to get those ten nurses. My 140 school pays \$1,704 a year in advertising to maintain its number. That is pretty heavy hiring cost. Then there is all the cost of correspondence getting them there, getting statements from their character vouchers and all these things that always come under hiring. Then there is the output in the nursing world, as in industry, there is the reduced output from new material and one hospital went so far as to say that one graduate nurse could take the place of three undergraduates. They figure on that in replacing their nurses. I don't know whether that is true or not. The superintendent seemed to know her job pretty well. But you know that with new nurses there is necessarily increased supervision, there is increased breakage, there is the necessity of teaching the nurse the protection of herself, there is the necessity of instruction, and there is an increased risk to the patient.

These are all costs and they hit the efficiency to the hospital. How can we eliminate those costs? We can eliminate those costs by carefully getting the kind of material we want, and this vocational line discussed by a previous speaker is one method. You must get material that is fit for your job, of course, and then you have to adjust the educational problem in the way of hours of work and other things to the elimination of waste through health.

Now supposing we have a group that is extraordinarily good that we want to train. We have got to keep health in mind because of the actual cost, be-

cause of our responsibility to the woman herself and because of our responsibility to the public. Many of these hospitals are, in the last analysis, supported by the public. Some of them are actually taken out of the taxes and we have no right to ruin citizenship of the woman in a hospital supported by taxes.

What can we do? What is there possible along this health line? I have made a study for over a year of that magnificent contribution, The Standard Curriculum, one of the great contributions of the organized nursing profession. Those objects and aims run all the letters of the alphabet down to "N," and one of these topics carries a suggestion of the conservation of the nurse, because there is therein a discussion of hours and living conditions and other things that would suggest an interest in the organized profession of the conservation of the nurse. But I want to put the letter "N" on that curriculum under the subject of "Health." There is not one word definitely, sharply demanding a study of health in your organized curriculum, not one. As a matter of fact, I don't mean that you are to put in courses of how many square feet of floor necessitate so many square feet of window, and I don't mean that you are to put in courses of what each particular juice does in the intestinal tract,—that isn't what I mean. What I mean is to build up in the mind of the nursing profession the thing it lacks today, and that is the concept, to use a psychological term, of health, to build in the nurse's mind a framework on the subject of health, to which her information as she goes along can be attached so that she comes out of her training with a picture in her mind of

what health is, not only for herself, but for other people, how health can be attained, what the underlying factors are, and how they can be gotten. Now that is at least one addition to your organized curriculum that I think we must have quickly.

In working with small groups of undergraduate nurses, about four health problems have stood out as demanding attention. First, fatigue. Any one addressing groups of undergraduates will testify to the difficulty of keeping all the nurses awake, even though the material given might be or is supposed to be of interest or use to them. Over-fatigue reduces efficiency, reduces resistance to infection. I want to quote a nurse from Southern California who was trained under the eight-hour law that is absolute in California. She tells me that the eight-hour law has reduced their loss through sickness in California tremendously, that the eight-hour day has made it easier for them to get material into their training schools and has made possible the obtaining of better material.

The second need that I feel, on my side of the fence, is a nutritional supervision of the nurse. Go into any nurses' training school, weigh and measure the nurses. You will find a certain per cent grossly over-weight. They are so fat they are sick. And their feet are not holding them up as well as they should and they have typical flat-foot gait from carrying so many pounds.

Another percentage, and I am sorry to say somewhat larger, in one of my groups it ran close to 42 per cent, are at the other end of the nutritional scale. They are so skinny as to be unlovely and dangerous. That nutritional prob-

lem is a fundamental one, because your skinny nurse has a lowered resistance to certain infections that she must meet, and your fat nurse has a certain lack of activity and adaptability and wide-awakeness that are very necessary in the profession. And we are paying very little attention to nutrition.

Well, now, what does that mean? It means weighing and measuring the nurses once a month, and it means a little more than that, it means some education as to the value of nutritional balance. There are lots of people that don't know they are sick with fat. They say, "Oh, I am perfectly well," when they are just about half awake, and when they are loading their bodies with excess nutrition. I have been sick with fat, and when I have an attack, I fast it and pray it off.

This nutritional problem is a very difficult one in the training school because of the standardized diet. I am not critical of training school diets, either, I believe that in these later years training school diets are much better than in my day, and are, from a caloric value, at least, adequate; whether they are adequate in vitamin content I don't know, but I believe that most training school diets are, from the basis of ordinary requirements, adequate. They are not adequate unless they are adjusted to this nutritional problem of the nurse. Your fat one shouldn't have potatoes twice a day; she should have cabbage. Cabbage is the mainstay of us fat ones. Your skinny one should not have cabbage exclusively, she should have milk and cream and good food. What can you do? I cannot see but what we must have certain divisions of training school dietary, there must be a fat table, where

cabbage is served, and the fat ones must be herded in to that table until they come down. Then there must be an extra milk and cream place for the skinnies, and over there they must be.

And there is a third class of the dietetic problem that I am rather shocked to find in the training schools that I work in. I worked in the same 140 training school last year, and, almost apologetically, I gave to those undergraduate nurses, Dr. Sippey's wonderful diet against constipation, and I was almost afraid to do it, it seemed an insult to give those women in their second and third year so fundamental a thing as an anti-constipation diet. I was assured, however, by the superintendent that the diet was needed, as she was worried about the constipation in her training school. That simple coarse diet could be provided and the constipated girls in the training school could be adequately fed, right in that dining room, without any extra cost. It would, however, take some adjustment of the standardized and possibly theoretically adequate diet, to the nutritional problem of the individual nurse. This health of the individual nurse has to be considered. You cannot stand these days of sickness, this loss of nurses in training, and all of this inefficiency that goes with these nutritional defects. And you can if you will, if you really believe it, arrange for nutritional supervision of the nurses that will bring them through better able to take care of your patients, and effective in the community when they get out.

The next problem involves both fatigue and nutrition—the problem of night duty, and a very long discussion of night duty occurs in that book,

“Nursing and Nursing Education.” From the educational point of view, I believe that there should be a nutritional standard for night duty.

In trying to build up a group of young nurses, year before last, I had a large percentage of skinnies, and by advice and urging I was getting some results. It was possible to get perhaps three or four pounds on these emaciated people and to begin to hope for some nutritional balance. If snatched out of my hands and put on night duty, the nurse would lose perhaps six or seven pounds. That is a waste of human material. Any of you who have been through the profession know the strain and the drain and the exhaustion of night duty, and no one can speak more feelingly on that subject than myself. We cannot afford to put into night duty the girl that is not nutritionally ready for night duty. I myself lost fifteen pounds in fourteen nights once, on my first night duty, and really that was a little too much, a current infection got me within ten days and I paid for it with five months of illness. Nobody paid any attention to the fact that I was losing more than a pound a day on night duty.

There are other problems connected with the health of nurses on night duty that I haven't time to go into, and that are perfectly familiar to you. How many of you on day duty would enjoy getting up at 3:00 a. m. to go to class? How many of you would do it? That is a perfect outrage. And, of course, the problem of sleeping quarters and the quiet place for the nurse to sleep is a very heavy financial problem and is not yet solved; in many schools it has to be solved. But the thing is to see, with what equipment you have,

what you are doing to the health of that nurse. Supposing you haven't ideal nursing quarters. If that nurse is good stuff, she may be able to stand that night duty. If she is not quite so good stuff, and that night duty is depressing her to a point below the safety line, then she has to be dealt with as an individual. She cannot just go on and stay two weeks or four weeks or six weeks, irrespective of her condition.

A fourth point that has been forced upon me is the necessity of conservation of the reproductive function of the nurse. As a matter of fact, we are much in need in this country of trained mothers and of mothers who are competent to give us a future commensurate with our ideals and in this no group should be a more participating group than the nurse. The training school has no right to exhaust the nurse to the point where her reproductive function

is imperiled in the future. I find in training schools,—in the two or three that I have worked in, a good deal of indifference to this reproductive function. In one group I found, for instance, six nurses who needed immediate medical care and supervision for menstrual difficulty, and the training school apparently knew nothing about the condition of those nurses. Those questions of reproductive perfection are nutritional nervous questions. Menstruation, for instance, is a purely nutritional manifestation. It is the casting off of nutritive material that is not at the moment needed, and when that nurse comes through, if she is elected for her high calling of motherhood, that nutrition will be utilized the moment she starts to create a new life. If she is exhausted to the point that her menstrual function is impaired it is a sign of a serious drain.

Catamenial Calendar

(Roulet)

January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	January
January	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	February
February	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	March
March	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	April
April	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	May
May	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	June
June	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	July
July	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	August
August	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	September
September	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	October
October	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	November
November	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	December
December	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December
Dec. & Jan.	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	January

EXAMPLE—Find June 4, the 28th day following is July 1st, and will be found immediately below June 4th.

Copies of this calendar may be supplied to a student who crosses off the actual days of menstruation and presents the calendar to the House Mother once a month. If menstruation is of the 28-day type, the rows of crosses go straight down the page; any irregularity is instantly visible, both as to amount and interval. Copies of the calendar may be obtained from the National Kindergarten College, 2944 South Michigan Avenue, Chicago.

The training school I believe should supervise the menstrual function of the nurse. It is easily done. There are clever little diagrams published. I use them in a school of adolescent girls in which I am interested, in which the house mother at a glance can see whether that menstrual function is altering in rhythm, in amount, in type, and so on. All that is necessary is to make your training school and your hospital believe that it is worth their while to know the health condition of their nurses in the reproductive field. It has to do with their efficiency. It has to do with loss of time. And, by the way, in this wonderful study of Dr. Dick's, I see that he had no account of any time off for menstrual difficulties nor for flat feet, two things that seem to me of importance, but he did have 38 other diseases carefully studied.

Fifth, the conservation of the nurse's nervous balance. And on that we have done very little, I fear. Edna Foley gave some ideas on that subject recently and quoted a case that had come to her office just the day before I saw her, that will illustrate one phase of the problem. A nurse in her Senior year had been appointed night superintendent over four floors of a small hospital. On the top floor of that hospital was a patient with a special nurse, and the husband was there at night. The superintendent in pursuit of her duties was on some other floor. The nurse stepped out to get something for the patient, the husband took that time to step into the hall, and the patient went out the window. Technically that superintendent was not responsible, no superintendent can be on four floors at once, however small the hospital. Actually, such was

her high sense of responsibility, that that girl was absolutely wrecked.

How can we prevent things that wreck the nurse nervously? Not such extreme ones,—of course every training school would try to do that, but I mean lesser things. I recall in my ancient day how an insane man grabbed a nurse in the hall of the ward below me in Cook County and I recall the shock to that nurse,—we got there in time to save her life, but I recall very well her condition; she didn't get over it for months. Her nervous tone was seriously impaired over a long period. You know and understand what I mean by the nervous tone of the nurse. Take a young nurse, put into a difficult ward at night, without proper help and supervision,—what do you do to her nervous tone? You may finish her.

Take a probationer that I sent into one of our fine hospitals. She was unusually good material, I thought. The fifth day that she was there they set her to watch a dying man. She had had no experience in her life to tell whether he was dead or alive, and the fright into which she went caused her to leave the hospital at once. It is that kind of thing I mean when I speak of the nervous conservation of the nurse in the hospital. I mean a little wider than that; I mean the conservation of her nervous vitality. The nurse has to be conserved that she may have some vitality for intellectual and social life, and that is a measure that is under way.

Have we any way by which we can measure the condition of our nurses in this field? I believe there is one possibility,—and I caught this possibility from a group of nurses on the Pacific Coast that I met last year. That

organization told me that they were using the Schneider Cardiovascular Efficiency Test,³ now that sounds like a lot of hard words,—and that they caught just this kind of case, this nurse that had been frightened or depressed or over-fatigued.

Well, what is that? It is a point system, and it is used in the flying fields with a good deal of success to determine the fitness of aviators. How does it work? You have a chair 15 inches high, and the person you are testing steps up on that chair six times in so many seconds, fifteen seconds, I believe it is. His pulse is taken before he does that little exercise, and his blood pressure, and his pulse and his blood pressure are taken after that little exercise, and at intervals, until they return to normal and the points are figured. That isn't a difficult thing, it is not a costly thing, and if that works out for nurses as it has worked out for the fliers, it is one way that we can conserve the nervous health. I was so glad to hear this appeal for mental hygiene, it is one way that we can conserve the nervous health of our nurses and make them effective.

To get standards of health in 1800 training schools is difficult, and nobody knows it better than these leaders as they have been speaking to you this morning.

One idea I have been working on for a year and I throw it out to you. I haven't got it yet, and I don't know whether I ever will get it, but I am going to give you what I am thinking about and see if you will think about it.

³ Burton-Opitz, R. Tests of physical efficiency. *Amer. Physical Education Review*, April, 1922, 27:153-9.

And that is a system,—I will just put it in the form of a question,—would it be possible to get group insurance for these nurses in training, as well as for groups of nurses as, for instance, visiting nurse associations? You know the industries do it. The industries say to the insurance company, "Here, my production is so and so; I have so many people, such ages; I want to be insured against loss of production." Why couldn't that be done in training schools and groups of V.N.A. and other groups, T.B., and all those? I believe it could. I am not discouraged entirely yet. My idea on that would be that the training school would say to the insurance people, "Here, I have 141 nurses; their ages are ——. I need to be insured." Then that superintendent wouldn't have to carry the expense of 7 extras, she would get a money value on loss of time and she could hire her extras,—"I need to be insured against the loss of services of those nurses in this hospital." Then my idea would be to have the insurance people say to the nurse, "Yes, I will figure the cost of that insurance, provided you will supervise the nutrition of the nurse, that you will agree not to put her on night duty unless she is fit, that you will supervise her reproductive health and maintain, insofar as in you lies, for that nurse, a normal nervous balance."

Now is that a dream? Isn't there such a conservation as that possible? Wouldn't it pay you to be paid for the sickness of your nurses, and wouldn't it pay you to eliminate on these four points not only the inefficiency of your nurse in the hospital, but the inefficiency of the nurse in the future?

NOTES FROM LEAGUE HEADQUARTERS

DO YOU KNOW

THAT the National League of Nursing Education is the Parent Association of all other American Nursing Associations;

THAT its birth dates back to the World's Fair in Chicago in 1893;

THAT since that time it has persistently and consistently worked toward the object declared in its Constitution as quoted below:

The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

THAT actual accomplishments, capable of being listed and defined, form the evidence on record of these thirty years of labor.

SO THAT YOU MAY KNOW

Beginning this month and in following issues there will appear in the Department of Nursing Education brief statements of the activities of the League in the past, in the present, and its plans for the future. (See this month's list of Publications, Portraits and Slides prepared by the League.)

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A Nurse Superintendent of a Hospital

A Principal of a School of Nursing

An Assistant in a School of Nursing

A Teacher in a School of Nursing

A Supervisor in a School of Nursing and Hospital

A Head Nurse in a School of Nursing and Hospital

A Head Worker in social, educational or preventive nursing.

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

ARE YOU A MEMBER?

Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.

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THE NATIONAL LEAGUE OF NURSING EDUCATION

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The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

RED CROSS NURSES IN MANY LANDS

MEMBERS of our big Red Cross nursing family scattered all over the globe are sending in characteristic replies to Miss Noyes' Christmas letter. Of the 40,000 enrolled nurses several hundreds are in foreign lands. There is not a continent—indeed, scarcely a country in the world—where they cannot be found, carrying on in that spirit of service which is the principle from which our great humanitarian organization draws its strength. It is interesting to note their location:

In the several republics of South America there are 21; Central America has 6 and the Panama Zone 56; 19 are in Mexico; the beautiful islands of the West Indies and the Caribbean Sea have attracted 27; in the various countries of Europe from north to south and east to west are 95; the greatest number, 191, are to be found in Asia and Australasia, 94 of whom are in China alone and 40 in Hawaii. This list does not include the Red Cross nurses with the Navy in foreign countries nor those nurses with the Near East Relief Organization largely in Athens and the Caucasus. They are engaged in all manner of work, not necessarily in Red Cross service—in private duty nursing, in public health and industrial nursing, in hospitals and mission schools, numbering among the last named those engaged in the preparation of native girls for nursing. Their influence radiates far and wide beyond the bounds of their immediate sphere.

A surprising response has been received to the annual questionnaire sent to every enrolled Red Cross nurse. It may not be realized by the nurses themselves how very necessary it is that the Red Cross should know exactly where each one is located, in order to keep in close touch with each. To ensure that great response which is our pride in any grave emergency, this is highly essential. Almost as important is the fact that they should be kept informed of many matters arising from time to time which it is good for them, and their work, to know.

RED CROSS CHAPTER NURSING IN PORTO RICO

Rose Schaub, Director of the nursing activities of the Red Cross Chapter in Porto Rico, writes of the sound foundation already laid by Miss D'Olier, her predecessor, in the development of a system of public health nursing and instruction in Home Hygiene. She also emphasized the need of an adequate supply of qualified nurses as most imperative if a comprehensive piece of work is to be accomplished. One of her first steps, therefore, was to get into touch with the Graduate Nurses' Association which held a meeting early in January, at which fifty nurses (there are seventy-two members) were present. This Association, we understand has recently made application for membership in the American Nurses' Association and is seeking every opportunity to strengthen the professional

preparation and position of nurses in Porto Rico.

Miss Schaub writes that Christmas Day is not celebrated on the island except as an extra holiday, but the sixth of January—Three Kings' Day—which is in celebration of those three kings who brought their gifts to the Christ Child. She and Miss Lane went on this day to Leper's Island where they learned "several good lessons in brotherly love." Gifts from various sources were taken to the lepers including a cart load of lovely things from the Spanish nuns and padres. Among these, to the horror of the Red Cross nurses, was a dollar bill for each. One of them hastened to the Sanidad for an order, to be sure that the money is disinfected before returning to circulation.

SCHOOL OF NURSING IN SAN DOMINGO

From San Domingo, where Elizabeth M. Hunt, a Red Cross nurse, is in charge of the Military Hospital and School of Nursing of the Dominican Government, Miss Hunt writes:

The training of nurses is in the pioneer stage. At first the only applicants were women and girls without education and lacking the right kind of home training. From among these applicants we selected those who could read and write and who were of good moral character. Many applicants proved upon investigation to lack the necessary qualifications. Last July a great effort was made to graduate four nurses, making the exercises as impressive and inviting as possible in order to interest the better class families. This purpose was apparently achieved, for four of the present probationers come from excellent families and have been educated in grammar schools.

The outline of the curriculum is along very much the same lines as those suggested by Isabel Hampton Robb in her book of *Practical Nursing*. Lectures are given by the Executive

Surgeon and his assistant, Dr. Ellis; anatomy and materia medica are taught by the Chief Pharmacist; and I teach the practical nursing. We use the object method of teaching.

That the graduates are proving acceptable is shown by the fact that "one is now in charge of the hospital at Seybo and another has been working since early in January with an American doctor and nurse at the Barahona Sugar Estate."

Miss Hunt concludes:

We often feel discouraged and think that we are not getting adequate results for the effort expended. On the whole, however, a great deal has been accomplished and much praise is due the nurses and hospital corpsmen for their willingness and eagerness to learn.

CHRISTMAS IN THE PHILIPPINES

Crossing from the West Indies to the other side of the world, the Philippines, Virginia Gibbes, then Director of Nursing Activities, sends us ideas of how Christmas is celebrated there. The Filipino children have no dusky Santa Claus but "they have the manger where Jesus is worshipped by Mary, Joseph and the shepherds." On Christmas Eve they are allowed to stay awake for the midnight mass and the midnight dinner. Then on Christmas morning, very gaily dressed, they go visiting. At the Red Cross Headquarters there was a community Christmas tree for all the children who go to the Associated Charity for help and who visit the center. At a series of health demonstrations, the mothers who could show the best way of bathing a baby were given prizes. Nor were the babies neglected. Prizes were also awarded those attending the center regularly and showing improvement in health.

Miss Sespene, assigned as Chapter

nurse to Sulat, gives a graphic description of serious conditions at San Julian, Sulat, Taft and Dolores, where a typhoon in November wrought great destruction.

There are probably as many methods for applying a "cord" dressing for the new born infant as there are lands in the world but the following is a striking illustration of what not to do, in which nurses will be interested. Miss Sespene recently visited San Vincente, a suburb of Sulat (Samar), for the purpose of holding a consultation and clinic for two days. She told the policeman who accompanied her to go around the town and ask the mothers to come to her with their children. They crowded the house. In quaint English she states:

One woman came with a baby four days old who had an infected cord that smelled awfully bad. The woman was an unlicensed midwife and the very one who delivered and attended the baby. So I told her to watch me well how I fixed the cord. I opened the binder and found a piece of rotting cord not less than six inches in length imbedded in a handful of ashes.

It was not off yet, so I cleaned it as well as I could with alcohol, tied it short, and cut a large portion of it off. I also showed her how to dress it with a piece of clean muslin and how to apply the proper binder so as not to interfere with the circulation. There were many mothers besides the midwife who saw me dress the cord and they asked many questions.

NEWS ITEMS

Rose M. Ehrenfeld, who since 1918 has been with the North Carolina State Board of Health as Director of the Division of Public Health Nursing, also representing the American Red Cross, assumed duty in January on the National Headquarters staff of the American Nurses' Association, 370 Seventh Avenue, New York. Miss Ehrenfeld has had a long ex-

perience in many types of nursing work including school work at Hindman, Ky., Settlement. In July, 1914, she enrolled in the Red Cross Nursing Service. During the war as she was doing important public health work she was granted the "special chevron."

Stacia Walsh has recently returned to this country from Serbia, where she has served for several years with the Child Welfare Organization of America working in that country. As a member of the American Red Cross Nursing Service, Miss Walsh was assigned to the Army in 1917, serving both in this country and Europe. At the conclusion of the war, she was released from service in Europe and assigned to the American Red Cross, serving under its banner in Poland, Serbia and elsewhere, and was finally released in March, 1921, to serve with the Serbian Child Welfare Association.

Sara Lane, after a long experience in Red Cross Nursing work in this country and abroad, has recently arrived in San Juan, Porto Rico, to assume the direction of Public Health nursing of the Departamento de Sanidad. She writes "I never expected anything could be so lovely as Porto Rico" and goes on to speak of the warm welcome she received, Miss Schaub, Director of Nursing of the American Red Cross Chapter, having met her upon arrival in the early morning hours,—and of the opportunities for good Public Health nursing work as well as of the fine spirit of coöperation that existed between the Chapter and the Sanidad.

SUMMER INSTITUTES FOR INSTRUCTORS IN HOME HYGIENE

Red Cross opportunities this summer for the better preparation of Home Hygiene instructors will include recreational features, together with "Principles of Teaching" correlated with "Technic of the Presentation of Home Hygiene."

Simmons College, Boston, will repeat a course similar to the one which was given last year. The instruction for the practical work of the Red Cross course will be given by a Red Cross nurse who has both teaching and public health

nursing training. She is now a full-time instructor on a high school teaching staff. She will work in close coöperation with the same Professor of Education, who was so popular with the nurses last year. Trips of recreational and historical nature will be posted regularly with detailed information. Facilities for bathing, swimming (pools) and hiking may also be enjoyed by the fortunate nurses who desire them, thereby feeding both brain and body which should be the consistent aim of all nurses, especially nurse teachers.

Pennsylvania State College, situated in the beautiful Allegheny Mountains, offering wonderful opportunities for hiking, etc., will give a combination course of "Principles of Teaching" and "Technic of Home Hygiene" which will be available to all nurses interested.

An opportunity, the first in the West, is now being arranged for in Colorado by the National Red Cross where the Director of Home Hygiene is, at the moment of writing. The nurses from the far west, the southwest and the central west should be interested in this announcement embracing as it does the vicinity of the National Parks with their marvellous playgrounds and wonderful facilities.

The demand for college and normal trained Home Hygiene instructors is growing faster than it can be met. However, the nurse with broad experience and teaching ability can fill many of these positions and improve her status by taking a postgraduate course arranged by the Red Cross with these splendid institutions which are so coöperative.

Two Health Films reviewed by the National Health Council, each two reels in length and each to be had for transportation charges only:

Working for Dear Life. Distributor, Metropolitan Life Insurance Company, 1 Madison Avenue, New York. "That one's body requires the same regular and thorough examination that the various mechanical contrivances receive, which make for the daily comfort of the man of today, is the central idea of this very effective health film. But more than this, the film also succeeds in giving the audience a working idea at least of what a thorough health examination should be."

Well Born. Distributor, The Children's Bureau, Washington, D. C. "With so much emphasis on maternal and infant welfare, it is only fitting that so superb a picture as 'Well Born' should appear on the health movie horizon. The producers of this film may be congratulated on having presented in most attractive style the various points that should be emphasized in adequate pre-natal care. Mr. Ellis, as usual, has chosen the story form, but the narrative element serves only to more gracefully present the facts and does not in any instance detract from the interest in the subject matter. The audience is introduced to a city woman and a country woman, both of whom are preparing for their babies' coming. As the slender plot unravels we find both husbands assuming their proper responsibilities."

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DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AFTER an annual meeting of a Visiting Nurse Association, at which many excellent pictures of work with patients in their homes were shown and several good reports were read, three training school superintendents commented on the fact that it was so easy to make any kind of public health nursing interesting; whereas training school reports must, of necessity, be fairly dull things and training school committees were hard to interest in the needs of the training schools.

It was suggested that if the work done for the patients in the hospital were put before the members of the training school committees vividly, it would not be difficult to make them see that it is only possible to meet the needs of the patients and to give them the sort of care that brings good results, if the nurses are properly taught, supervised, housed and fed. Probably every hospital patient has his own story, both before and after he enters the hospital, and certainly he has it while he is in the hospital. A poorly equipped training school cannot give nurses a chance to get the best results for their patients.

One way of interesting committee members and directors is by telling actual stories of families entered, needs encountered, and results secured. The following stories are taken from the monthly reports of nurses in a large Visiting Nurse Association who are required to submit statistical and narrative reports of their work once a month.

"VIGNETTES"

LONELINESS AND OLD AGE

District A covers a large and scattered territory. It contains a university, three business streets, several blocks housing negroes only, a big railway freight station and many tracks, a few good apartments, and a great many old family homes that are now boarding and lodging houses. In these last live some of our most difficult problems. They are patients who have seen better days and who find it very hard to adjust themselves to the poor surroundings that their greatly reduced incomes force upon them.

We found Mrs. N. living in a tiny attic room under the roof of a comfortable old boarding house which evidently had once been a well kept, very well built private house. Her room was tiny and the pictures and dresser appointments showed that our patient was distinctly not of the so-called "district" type. The size of the room and the clothes-line at one end of it (on which hung garments which she, herself, had washed out), showed at a glance her poverty.

Our patient is nearly seventy years old and is pathetically eager to find some work at which she can earn a living and not be dependent on the generosity of friends, but although she is reasonably well educated, she has never been taught to do any one thing well. The call came to us because Mrs. N. was convalescing from a recent operation and even when she no longer needed the services of a

nurse, she was so lonely that she begged us to come back again. We found that what she really needed was a friend and that our daily visits had meant more to her (because they kept her in touch with the world outside), than our daily treatments. Fortunately, we have been able to refer her to a near-by church which is going to send in a friendly visitor who will represent herself as a friend of the nurse and of the Visiting Nurse Association, for lonely as she is, Mrs. N. is proud. She will be properly introduced to a friend of the Visiting Nurse, and she will be correspondingly gracious and hospitable to that friend when she calls, but she would rather live in her loneliness than know that she is being visited because someone is sorry for her.

ORAL HYGIENE

Mrs. O. is a sensible, well-meaning woman but like so many of the rest of us, prefers to let Fate take care of her health troubles. When the doctor first referred her to us last summer, for post-natal care, she was running a high temperature. We found that this was due entirely to the wretched condition of her teeth and mouth. She had been advised repeatedly to have the teeth extracted but it seemed so much easier to go on as she was, for she was some distance from a dental clinic. However, we finally won her over, after we had helped pull her back from Death's door, and now Mrs. O. is toothless but her temperature is normal and there seem to be no other complications. The baby, she says smilingly, is the nicest one of all.

The family income is rather small and we learned that Mrs. O. was saving, literally nickel by nickel, for her new

teeth; therefore when we found a Christmas Goodfellow who wanted the fun of buying toys and food and mittens for children, we persuaded him that we knew a group of children who would be better cared for if he put most of his money into one big gift to their mother and into a few less expensive gifts for the youngsters. The distance from the dental clinic makes it almost impossible for Mrs. O. to get there in time for regular appointments, but the Goodfellow's check has made it possible for us to cut the Gordian knot and she is going to a neighborhood dentist who is giving us good rates and who will also provide Mrs. O. with well made, well fitting plates.

A COMPLICATED SITUATION

One of our crippled children who has made quite remarkable progress since we started his exercises, is Quentin, now five and a half years old. Poliomyelitis in 1921, left him with useless legs and one badly affected arm. He was given the usual after care and both the boy and his mother did such splendid team work that the arm (which at first worried us greatly), and one leg, are now practically normal. We hope that the other leg will be almost normal soon, for the long brace which he is wearing is soon to be changed for a short one.

Quentin's father divorced his wife and re-married some time ago but he seems genuinely fond of his son. He comes to see him often and sends \$5.00 regularly toward the child's support. The mother is a young, attractive woman, doing her best to give her boy every possible chance. She supports herself by sharing her small apartment with a sister and her husband and she has two

other roomers. She is rather clever at hand work and is making lamp shades. In this family, the crippled child was not our most serious problem, but what seemed to us at first to be an unusually hopeless situation is apparently working out very well.

MEXICANS

So many Mexicans have come north during the past few years that the Central Free Dispensary in Chicago has formed a special committee to deal with the problems of the Mexicans in that city.

Most of the families with whom the Visiting Nurses come in contact are simple and childlike ones who have usually disposed of all of their personal belongings in order that they might get transportation for themselves and their families; consequently they are surprised and helpless when confronted with the drastic changes of their new environment. Early last fall one family came from Texas with four small children and very little else. For months the father sought work, but winter found the family nearly penniless as well as cold and hungry. Two of the four basement rooms which they shared with another Mexican family, were absolutely bare except for a very unsteady bed, a wooden box used as a table, and a small heating stove which seemed never to have any heat. The children had nothing but summer clothing and the year-old baby's only garment was a small cotton blanket. The poor mother had made matters much worse by trying to clean up, for the scrubbed floors and dank, dark basement rooms remained wet and refused to dry.

The baby, who had been referred to

us, was ill, really, from cold and improper feeding. We secured emergency help and referred the father to an employment agency for work. The next day we found the family situation even more desperate, for the family who had shared their rooms had moved the evening before, taking with them the only blanket. Fortunately the employment agency could find a job for the man, the relief agency put in old clothing and temporary help, and Christmas day found the family comfortable for the first time since their arrival in the north.

BURNS

Sam, aged 5, fell into a wash boiler while his mother was busy in another room, and was badly burned on one arm and side. Although obviously a hospital case, the family would not listen to his transfer and the doctor asked the visiting nurse to go in and do the daily dressing.

The ordeal was almost as hard on the nurse as on Sam and at first he objected seriously to being touched. However, a chocolate engine was used as a bribe, every time he stood the dressing without too much fussing, and he was promised a real one if he would be a good boy. On Christmas day, when the nurse went in to do the dressing, she was greatly surprised to discover that Santa Claus had been there and that Sam was the proud possessor of a marvelous new engine (which, of course, the nurse had not seen before)!

During the process of caring for the burn, it was discovered that Sam had had a discharging ear for months but as ears meant nothing in that particular locality, no care had ever been given

it. John, aged 10, had bad tonsils. Now both Sam and John are registered at the nearest dispensary, the ear is practically well, and a tonsillectomy is to be done for John as soon as his name is reached on the list.

CHRISTMAS GOODFELLOWS

A call on a colored family revealed how generous the Goodfellows were in that particular neighborhood. Mrs. X, the mother of several small children, said with great pride:

"Four Good Men came. They took their coats off and sat right on the floor while the children opened the packages. The toys were wonderful and those grand young men showed them how to work the mechanical ones and then gave me \$5.00, saying that they wished they could do more."

RELIGIOUS OBSERVANCE

Although a Visiting Nurse Association enters many families, regardless of creed, color or politics, this does not mean that Visiting Nurses should not know and respect the customs, traditions and beliefs of their families. It is occasionally delightful to see how unconsciously patients trust the advice which an utterly unorthodox nurse may be able to give them.

For instance, we have been caring for an old Jewish couple. The man is a push-cart peddler; the wife is quite helpless with arthritis. According to the custom of orthodox Jews, the Sabbath should be met with clean body and soul and a clean house; so the Visiting Nurse usually plans to make her Friday call on Mrs. B. early in the afternoon, before sundown. Frequently she finds that Mr. B. has finished scrubbing the floors

and has already placed the candles on the freshly-covered table.

On a recent visit, however, the nurse found none of these preparations in progress. The patient was greatly relieved to see her and said: "My dear Nurse, I have been waiting for you. My man does not feel good but he wants to scrub the floor just the same. I told him we have to ask you first and not before you tell him will I let him scrub the floor." The poor old man had been out in the cold and had got much chilled. He had a normal temperature, however; so the nurse managed to please both patient and husband by suggesting that he merely straighten up the room Saturday and let the scrubbing and hard cleaning go until Monday.

COÖPERATION

Jennie was referred to us by her physician in 1921. The diagnosis was osteomyelitis of the right leg. Since then she has spent about nine months in three different hospitals, she has had twelve operations, and more than four hundred calls from the Visiting Nurse. Less than a year ago, her daily dressing required more than an hour; now the dressing is done once a week.

Ever since Jennie was first able to sit up, she has been busy making fans and doing other needlework, for which the Vocational Society for Shut-Ins finds a ready market. Although her improvement has been slow, it has been steady, and our patient is now able to get about on crutches and does most of the housework. She may always have a stiff knee but she has shown such remarkable vitality in the past three years that we are not sure but that the knee may come out fairly normal after all.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

WHO SHALL DECIDE THE POLICIES OF OUR SCHOOLS OF NURSING?

BY GRACE E. ALLISON, R.N.

THE establishment of an independently endowed school of nursing during the past year was an epoch-making event, as it marks the development of a new system of training school control in this country which will provide for the more liberal preparation of our student nurses to the end that they may better meet the varied nursing demands of the community.

Although the Nightingale School of Nursing established at St. Thomas Hospital, London, was endowed and controlled by a separate and independent committee organized solely for the development of the school, a similar organization, in all particulars, had not been introduced in this country. This fact may seem surprising to one unfamiliar with the history of nursing work because it has been only through this plan of organization that other institutions of learning have developed and received financial and other support necessary for their existence and maintenance.

But little reflection is needed to ascertain the reason why the system under which practically all nursing schools in our country operate, was so generally adopted. Hospitals were looked upon as charitable institutions and as such were entitled to any free services and material contributions which came in answer to their appeals.

Student nurse service developed first among those hospitals which aimed only

to care for the sick poor, but the experiment proved of such economic value that private hospitals with large private services and even some commercial hospitals adopted the general plan with the result that hospital schools of nursing increased from 432 in 1900 to more than 1,600 in the short period of twenty years.

We are only lately beginning to ask how such a system has continued to exist for so long a period and why the general public has been so apathetic regarding any effort for reform, particularly in the light of the increasing dissatisfaction with the results obtained.

Although these schools have been submerged in the organization of hospitals which have, without question, utilized the services of student nurses for the advantage of the hospitals, it has not generally been done consciously or deliberately on the part of our boards of trustees. Nurses themselves accepted the place with little serious thought given to the need for any radical change.

This tradition has become so firmly fixed in the minds of many of our own groups that they are still unable to detach themselves from the customs of the old school. One of the most vital needs in our work as nurses today is to voice the difficulties which have ever existed in preventing the development of the necessary opportunities for students in our schools that they, as graduates, might

be better prepared to meet the increasing and varied demands made upon them by the public whom they serve.

Nursing should be placed side by side with other professions,—teaching, journalism, medicine etc., and its candidates given a full share of corresponding opportunities which are open to others desirous of preparing themselves to share in the service and responsibilities of life.

Until comparatively recent years the service of hospitals was largely looked upon as that which was only curative in effect and comparatively little concern was manifested in the rehabilitation of the patient as a contributor to society. With this prevailing attitude toward the more limited obligation of hospital service there was also the idea which still persists, that the function of a school of nursing is to perform the service of that particular institution, and it follows that the less progressive the hospital the more limited are the opportunities offered with the result that poorly prepared graduates are repeatedly sent out to practice under the guise of a well qualified nurse. It also usually follows that the greatest opposition toward more liberal opportunities comes from these types of hospitals because their interest in training school work has been so largely restricted to this aspect of student service.

One of the many illustrations which are constantly arising, was given by a superintendent of nurses recently who had received a letter from one of her recent graduates. This nurse had registered for private duty service and her first patient was a child with scarlet fever. Although the nurse had spent three years in the school, she had not been privileged to spend more than one

month in the care of sick children, and none in contagious nursing, for the reason that her services were needed to care for the large number of surgical patients admitted to the hospital. The unfairness to the patient was the object of the letter. A hospital which thus uses student service for its own economic needs, at the expense of the fuller development of the students for general community service, often jeopardizes the lives of many of our present and future citizens.

Under the present form of organization which provides for neither an independent financial budget nor a separate board of control, it is impossible to bring about any marked change. Superintendents of nurses have struggled long and courageously with this dual responsibility, one to provide the immediate nursing service needed in the hospital and the other, which necessarily always was to be sacrificed because no other means was provided, the better preparation of the student.

It is unreasonable to expect that boards of trustees who are deeply concerned with the many pressing demands of a hospital, or the superintendent, could give time for the detailed study of the needs of the school of nursing and it is doubtful if the personnel of such a board would be best suited for the different problems which confront the school. It is therefore highly desirable that a committee be appointed by the board of trustees, to which final authority shall be given, excepting in matters financial, and in which responsibility shall be placed for the development of enlarged and necessary opportunities, educational, professional and social.

The possibilities which such a plan

offers is shown in several localities, one of the more recent developments being at White Plains, N.Y., where committees from five separate schools have brought about the development of a Central School of Nursing. A two story educational building, well equipped, has been provided and students from these schools assemble here for instruction similar to that in other teaching institutions. This plan obviously has many advantages among them being more highly qualified teachers and more adequate teaching facilities than could be supplied by each hospital working independently.

If a survey of the nursing schools were made today it would undoubtedly be found that the schools which are approaching the standard of teaching schools of nursing, are those supported by committees whose ultimate aim is to send forth graduates capable of satisfactorily meeting the increasing demands.

The personnel should include both men and women. The chairman should have representation on the board of hospital trustees which offers the opportunity of interpreting the school to them

and enlisting their interest. There should also be a physician, an educator and two or three additional members appointed with the idea of contributing some special interest for the welfare of the school. The superintendent of the hospital and the superintendent of nurses should be included.

Meetings should be regular and some definite form of procedure should be followed, including the reading of the minutes and a written report presented regularly. It is also desirable to have reports given by representatives of sub-committees appointed for some special purpose, viz: budget, curriculum, nurses' residence, social life, etc.

Not of less importance is the intelligent study of the general conduct of the school. This committee should be familiar with the quality of administrative as well as teaching work performed and be keenly awake to the strong as well as the weak features of the school.

When all schools, large and small, have the support above suggested, we can then look for a more general forward step in nursing preparation and a more generally satisfactory graduate nurse.

THE ESTHONIAN NURSES' ASSOCIATION

The Esthonian Nurses' Association has about thirty-five members and has two main goals toward which it is working. These are as follows:

1. To establish a training school for nurses in Esthonia under the direction of the Association. There is at present no school to train nurses in Esthonia. The Red Cross started one in connection with the city hospital in Reval but, owing to lack of coöperation, was forced to discontinue last year. The Red Cross, having no hospital of its own, is willing to assist the nurses' association in making the best possible arrangements. It is hoped that a school can be started in Tartu in connection with the University hospitals where every facility exists for a good school and where one is very much needed.

2. The association of nurses realizes that the great demand for public health nurses, particularly in child welfare work, must be met by well trained women if this important part of their new country's effort toward health is to be successfully carried on. The association has therefore made definite and quite excellent plans for a six months' course which will soon be started and will probably have the joint support of State, University and Red Cross. Very good theoretical instruction can be secured and a fairly satisfactory field for practical work and demonstration can be found.—K. M. OLMSTEAD, *Nursing Supplement*, League of Red Cross Societies.

STUDENT NURSES' PAGE

OBSERVATIONS IN THE PATHOLOGICAL DEPARTMENT¹

BY SARAH M. DAVIES

School of Nursing, Methodist Episcopal Hospital, Brooklyn, N. Y.

FROM the standpoint of the pupil nurse, the object that looms up the largest upon arrival in the Pathological Department is the routine urinalyses. I mean the tests for color, density, specific gravity, sugar and albumin. These six simple tests, together with the listing of each examination, in a book kept for such records, and the charting on the various wards, of the findings of the tests including the microscopical and special tests done by the graduate nurse. * * * On busy days the pupil nurse in the Pathological Department is kept busy all morning with the routine work which is assigned to her; other days she has time for observation. Some of my observations I wish to relate.

The test for renal efficiency proved to be very interesting and taught me the necessity for accuracy in injecting just the right amount of Phenol-sulphone-phthalein and the necessity for promptness in collecting the specimens.

Frequently I have watched for the appearance of the characteristic bright coloring of an acetone test, which is one of the special tests on the urinalysis of a diabetic patient. I have noted the quantitative sugar test and I saw the bright coloring produced in the Benedict's quantitative sugar solution by the addition of one drop of urine from a diabetic specimen, showing that there

was a great deal of sugar present in that specimen, and I have observed the quantitative albumin test.

Under the microscope I have seen casts of various kinds as hyaline and cylindroids after specimens of urine have been centrifuged. And I have observed a blood count under the microscope, differentiating between the red and white blood cells and the polynuclear and mononuclear cells. The typhoid bacilli which I saw under the microscope were very interesting as was the clumping of the bacilli in a positive Widal test.

I saw how culture media were made and observed several growing cultures of staphylococcus and streptococcus. Under the microscope I also saw the tiny chain-like formation of streptococci, and the pairs of pneumococci.

I was interested in the pneumococci type testing. First a white mouse was injected with the pneumococci culture prepared from a patient who was suspected of having a certain type of pneumonia. The culture was injected into the mouse's peritoneal cavity. When the mouse was having chills from the reaction and appeared to be very sick from the results of the growing bacteria, he was given enough ether to kill him. Then an opening was made into the peritoneal cavity and the fluid tested.

Type III pneumonia is the hardest to treat and as a rule is fatal. But if the pneumococci found in the culture

¹ Part of a report on twenty hours spent in the Pathological Department.

indicates type I pneumonia, there is a serum which can be given to the patient which as a rule effects a cure.

I also saw the gastric contents of a Rehfuß test examined. On several occasions, I watched autopsies performed. In one, death had resulted from typhoid fever; it was interesting to see the Peyer's patches and to note just how the

intestines were affected. I learned considerable anatomy too from seeing the exact location of the various organs. Then, too, the surgeon performing the autopsy very carefully explained the normal and abnormal conditions present, and explained the functions of the various organs and the different kinds of tissue.

OUR CONTRIBUTORS

Ruth A. Brown, R.N., is a graduate of the Presbyterian Hospital, Chicago. She has done private duty nursing and has held various executive positions in the Presbyterian Hospital. She was a member of the Army Nurse Corps during the war, serving with Base Hospital Unit No. 13 in France. She took special courses at Teachers College, Columbia University, in 1922, and has recently accepted the position of Superintendent of Nurses in the Roseland Community Hospital, Chicago.

Merle Duncan, R.N., is a graduate of Blessing Hospital, Quincy, Ill., in 1919, and has since that time been doing private nursing.

Esther C. O'Dowd, R.N., is a private duty nurse in St. Paul, Minn., a graduate of St. Joseph's Hospital.

Ada F. Babcock, R.N., "one of the older nurses," is living in Everett, Washington, and is interested in organization work there.

Emily T. Buzby, a social service worker, tells us the story as it was told to her.

Louise S. Heyen, R.N., is a Second Lieutenant in the Army Nurse Corps; she has been doing some interesting work in the Army Medical Center of which the Walter Reed General Hospital is a part.

Mary R. Walsh, R.N., is Instructor in the Practice of Nursing, Stanford University, California.

Kenneth T. Crummer, R.N., class of 1911, McLean Hospital Training School for Nurses, (Massachusetts General Hospital), Waverley, Mass., has had general hospital experience in the Massachusetts State Infirmary, Tewksbury, the Boston City Hospital, U. S. P. H. S. (Marine Hospital, Chelsea, Mass.), and Sailors' Snug Harbor Hospital, Staten Island, N. Y. He is now Instructor, School of Nursing for Men, Pennsylvania Hospital, Philadelphia.

Caroline Hedger, M.D. (See Our Contributors, October, 1922.)

Grace E. Allison, R.N., B.S., a graduate of Lakeside Hospital, Cleveland, Ohio, and principal of that school of nursing for some years, is now one of the inspectors of schools of nursing for New York State. Miss Allison was at the head of the nursing staff of one of the Base Hospitals during the war; she has taken special work at Teachers College.

The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

EMERGENCY CARE OF CROUP

DEAR EDITOR: I was very much interested in the article relative to improved method of applying hot surgical dressings, published in the October *Journal*. I have absorbed it and placed it on mental tags to be used when required. May I submit an idea which presented itself to me in an emergency? In a case of croup the physician ordered hot applications to the throat. There seemed to be nothing available for compresses. It occurred to me that the child's flannel belly bands might be used. I found the bands a convenient size to fit around the neck. I cover the hot band used as a compress with a dry one. In the course of my visits to homes (Public Health Nursing) in ascertaining a child's general physical condition if I am given a history of a tendency to croup, I advise the mother to keep the baby's discarded belly bands in a convenient place where she can readily get them when needed. I also give directions as to the care of a child while awaiting the physician's arrival. The improved method (as published) for application would be most convenient in a case of croup.

Delaware

C. E. T.

BABIES IN CHINA

DEAR EDITOR: Recently I have been noticing the valuation placed on boy babies here in this part of Shansi. The Chinese are supposed to have far greater joy when a man child is born than when a little girl comes, though hospital babies seem to be equally prized. The soft pink outing flannel gowns seem to help much in making the little girls attractive. The congratulatory greeting to the father of a new son is still, TaHsi, Great Happiness, and one is sure to hear Hsiao Hsi murmured, Small Happiness, if the child is a daughter. We were discussing the price to be charged at clinic for vaccinating children against smallpox. A fixed rate of 300 cash was approved, less than ten cents U. S. One of the Chinese nurses spoke up and said that in their village the Chinese doctor vaccinated little girls for 300 cash but charged 500 cash

for boys. Another said that in her town, boys were 1000 cash and girls 500 cash for the vaccination. Our anesthetist was telling how the midwives get almost twice as large a fee when a boy baby is born with their assistance than when it is a girl. It is very common to see fairly large boys with a tiny braid bobbing over one ear so that evil spirits will think him a girl and not molest him. Yesterday I saw two young girls with a coin sewed to each of their left shoulders with two strips of red cloth making a cross under each. These were to protect them from spirits. A young mother with tuberculosis of the ankle whose case was not so far advanced but that the prognosis was hopeful had a little boy of nearly two years who had to enter the hospital with the mother as it was nursing p. r. n. as all Chinese babies do who are untutored. All the arts of persuasion were used to get them to wean the child and give the mother a chance to build up a bit. The father did come and take the child out for airings several hours one week but he said after two weeks, "Now the mother has had a little treatment and surely the little son is of more importance than the mother so we will take them home now and she can care for the child as best she may." Uneducated mothers in our city do not wash their babies till they are eight or nine months old I have been told. Every night Old Grandmother Sleep is supposed to come and visit tiny babies. If the child smiles in its sleep the old lady is pleased but if it frets and cries she does not like it. If the baby has a cold or is not well the mother will use a little breast milk to clean it up because Old Grandmother Sleep does not like water. As soon as the baby is able to talk, the visits of the old lady stop, she never comes again to see it. When the baby of one of our patients did not live she stayed on at the hospital till her family scouted about the countryside and found a nice, two-months' old boy that could be adopted. She is a woman of means and will give it good care and seems to be as fond of it as if it were her very own. I call the little

lad Moses. There is a Miriam in the home too, only her name is Precious Flower, she is a beautiful girl, goes to government school and is bright and attractive. The Chinese young and old, all love the babies.

China

G. E. K.

AGAIN THE QUESTION OF A NATIONAL PIN

DEAR EDITOR: Through the *Journal* I would like to hear from different nurses in reference to registration badge. Will it be possible for us to have a national R.N. pin, or small pendant which could be worn on our hospital pins? Personally I do not care for much decoration, and yet if we really are an R.N. perhaps we would like some visible proof of it, when on duty. Then the ever perplexing question—uniform. Has anyone found the ideal one? If so, please let's hear of it. Do you consider it should be a question to be decided by each individual or by each training school? The Army, the Navy, and some hospitals have a prescribed uniform for their members—why not every hospital? Many a young woman, when she first enters training, knows "that uniform will not be becoming" to her. But how she loves it before she finishes and how proud she is to wear it. Perhaps a prescribed white one would meet as pleasing a fate if only prescribed. I may be old-fashioned but there are a lot of dresses worn on duty by graduate nurses which seem very inappropriate to me. I am sure we all agree that dresses worn on duty by nurses should not be worn on the street and vice versa. Then what can we do to show to the younger nurses their duty to ally themselves with at least some of the nursing organizations? Their help is needed now. They need the experience now for the future responsibilities will fall upon them when they are the "older nurses" and leaders and chaperones of the nursing cause. I would like also to ask how much money would be needed to give a nurse some special course at some institution, perhaps Columbia University, and how much time? "School Spirit is the interest taken and loyalty felt by students of the school in the welfare and advancement of the school in relation to its standing, efficiency and popularity." I wish there were more of it.

ONE INTERESTED

DOES POSTGRADUATE WORK PAY?

DEAR EDITOR: What have you gained and why did you take the postgraduate course? Does it not reflect on your own training school? These questions have confronted me so often that I beg to answer. First, a little consideration from my own training school. When I entered there, I was a youth but I had what I called my Guide Post, given me by my dear old pastor who knew mine and me. "One turn to the right, and when you are sure you are right, keep straight on." Righteousness ever beamed before me then as it does now. I was not long in training until I realized what it cost to be a high grade nurse in character, habits and attainments. When leaving my first training I was encouraged to broaden my life. I also took with me a fixed determination that I would make no statement but the exact truth, that every promise be redeemed to the letter, every duty performed with strictest faithfulness, and I also had that blessed thing, almost unlimited confidence in mankind. For one year I had no thought except to rejoice that my training-school days were over, but a premature infant, just two and one-half pounds of humanity, decided my fate without any warning. I asked no one but myself. First be sure you are right, then go ahead. So came my postgraduate work in obstetrics and premature infants. Later, the opportunity of coming to New York was mine. Again I considered the matter and came to the great city when I practiced obstetrics for three years. I met Miss Grace Allison, then Supervisor of Nurses at the Polyclinic Hospital. My fate was again decided; I would take another postgraduate course. It was very amusing to me to hear the comments. My mind was made up and ahead I went. I do approve of good postgraduate teaching, if you are looking for something greater than occupation, more enduring than fame. It is not the amount of work but the kind. There is a very large field in which to cultivate your mind, educate and enlighten, build up a strong endeavor to give the very best to the nursing profession. We should develop our faculties as well as the money-getting instinct. We select from life what we choose; we resemble insects which

assume the color of the leaves and plants they feed upon, for sooner or later, we become like the food of our minds,—like the creatures that live in our hearts. Every act of our lives, every word, every association, is written with an iron pen upon the very texture of our being. If any reader wishes to take a post graduate course, *select* a good school and go straight on.

New York

A. T. C.

A HOSPITAL IN SYRIA

DEAR EDITOR: In an out of the way corner of the world, on the extreme eastern shores of the Mediterranean Sea, occasionally visited by the American tourist, is the picturesque city of Beirut with the beautiful biblical snow-capped mountains of the Lebanons for a background. It is the metropolis of Syria, the country which forms a part of the Near East, "the riddle of the ages." In this city in 1863, the Rev. Daniel Bliss established the Syrian Protestant College. In 1865, the Medical Department graduated its first medical student. In that year the Hospital of the Sisters of the Kaiserswerth Order was affiliated with the Medical School for teaching purposes. The Syrian Protestant Hospitals were founded in 1905, with Mrs. Mary Bliss Dale as Superintendent. "After eighteen years of faithful and efficient service, years filled with so much strain, sorrow, trial and triumph, consolation and joy and crowded with the hardest kind of work, she was relieved January 1, 1923, by Mrs. Ella Graham."¹ Money is being raised in America this year to erect a nurses' home that will bear her name. The hospitals are three in number,—Woman's Pavilion, Children's Pavilion, and the Eye Pavilion which houses two services, Eye and Ear, and Internal Medicine. The Administration Building, soon to be displaced by a new one, completes the list, not taking into account the morgue and a number of smaller buildings (laundry, contagious shack, etc.). One hundred and sixty-five beds are in operation. Seventy-five more will be added this fall, one of which will be for the Skin and Isolation Hospital of Dr. Adams. The balance of the beds are to be divided between general sur-

gery and internal medicine. The buildings are fireproof, the walls being built of stone, with marble floors and tile roofs. The wards are large and airy, ceilings high, the private rooms commodious, the corridors spacious. All pavilions are screened against the myriad disease-bearing insects which abound the year round, worse from May to October when it does not rain. There are excellent sun porches on the children's pavilion which give easy means of applying heliotherapy. The grounds are beautiful with their cactus hedges, palm and fig trees, and all varieties of flowers, green the year round. In connection with the hospitals is the Out-patient Department which cares for one hundred sick poor, on an average, six mornings a week. The work has been especially heavy this year because of the Armenian refugees from the north. The function of the hospitals is two-fold; to care for the sick (poor and rich) and to instruct nurses and medical students. Christian, Moslem, Druze and Jew receive care without discrimination. The nursing staff is made up of seven American registered nurses, and the training school of forty Syrian, Armenian, Greek and Jewish pupil nurses. Some of the languages spoken in the institution are English, Arabic, French, Turkish, Armenian, Greek, Jewish, German, Italian, and many are dialects of the same. The teaching is in English. No department in the entire University is so inadequately provided for as the School of Nursing, and yet every one admits the crying need for well trained nurses in the Near East. In spite of the obstacles there has been a healthy growth. While there are only forty nurses now, there is every prospect of increasing the number to seventy in the next few years.

California

J. W. S.

JOURNALS WANTED

Miss E. Dahlgren, Lutheran Hospital, Moline, Ill. wishes a copy of the *Journal* for December, 1909.

JOURNALS ON HAND

Emma E. Wilde, 1209 West Holly St., Beltingham, Wash., has copies of the *Journal* for 1921 and 1922, which she will sell.

B. E. Cope, 1532 Gratz Street, Philadelphia, wishes to dispose of copies of the *Journal* for 1917, January through October, and 1922 complete for 5 cents each and postage.

¹ From an article by Dr. W. B. Adams in *Al-Kulliyyah*.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

11. What should be used to cleanse an infant's nose and ears?

If the nose and ear require cleansing, every precaution should be taken to avoid trauma. The Maternity Center Association of New York finds liquid Albolene an excellent cleansing agent for the following reasons: It is neutral, it will soften crusts, it is cheap, and it will not become rancid.

12. Is there a magazine adapted to the home, dealing with diet, hygiene, and sanitation?

Hygeia, published by the American Medical Association, 535 N. Dearborn Street, Chicago, is popular, practical and, of course, authoritative.

13. Is it a proper thing for a member of the family to take temperature, pulse and respiration when a competent private nurse is present?

Since a member of the patient's family can hardly do him harm, under ordinary circumstances, by taking his temperature, pulse and respiration, even in the nurse's presence, and since no great principle is involved and no injury to be done, excepting possibly to the pride of the nurse, it would seem altogether right for the nurse to permit it and not to be unduly impressed by the incident. There are, however, some provisos and they are these: That the members of the family shall do it correctly; that it shall not be reported to the patient nor to any other person who might wrongfully construe its meaning or significance; that the nurse shall in no sense be considered negligent or shirking her duty by allowing it. In short, let it be done if it does not in any way jeopardize the patient's welfare or the nurse's usefulness to the patient.

14. When should a nurse take orders from a patient?

Ordinarily it would not be right for a nurse to take orders from a patient, but one can conceive conditions that might make it right.

It may be that the doctor in charge of the patient had no one with whom to leave orders but her, and he trusted her to safely transmit them to the nurse. Again the patient may be a chronic, and from a long knowledge of her case and routine treatments, she is best able to give orders to the nurse and teach her in regard to the nursing care. The nurse may safely make a rule to be applied in such circumstances, to the effect that she will do or permit that which promotes the welfare of her patient and hastens her recovery; providing always, that it does not *clash* but coöperates with the wishes of the physician who has charge of the patient and is responsible for her. Few nurses wish to be autocrats but rather would they be coöperative ministers with a dignity becoming their profession and with no thought of self. A nurse forgets the significance of her high calling when she tries to protect her dignity by the erection of cast iron rules that protect nothing, not even the position in its weakness, but that may imperil the value of her kindly services to the sick.

15. Should a nurse stay alone with a male patient?

The propriety of a nurse staying alone with a male patient is dependent upon several conditions: It would seem to be proper if the nurse, a woman, has arrived at the age of discretion and if the case is a true emergency, or if the patient is very ill and helpless and needs constant attention, or if he is unconscious, or if there is no other woman to be present also. In an hotel or for the nurse's own peace of mind, it would be well to enlist the services of an elderly woman of acknowledged character and reputation, ostensibly to assist in the care of the patient, but really to add the weight of her influence to counterbalance the apparent impropriety when the nurse is required to stay alone with a male patient. It would almost never be necessary for a nurse to stay alone with a male patient in a hospital.

NURSING NEWS AND ANNOUNCEMENTS

CONVENTION ARRANGEMENTS

The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

Arrangements.—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for registration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

Hotels.—The arrangements committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large

enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

HOTELS AND RATES

Hotel Statler—Washington Blvd. and Park Blvd.

Single rooms with bath—\$3.00, \$3.50, \$5.00
Double rooms with bath—\$5.00, \$7.00 and up

Hotel Tuller—Park Blvd. and Adams Ave.

Single room with bath—\$3.00 and up
Double room with bath—\$5.00 and up
Large room, double bed, two single wall beds—\$2.50 per day per person.

Hotel Wolverine—Witherall and Elizabeth Sts.

Single rooms with bath—\$3.00 to \$6.00
Double rooms with bath—\$5.00 to \$8.00

Hotel Fort Shelby—525 Lafayette Blvd.

Single rooms with bath—\$3.00 to \$5.00
Double rooms with bath—\$4.50 to \$7.00

Hotel Dixieland—John R. St. and Farmer St.

Single rooms with running water—\$2.00
Single rooms with bath—\$3.00
Double rooms with running water—\$2.50
Double rooms with bath—\$4.00
Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite

Hotel Madison and Lennox—Madison St. and John R. St.

Double room with bath—\$3.50 and \$4.00

NAME	
ADDRESS	
HOTEL PREFERRED	
ROOM SINGLE	DOUBLE
DATE OF ARRIVAL	
APPROXIMATE HOUR OF ARRIVAL	
NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE	



DETROIT—THE DYNAMIC

1—Statler Hotel; 2—Tuller Hotel; 3—Central Methodist Church; 4—Woodward Ave. Baptist Church; 5—Woodward Ave. Baptist Church House; 6—Hotel Wolverine; 7—Woman's Exchange.

Living room, bedroom, bath, for three persons—\$7.50

Living room, bedroom, bath, for two persons—\$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.

Single rooms with bath—\$2.50 to \$4.00

Double rooms with bath—\$5.00, \$6.00 and \$7.00

FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.

Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day

Same as above with bedroom, to accommodate 4—\$5.00

Harding—129 Charlotte Ave.

Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day

Same as above with bedroom, to accommodate four—\$6.00 day

Willis Arms—675 Willis Ave. West.

Rooms—\$1.50, \$2.00 and \$2.50 day

Apartment, living room, bedroom, kitchen, to accommodate two or three people—\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—\$18-\$25 week

Parmento—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people
1 room and bath, to accommodate two—\$5.00

2 rooms and bath, to accommodate four—\$7.00 and \$8.00

Since the last report on plans for the biennial convention was given, some changes have been made in the hours of meetings; namely, morning sessions will be from 9 to 11 a. m., and individual organization sessions (for purpose of discussion of papers presented at joint session) from 11:15 to 12:45 p. m. Afternoon sessions from 2:30 to 4:30 p. m. Round tables, 4:30 to 6 p. m. Evening sessions from 8 to 10 p. m.

THE PRIVATE DUTY NURSES' SECTION

There are a number of facts that will and should interest every private nurse. The Private Duty Nurses' Section is the first and oldest organized section of the A.N.A. Every nurse who is doing and has done private duty is a member of the section. Appointed committees are in charge of the Revision of the By-laws, of the Program, and of the Nominations. Sarah E. Sly is the official parliamentarian and chairman of the Revision Committee; Harriet Gregory, 73 Elmwood Avenue, Waterbury, Conn., is chairman of the Program Committee; Clara E. Brooke, St. Joseph's Hospital, Ft. Wayne, Ind., of the Nominating Committee. In order to get in touch with the rest of the committee, each state should suggest a name for each office by the first of April. The present officers are: Chairman, Frances M. Ott; vice-chairman, Elizabeth E. Golding; secretary, Minnie Hollingsworth. At the meetings at Detroit,

the attendance will probably surpass everything in its history. Each state will be called upon for a report as to the number of organized State sections, members present, and so on.

FRANCES M. OTT, *Chairman*.

All state associations having Private Duty Sections are asked to communicate that fact to the Secretary of the national Private Duty Section, Minnie Hollingsworth, 37 Franklin Street, Boston, 16, Mass.

A meeting of the Board of Directors of the American Nurses' Association was held in New York, N. Y., January 15-19, 1924. During the same week, the National League of Nursing Education, the National Organization for Public Health Nursing and the *American Journal of Nursing* Boards of Directors held executive sessions. The Boards of Directors of the three national nursing organizations held a joint meeting, when final arrangements for the biennial convention to be held in Detroit in June, were discussed. The Chairman of the Arrangements Committee, Emily A. McLaughlin, met with the several Boards of Directors separately and jointly, giving a report in each instance of the plans for taking care of the delegates and guests during the convention. Reports were given by the Treasurer, by the Chairmen of the Relief Fund, the Finance Committee, the Headquarters Committee, the Publicity Committee, by the Secretary, and by the Arrangements Committee.

Lucy Minnigerode, chairman of the special committee on Federal Legislation gave a comprehensive report of what had been accomplished in our effort to convince the Personnel Classification Board that nurses should be placed in the professional class. A resolution was adopted that the American Nurses' Association make application for membership on the Women's Joint Congressional Committee, which is composed of representatives from all the women's organizations of a national and professional character, who are interested in legislation for women and children.

Several recommendations were presented for consideration; namely, amendments to the by-laws, which will be attached to the call for the biennial meeting; also an outline demonstrating how the present plan of membership

of the American Nurses' Association operates, to be sent to the State Associations.

It was decided that the report of the proceedings of the 1924 convention be printed in full, and be sent out as a supplement to the convention number of the *American Journal of Nursing*.

A committee was appointed, upon the recommendation of the Chairman of the Jane A. Delano Memorial Committee, to visit the studio of Mrs. H. Payne Whitney to see the model of a memorial which might be used in erecting a suitable memorial to Miss Delano. If this model is accepted, it is hoped that photographs may be made to distribute at the meeting in June.

At the joint meeting of the Boards of Directors of the three national nursing organizations, it was decided that an exhibit similar to the one at the 1922 meeting, should be conducted. A resolution of thanks and appreciation was adopted to be sent to the Danish Nurses' Council and its President, Mrs. Tscherning and to the authorities and nursing faculty of the Bispebjerg Hospital for the many courtesies and hospitality extended to Miss Noyes, our representative to the executive meeting of the International Council of Nurses held in Copenhagen in 1923.

The Committee on International Affairs, which has been a committee of the National League of Nursing Education, was transferred to the American Nurses' Association by mutual consent, with representation from the three national nursing organizations, Clara D. Noyes, chairman.

The committee on Ethical Standards presented recommendations under consideration and S. Lillian Clayton, chairman, stated that these would be presented in a more definite form at the biennial meeting in June.

Elnora Thomson presented a report from the representatives of the three nursing organizations attending the International Conference on Education held in Santa Barbara in 1923, which contained the following recommendations:

"Whereas the discussion at the Conference convinced the delegates that the joint membership of our organizations should be better informed about the work in other countries in order to understand their problems and to

have them understand ours, and thus, have help and inspiration from each other, and

“Whereas the emphasis constantly directed to the work of the nurse during the Conference impressed your representatives with the importance and responsibility of our organization in directing the graduate and undergraduate work of nurses and their work in the general field, therefore,

“Be it resolved that the international departments in our two journals shall be more active, that through these departments we may be kept in closer touch with other countries, and

“Be it further resolved that there shall be increased vigilance of methods of preparing nurses in Schools of Nursing, and inasmuch as child psychology and pedagogy with their practical applications are a necessary part of the nurse’s education, and inasmuch as its practical application can be made in our children’s wards, we believe that the nurses in training should have their instruction in these branches while in the hospital.

“It is further recommended that the standards for nurses entering the public health field shall be comparable with all other health workers; namely, a thorough preliminary education with emphasis on the basic sciences. (In all the sessions, the same objectives were held by all workers, whether physicians, teachers or nurses, and it was agreed that satisfactory work could only be accomplished if we were closely allied to each other.)”

Miss Christiane Reimann, secretary of the International Council of Nurses was a guest of the members of the Board of Directors, and before the members left New York a “get together” dinner was held with Miss Reimann, Mlle. Mignot and Miss Maxwell as guests.

AGNES G. DEANS, *Secretary*.

Contributions received up to date for the relief of German Nurses, \$114.35, which has all been forwarded to Sister Agnes Karll.

MEETING OF JOURNAL STOCK-
HOLDERS

At the annual meeting of stockholders of the *American Journal of Nursing*, (represented by the directors of the American Nurses’ Association) on January 17, in New York, ten nominations were made for members of the

Journal Board for the coming year. Election by ballot resulted in the choice of the following: S. Lillian Clayton, Pennsylvania; Bena M. Henderson, Illinois; Elsie M. Lawler, Maryland; Georgia M. Nevins, Massachusetts; Mary M. Riddle, Massachusetts; Sarah E. Sly, Michigan; Lillian L. White, California. The new *Journal* Board elected as its officers: President, S. Lillian Clayton; secretary, Elsie M. Lawler; treasurer, Mary M. Riddle.

REPORT OF THE TREASURER OF THE
AMERICAN NURSES’ ASSO-
CIATION

For the Year Ending December 31, 1923

Balance per books and and bank statements, Jan. 1, 1923— New Netherlands Bank, York -----	\$ 1,543.93
Lorain St. Savings & Trust Co., Cleveland, Ohio -----	262.80
	<hr/> \$ 1,806.73

Receipts

Dues from States Asso- ciations -----	\$23,837.00
Dues from Alumnae As- sociations (2) -----	155.00
Dues from permanent member -----	2.00
Interest on Bank balance	290.01
Sales—Accredited Lists of Schools -----	330.27
Contributions to Head- quarters Fund -----	130.00
Redemption of Victory Bond -----	1,000.00
Interest on Bond -----	23.75
	<hr/> 25,768.03
Total Receipts -----	\$27,574.76

Disbursements

Expenses of members of Board of Directors in attending meetings of the Board -----	\$ 1,178.15
Expenses, chairman and members of committees in attending meetings--	429.65
Rent for place of meeting of Board -----	30.50

Expenses of delegates to International Council of Nurses' executive meeting -----	618.92
Expenses of delegates to other national associa- tion meetings -----	39.60
Dues for membership in other national associa- tions -----	144.50
Clerical and stenographic expense -----	33.31
Printing and stationery--	147.50
Postage -----	55.00
Telegrams -----	21.12
Express and freight-----	25.42
Auditing books -----	75.00
Surety bonds -----	50.00
Rental for safety deposit box -----	5.00
Transferred to operating budget for Headquar- ters -----	9,000.00
Reinvestment of legacy funds -----	993.43
Transfer of interest on bonds to Relief Fund--	23.75
Exchange on checks-----	3.40
	<hr/> 12,874.25

Balance, December 31, 1923, New
Netherland Bank, New York---- \$14,700.51
V. LOTA LORIMER, *Treasurer.*

NURSES' RELIEF FUND
REPORT FOR JANUARY, 1924

<i>Receipts</i>	
Balance on hand, Jan. 1-----	\$14,191.59
Interest on bonds-----	60.00
Alabama: State Nurses' Assn., \$21.10; District 2, 43 members, \$43 -----	64.10
Arkansas: State Nurses' Assn.-----	100.00
California: Dist. 5, \$5; Dist. 8, \$11; Dist. 9, \$264.11; Dist. 10, \$11; Dist. 16, \$6; Dist. 17, \$3-----	300.11
Colorado: Three individual mem- bers -----	3.00
Connecticut: One individual, New Haven -----	5.00
District Columbia: Sibley Memorial Hospital Alumnae-----	45.00

Florida: One member-----	1.00
Illinois: Anonymous -----	10.00
Indiana: 25 members, South Bend--	25.00
Iowa: Graham Hospital Alumnae, Keokuk -----	30.00
Kentucky: Jefferson County Gradu- ate Nurses' Club, Louisville-----	10.00
Maryland: General Hospital Alum- nae, Baltimore -----	75.00
Minnesota: Dist. 2, one member, \$1.50; Dist. 3, Fairview Alum., \$20; Dist. 4, St. Paul's Alum., \$10.75; Mound Park Alum., \$6.25, four members Asbury Hospital Alum., \$15; individual members, \$9.25 -----	62.75
Nebraska: Dist. 2, \$40; one member, \$5 -----	45.00
New Hampshire: New Hampshire Memorial Hospital Alum., \$5; Nashua Memorial Hospital Alum., \$5; individuals, \$11-----	21.00
New Jersey: Dist. 1, one member, \$5; Dist. 5, 33 members, \$42; two individuals, \$3 -----	50.00
New York: Dist. 1, individual mem- bers, \$375; pledge for 1923, indi- viduals and interest, \$223.31; Children's Hospital Alum., \$25; Woman's Hospital Alum., \$25; Dist. 2, Rochester General Stu- dent Government Assn., \$50; Highland Hospital students, \$20; Highland Hospital Alum., \$10; St. Mary's Alum., \$10; Clifton Springs Alum., \$5; one individual, \$1; Dist. 3, individual members, \$25; Dist. 4, Syracuse Memorial Alum., \$52; St. Joseph's School for Nurses, \$35; Cortland County Alum., \$20; Dist. 8, individuals, \$50; Dist. 9, St. Peter's Hospital student body, \$10; N.S.N.C.N., Albany, \$5; Glens Falls Hospital Alum., \$25; Cohoes Hospital Alum., \$10; Dist. 13, \$100; eight individuals, \$26.50; St. Luke's Alum., \$25; St. Mark's Alum., \$25; Bulkley Training School Alum., \$50; Dist. 14, Wyckoff Heights Alum., \$10; St. Mary's Alum., \$15; St. Catherine's Alum., \$15--	1,242.81

Ohio: Dist. 5, \$17; Dist. 6, \$25;	
Dist. 9, \$25; Dist. 11, \$7.80;	
anonymous, \$10 -----	84.80
Oklahoma: State Nurses' Assn., \$9;	
St. Anthony's Hospital Alum., \$25	34.00
Tennessee: Nashville Dist. Assn.---	89.46
Texas: Dist. 1, \$19; Dist. 11, \$24;	
St. Paul's Alum., Dallas, \$22----	65.00
Utah: State Nurses' Assn.-----	25.00
	<hr/>
	\$16,639.62

Disbursements

Paid to 42 applicants----	\$620.00	
Texas: St. Paul's Alumnae		
(insufficient funds)-----	32.00	
Farmers' Loan & Trust		
Company, Protest fee on		
Texas check -----	2.08	654.08
	<hr/>	
Balance, January 31, 1924-----	\$15,985.54	
Invested Funds -----	71,951.50	
	<hr/>	
		\$87,937.04

REPORT ON RECLASSIFICATION

Since the last report, the Chairman of the Committee on Federal Legislation of the American Nurses' Association appeared before the Board of Directors of the Association with certain recommendations in regard to the reclassification of nurses. So far, apparently, none of the advice which has been brought to bear upon the Board has had any effect and so far as is known, the situation in regard to the classification of nurses in Government Service remains the same. A rather disquieting factor in the whole reclassification question is the proposal of the Secretary of Labor to draft a new Immigration Bill embodying certain much needed legislation in regard to immigration. The nurses throughout the country will remember the struggle to secure a place for nurses among the professional persons who would not be excluded, in the Immigration Bill of 1917. While the Bill of the Secretary of Labor retains the clause, this Bill, so like the Reclassification Bill when it was returned to the Senate from the Appropriations Committee, has failed to list the professions which would be recognized as not to be excluded in any law from entering this

country; therefore, if nurses are placed under the Reclassification in the non-professional or sub-professional grade and are not mentioned specifically in the Immigration Law, we not only lose the status of nurse in Government Service, but we also lose the recognition under the Immigration Law for which we struggled so long. Nurses have been active in regard to letters from their Congressmen and a number of these letters have been returned to the Central Office. The Chairman of the Committee would appreciate it if nurses throughout the country would forward to her either the original letters received from Congressmen in regard to this matter or copies of these letters.

LUCY MINNIGERODE, *Chairman.*

THE LIST OF ACCREDITED SCHOOLS

The 1924 edition of the List of Schools of Nursing Accredited by the State Boards of Nurse Examiners is being compiled, questionnaires having been sent to all State Associations and to all Boards of Nurse Examiners some time ago. Less than 1000 of the 1700 sent out have been returned. Thirty State Board secretaries have failed to return their lists of accredited schools. *Is your school to be included in the pamphlet for 1924?* Ask your State Association secretary and your State Board secretary. Questionnaires should be returned to the chairman of the Publications Committee of the American Nurses' Association, Mary C. Wheeler, 509 South Honore Street, Chicago, Ill.

THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The Isabel Hampton Robb Memorial Fund Committee held its annual meeting in New York, January 16. It was decided to offer two scholarships, of \$250 each, this year for preparation for executive or teaching work in schools of nursing. It was also decided to make an appeal for further contributions to the Isabel Hampton Robb Memorial Fund and to the McIsaac Fund, as both are unable to meet the requests received. The members of the Executive Committee chosen for the coming year are: Elsie M. Lawler, Anna C. Maxwell, Clara D. Noyes, Mary M. Riddle, Katharine DeWitt.

TO THE NURSING ORGANIZATIONS OF
THE COUNTRY

The Isabel Hampton Robb Memorial Fund was founded in 1910, after Mrs. Robb's tragic death, in recognition of her great services to our profession. The McIsaac Loan Fund was founded in 1917, after the death of Isabel McIsaac, with the same thought.

Both are living memorials, honoring the women who did so much for us, and helping nurses of the present day to prepare themselves for greater service to their profession.

Both funds have been raised by nurses and nursing organizations, except that the Robb Fund received in 1916 a gift of \$5000 from a friend outside our profession, Mrs. William Church Osborn of New York. Both funds are being used to the fullest extent.

The Isabel Hampton Robb Fund at the present time amounts to \$28,000. It is well invested and the income, only, is used for scholarships. At first, several scholarships of \$200 each were given annually, but the expense of tuition and of living have so increased that the amount granted has been increased to \$250, with a decrease in the number given. Last year only three scholarships were awarded, and this year but two are offered. Every year many applicants are turned away disappointed.

The McIsaac Fund is in a constant state of change, being loaned, returned, and loaned again. It is a small fund, amounting to about \$1200 in all. The loans made from it are for educational purposes, only.

Sixty-four scholarships have been granted from the Robb Fund; 9 loans have been made from the McIsaac Fund.

No Recent Appeals.—For the past few years, no appeals have been made for these funds, as it was felt that the Nurses' Relief Fund and the Delano Fund should be given the right of way. It is believed that now attention should once more be called to these funds in order that they may be prepared to meet more nearly the demands made upon them.

What Is Suggested.—So many appeals are being made to individual nurses that this method will not be followed (although individual pledges and gifts would be welcome). Instead, associations of nurses are asked to become sustaining members of the Robb Fund

and to make an annual contribution to the McIsaac Fund.

If each State, District and Alumnae Association would contribute a definite amount annually, the funds would be steadily increased, yet there would be no great drain upon the resources of the associations.

Pledges should be sent to the Secretary of the Isabel Hampton Robb Memorial Fund which has the care of the McIsaac Loan Fund also. Contributions should be sent to the Treasurer. Mary M. Riddle, Treasurer, 36 Fairfield Street, Boston, Mass.; Katharine DeWitt, Secretary, Room 613, 19 West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of January, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Mary F. Galli; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenants Inez H. Hulse, Elizabeth Moellman, Alice M. Sharpe; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieut. Mary T. Manzer; to Letterman General Hospital, Presidio of San Francisco, Cal., 2nd Lieutenants Frances Berger, Marie J. Farrell, Willie P. Harris, Barbara A. MacNabb; to Station Hospital, Fort Riley, Kans., 2nd Lieutenants Frances A. Merrill, Katie Murphy; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Virginia M. Woods; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Alice L. O'Brien; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Florence A. Blanchfield, Chief Nurse, 2nd Lieutenants Margaret McM. Bell, Margaret Docherty, Mary A. Herbert, Taletta Heraldson, Mabel G. May, Irene G. Traux; to Hawaiian Department, 2nd Lieutenants Florence I. Hilyer, Grace E. Keener, Anna F. O'Donnell, Kathryn S. Walter; to Philippine Department, 2nd Lieut. Ella V. Shorney; to Tientsin, China, 1st Lieut. Katherine C. Magrath, Chief Nurse, 2nd Lieut. Hulda Svenson.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants Dora M. Askew, Mary C. Donovan, Anna Ednie, Katherine Kennelly, Anna C. Sellner, Emily D. Smith, Esther Thulin.

Cecelia A. Brennen, class of 1909, St. Joseph's Hospital, Philadelphia, and a member of the Army Nurse Corps since January 4, 1913, died at the Walter Reed General Hospital, Army Medical Center, Washington, D. C., January 20. Miss Brennen served in the capacity of chief nurse with Base Hospital No. 67 overseas, and remained there until May 22, 1919. She was then ordered to Camp Travis for duty and remained in Texas until August 13, 1920, when she was discharged from the Army Nurse Corps. Miss Brennen served for a short period at the Santo Tomas Hospital, Panama, but decided to return to the Army Nurse Corps, and was re-appointed on May 1, 1923. For her services rendered during the World War as a member of the Army Nurse Corps, she was awarded the Distinguished Service Medal of the War Department. The citation reads: "Cecelia Brennen, chief nurse, Army Nurse Corps. For exceptionally meritorious and distinguished service. As chief nurse of the Toul Hospital Center, France, during the World War, she contributed largely to the successful care of over ten thousand sick and wounded by her skillful, tactful, and able direction of the work of the nurses at this center. Residence at appointment: 2619 West Allegheny Avenue, Philadelphia, Pa." Miss Brennen was buried January 24, at her home, Branchdale, Pa., with military honors.

JULIA C. STIMSON,
*Major, Superintendent, Army
Nurse Corps.*

NAVY NURSE CORPS

Transfers: To Brooklyn, N. Y., Anna I. Cole, Chief Nurse, Rosemary Lawrence, Marian E. Martin; to Naval Supply Depot, Brooklyn, Lucia D. Jordan, Chief Nurse; to Cancacao, P. I., Marie Weaver; to Charleston, S. C., Jessie M. Schraffenberger; to Chelsea, Mass., Nellie J. Macleod; to League Island, Pa., Rose Clifton Wertz; to Guam, Irene Mary Lannon, Myrtle I. Carver; to Mare Island, Calif., Lena B. Coleman, Chief Nurse, Ada E. Welty; to Norfolk, Va., Ethel M. DeGarmo; to Pearl Harbor, T. H., Lillian R. Cornelius, Jane M. Gallagher, Susan E. Roller, Chief Nurse; to Pensacola, Fla., Annie Miller; to Philadelphia, Pa., Graduate School of Medicine, University of Pennsylvania, (course in

Anaesthesia), Grace A. Bidgood, Mary A. Moffett, Chief Nurse; to Puget Sound, Wash., Anne Gemkow, Lillian M. Adams, Lillian L. Reilly; to Quantico, Va., Elizabeth H. Cooke; to San Diego, Calif., Anna M. Fallamal.

Honorable Discharge: Irma A. Gwinner.

Resignations: Lulu L. Cronkhite, Mary C. McGinnis, Margaret V. Rowan, Phelonise A. Tardif.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Jimmie Gauntt, to Savannah, Ga.; Mary Toose, to Baltimore, Md.; Mary Connelly, to Ellis Island; Louise Kuhrtz and Lulu Guller, to Mobile, Ala.; Christena McIver, Elizabeth Burke, to Norfolk, Va.; Luella Soliday, to St. Louis, Mo.; Edna Carlson, to San Francisco, Calif.; Elna Rasmussen, to Fort Stanton, N. M.

Reinstatements: Mary Herring, Mary Lomax, Mildred E. Eldred, Alberta Therrien, Elizabeth Annan, Jennie McDonald, Ruth B. Chasey.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

PUBLIC HEALTH SUMMER SCHOOLS

The United States Public Health Service announces that, in response to an extensive demand for summer school work in public health, it has arranged with the following universities to conduct public health summer schools: University of Iowa, Iowa City, June 9 to July 18; University of California, Berkeley, June 23 to August 2; University of Michigan, Ann Arbor, June 23 to August 2; Columbia University, New York, July 7 to August 15. Although primarily designed for physicians and sanitarians, there will be courses in Public Health Nursing. For information, one should address The Surgeon General, U. S. Public Health Service, 16 7th Street, S. W., Washington, D. C.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE

Transfers: Mrs. Maude S. Yerkes, H.N., to American Lake, Wash.; Mabel Christian, H.N., to Legion, Texas; Margaret MacIver, Asst. C.N., to Bronx, New York.

Reinstatements: Lucy L. Wilkins, Thora

H. Grubbe, Cloe Carroll, Mrs. Jessie Guzman, Ellen S. Laney, Von Jean Sherrill, Martha E. Whitener, Jane G. Foster, Margaret E. Cleary, Ethel M. Young, Mrs. Mary V. Huddleston, Mrs. Sue E. Patton, Mrs. Maud E. Gibson, Hannah J. Flahive.

DISTRICT MEDICAL SERVICE

Transfers: Martha Lansden and Cora L. Coventry, to Oteen, N. C.; Hester Cain, to Philadelphia.

Reinstatements: Hayward Mott, Nora Melton.

It is expected that the new hospitals at Northampton, Mass., Chillicothe, Ohio, and Tupper Lake, N. Y., will be ready for the reception of patients at an early date.

The hospitals at Northampton, Mass., and Chillicothe, O., are for the care of mental cases, while the hospital at Tupper Lake is for the care of tuberculous patients. Nurses will be needed for all of these hospitals. At this time there are a number of vacancies in the Nursing Service for nurses specially trained in psychiatry for duty in our mental hospitals.

MARY A. HICKEY,
Superintendent of Nurses.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for vacancies in the Indian, Veterans Bureau and Public Health Services. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the Secretary of the Board of U. S. Civil Service Examiners at the post office or custom house in any city.

THE ANNUAL CONGRESS ON MEDICAL EDUCATION, Medical Licensure, Public Health and Hospitals will be held at the Congress Hotel, Chicago, March 3-5. All who are interested are invited to be present. The sessions of the American Conference on Hospital Service will be held on the last day.

CHINA

THE NURSES' ASSOCIATION OF CHINA held its national conference in Canton, January

31-February 6. A report has not yet been received.

CANADA

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will hold its regular biennial meeting in Hamilton, Ontario, June 23-26.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC held its annual meeting, January 24, at the Royal Victoria Hospital. The principal speakers were Elizabeth Fox of Washington, D. C., Dr. J. A. Beaudouin of the University of Montreal, and Prof. C. A. Dawson of McGill University.

California: Los Angeles.—DISTRICT 5 held its regular meeting on February 5 at the Los Angeles General Hospital. Following a visit through the wards of the Hospital, including those in which the psychopathic and communicable disease patients are hospitalized, members were conducted to the Surgical Pavilion where Dr. J. F. Percey gave a very interesting lecture on the surgical treatment of cancer by cautery. Immediately following the lecture an operation was performed by this method. Dr. Wood, Acting Superintendent of the Hospital, made a short address of welcome. **Sacramento.**—HIGHLAND HOSPITAL, Alameda County, which has been under construction for the past two years and will not be ready for occupancy for another two years, when finished will rank among the great institutions of the United States; it will be a place for the treatment of all manner of diseases. It will be operated by the county, at the same time it will be a general hospital and will provide room for seven hundred beds. The grounds include over ten acres of land and the place should take care of all growth for fifty years.

Colorado: Colorado Springs.—THE NURSES' ALUMNAE ASSOCIATION OF GLOCKNER SANATORIUM held a meeting on January 9, at which the following officers were elected: President, Madlyn E. Franklin; vice-president, Catherine Cunningham; secretaries, Grace J. Forbes and Lucille Michaels; treasurer, Mrs. Florence Aulgur. The outgoing officers entertained the alumnae at the Elks Club. Sister Eustacia (class of 1919), has returned to the Sanatorium after having been at the Good Samaritan Hospital, Cincinnati, O., since 1921. **Denver:** The Commissioner of Health and

Charity is making many improvements, especially at the Denver General Hospital, formerly known as the City and County Hospital. The old entrance has been closed and a new one cut in the corner facing both Cherokee Street and 6th Avenue. A new receiving room has been built and a driveway constructed in the rear of the building so that the patients are admitted away from the gaze of the curious public. A series of electric signals has been arranged by which the patients are admitted, so that no one is disturbed, either night or day, by the clanging of the ambulance gong. The lobby, surgical and emergency divisions are being remodeled, the X-ray room enlarged. Recovery rooms are being put in, and new wards for 48-hours surgical patients, created. A nose and throat room, a dentistry and a ward for injured firemen and policemen are being established; also a new maternity ward and nursery. The insane patients are being segregated. THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL held its regular meeting at the Denver General Hospital, January 8. All annual reports were read and approved. The following officers were elected for the coming year: President, Mamie Balding; vice-presidents, Susie Turner, Mrs. Clarice Hanson; secretary, Mrs. Fred Durrell; treasurer, Margaret Lindsey. A recess was called and luncheon served. It was decided to have two social meetings,—a picnic given in midsummer, and a Christmas meeting in December. All other meetings are to be held at the Denver General Hospital and are to be strictly educational. The Superintendent, George Collins, addressed the nurses at the February meeting on the subject of Coöperation.

Connecticut: THE ANNUAL CONVENTION OF THREE NURSING ORGANIZATIONS, the League of Nursing Education, Graduate Nurses' Association of Connecticut, and the Connecticut Organization for Public Health Nursing, was held in New Haven, January 23-24-25. A joint meeting was held on the evening of January 23rd. In the absence of the Mayor, Dr. John L. Rice, Health Officer of New Haven, gave the address of welcome. The speaker of the evening was Annie W. Goodrich, Dean of the Yale School of Nursing. The Graduate Nurses' Association held their meeting on

January 24. At the morning session, Minnie E. Hollingsworth, Secretary, Private Duty Section of the National association, gave an address on Private Duty Nursing. A Round Table was conducted by Agnes G. Deans, Private Duty Nurses' Problems. At the afternoon meeting, each of the Alumnae Associations responded to roll call, giving the number of their members, and the work accomplished during the year. Nineteen of twenty-one associations responded. The address of the afternoon was given by Agnes G. Deans, Secretary of the American Nurses' Association, the subject being The Relation of the State Associations to the National Association. Tea was served by the Alumnae Association of the Connecticut Training School. The Annual Banquet was held at the Lawn Club, in the evening of the 24th. The community singing was a much enjoyed feature. Officers elected for the Graduate Nurses' Association are: President, A. Elizabeth Bigelow, Meriden; vice-presidents, Abbie M. Gilbert, New Haven, and Robina Stewart, Hartford; secretary, Kathryn E. Sherman, 63 Imlay Street, Hartford; treasurer, Isabel D. Conn, Stamford; directors, Margaret K. Stack, Hartford, and Mathilda Schaack, Bridgeport. League officials are: President, Sarah E. Hyde, Middletown; vice-presidents, Marion H. Wells, Waterbury and Annie Cunliff, Stamford; secretary, Amelia M. Jones, Middletown; treasurer, Helen G. Lee, Hartford; councilors, Helen T. Nivison, Derby, and Helen C. Malcolm, New Haven. **New Haven.**—THE SCHOOL OF PUBLIC HEALTH NURSING held its seventh annual meeting and dinner at the Lawn Club, January 10. Two honorary members, Miss Hills, Superintendent of the Visiting Nurse Association, and Miss Gilbert, Supervisor of the Child Welfare work, were present and gave addresses. The guest of honor was Professor Amelia Grant, of Yale School of Nursing, who gave a very interesting talk on the School. Officers were elected for the coming year as follows: President, Mrs. Forest Conklin; vice-president, Dorothy Roessner; secretary, Emily Johnson; treasurer, Elizabeth Maiden; Councilor, Mary Coulan.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION held its regular meeting on January 14 at the Club House. Following

the business meeting Major Julia Stimson gave a talk on some of her observations of the general educational developments in nursing. Mrs. Charlotte Heilman, who has recently returned from four years' service in Greece, gave a report on her work in that country. The Association gave a reception on the afternoon of January 13, in honor of Christiane Reimann, secretary of the International Council of Nurses who is studying at Teachers College, New York. THE LEAGUE OF NURSING EDUCATION held its January meeting at Sibley Hospital. Jessie La Salle, Director of Educational Research Work in the Public Schools of Washington, addressed the meeting on The Mental Grading of School Children. A lengthy and interesting discussion of this subject and its relation to the teaching of student nurses followed. The general business meeting was then taken up. It was decided to request the Board of Nurse Examiners to place an honor seal on certificates of applicants attaining an average of 90 per cent or more. A social hour followed. A series of lectures has been arranged for the Senior students of all the Schools of Nursing in Washington, on Professional Problems and Modern Social Conditions to be given on Monday evenings in the George Washington University Lecture Hall. Great credit is due Gertrude Bowling for the selection of speakers and subjects to be covered.

Florida: Tampa.—THE GORDON KELLER MEMORIAL HOSPITAL ALUMNAE was organized December 7, 1920. The officers are as follows: President, Mrs. C. M. Arrowsmith; vice-presidents, Vera Hargrave, Mrs. P. C. Flynt; secretary, Clara Howell; treasurer, Mrs. Marjorie Terry.

Georgia: THE GEORGIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examination for registration, April 9 and 10. Apply to Jane Van De Vrede, secretary, 688 Highland Avenue, Atlanta.

Hawaii: THE NURSES' ASSOCIATION, TERRITORY OF HAWAII, held its annual meeting at the Colonial Hotel, Honolulu, January 7, when the following officers were elected: President, Hortense Jackson; vice-presidents, Amelda Moffett, Mrs. Harold Ancill; secretary, Margaret R. Rasmussen, 1071 Beretania Street,

Honolulu; treasurer, Alice Yates; trustees, Margaret R. Rasmussen, Bess Young, Mary Keppel, Harriet Delamere, Anna Huber, Mary Morrill.

Idaho: THE IDAHO STATE ASSOCIATION will hold its annual meeting at the Women's Club Room, Boise, March 4, the business meeting to be followed by a banquet at the Owyhee Hotel, at which the chief speaker will be Marie T. Phelan of the Children's Bureau, Washington. The Senior class of each training school has been invited to the banquet.

Illinois: Chicago.—Last November, on Homecoming Day for the graduates of the Presbyterian Hospital, a portrait of M. Helena McMillan was presented to the Hospital by the President of the Alumnae Association, Mary Louise Morley. The gift marked the twentieth anniversary of the founding of the school by Miss McMillan. The addresses made showed the affection in which she is held by officers and graduates as well as the honor due her. MERCY HOSPITAL ALUMNAE ASSOCIATION has donated \$50 to the Nurses' Relief Fund and \$50 to the relief of nurses in Russia. Graduates of Mercy Hospital are reported as follows: Edna Grise and Marie Andrews are doing private duty nursing in Florida and Elvira Tolf in California. Oda Rogers has returned from Duluth to take up private nursing in Chicago. Anna Tieken has taken up insurance work. Neel Kenimel and Elizabeth Sullivan are doing industrial nursing; Florence Bradley, school nursing; Genevieve Hughes, infant welfare nursing and Winifred Connor is doing public health nursing in Joliet. THE FIRST DISTRICT ASSOCIATION is giving its members a series of lectures by Professor E. Blatz on Elementary Psychology. This will be followed by two others on Applied Psychology and Effective Public Speaking. **Moline.**—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its annual business meeting at the Nurses' Home, December 6. The following officers were elected: President, Hattie Larson; vice-presidents, Mrs. Lucretia York, Vera Sundeen; secretary, Beda Clauson; treasurer, Evelyn Carlson.

Indiana: Indianapolis.—Lizzie Goeppinger has resigned her position at the Deaconess Hospital to become Instructor at the City Hospital. Miss Wedderfield has also left the

Deaconess Hospital to become Night Supervisor at the City.

Iowa: Cedar Rapids.—MERCY HOSPITAL ALUMNAE elected the following officers at their December meeting: President, L. Ryan; vice-presidents, Sister M. Mercy, A. Anderson; treasurer, M. Kilduff; secretary, Sister M. Yvo. Through various functions given during the year the Association has raised \$1000. This is for their building fund to help furnish the new wing of the Hospital. **Council Bluffs.**

—DISTRICT 9 held its annual meeting on January 12 at St. Bernard's Auditorium. Excellent addresses were given by Dr. Hombach, Dr. M. A. Linley, and Mrs. John N. Galvin, President of the Visiting Nurse Association. The business meeting followed. JENNIE EDMUNDSON HOSPITAL elected officers on January 9, as follows: President, Kathleen Brunow; vice-presidents, Augusta Mueller, Marie Nelson; secretary, Ethel Martin; treasurer, Edith Culver. **Creston.**—THE ALUMNAE OF GREATER COMMUNITY HOSPITAL was entertained at dinner on New Year's evening by Mrs. Hayden and Madge McCann. **Davenport.**—THE SIXTH DISTRICT ASSOCIATION OF REGISTERED NURSES has elected the following officers: President, Edna Atkinson, Davenport; vice-presidents, Anna Watters, Clinton; Grace Van Ever, Davenport; secretary, Kathryn Kelly, Davenport; treasurer, Mary Fitzpatrick. The hospitals in the Sixth District have also elected officers as follows: MERCY HOSPITAL ALUMNAE, President, Mrs. Elizabeth Flynn; vice-presidents, Estella Mallette, Nellie Bagley; secretary, Elizabeth Grassman; treasurer, Mary Fitzpatrick. St. Luke's ALUMNAE, President, Fannie Smith; vice-presidents, Mary Seccomb, Charlotte Graham; secretary, Mrs. Webbenton; treasurer, Vera Hinckley. JANE LOMB MEMORIAL HOSPITAL, Clinton, President, Mrs. Edward Arnold; vice-president, Mrs. Herbert Pehrs; secretary, Helen Thompson; treasurer, Louise Allesee. Mrs. Judith Wolf (Miss Holmstrom, class of 1908, St. Luke's Hospital, Davenport), is taking a postgraduate course at the University Hospital, Chicago. Grace Walker (class of 1923, St. Luke's Hospital), has accepted a position in Public Health Work in Davenport. **Iowa City.**—THE IOWA STATE UNIVERSITY ALUMNAE ASSOCIATION held its

annual meeting January 24 at the University Hospital. The following officers were elected: President, R. Zella Deeney; vice-president, Henrietta Stegeman; secretary, Marguerite Trent; treasurer, Helen Meeker. Chairmen of Committees are: Social, Elsie Gibson; Program, Florence Merrill; Nominating, Myrna Raymond.

Louisiana: New Orleans.—THE LOUISIANA NURSES' BOARD OF EXAMINERS has elected the following officers: President, Dr. John T. Crebbin, 1210 Maison Blanche; secretary-treasurer pro tem, Dr. George S. Brown, 27 Cusachs Building. Julia C. Tebo has been appointed a member of the Board to succeed Dr. J. S. Hebert, former secretary-treasurer, whose term of office has expired.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration, April 16 and 17, beginning at 9 a. m., at the State House, Augusta. **Portland.**—THE WESTERN DISTRICT ASSOCIATION held its annual meeting January 23, at the Columbia Hotel. There were ninety-two present at the banquet to which all nurses practicing in the District and all Senior nurses in hospitals in the District were invited. Following the banquet, a business meeting was held. An entertainment was provided for the visitors. The following officers were elected: President, Katherine Quinn; vice-presidents, Eleanor Griffin and Mary Campbell; treasurer, Bessie Doughty; secretary, Josephine McLaughlin.

Maryland: Baltimore.—THE MARYLAND STATE LEAGUE OF NURSING EDUCATION has elected the following officers: President, Hester Fredericks, Johns Hopkins Hospital; vice-president, Frances Branley; secretary, Edna S. Calvert, Woman's Hospital; treasurer, Miss Hammer, Woman's Hospital.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on February 16, at the Boston Public Library. The day's program opened at 10 a. m., with the Private Duty Nurses' Section, Minnie S. Hollingsworth presiding, who announced that the by-laws of the Section were now in print and ready for distribution. Dr. Arthur N. Broughton, Jamaica Plain,

presented an interesting paper on: Coöperation and Appreciation of the Physician, Patient, and Lay People in relation to the Private Duty Nurse of the Past, the Present, and the Future. Dr. Theodore J. Eastman, Boston, spoke on: The Qualification of the Private Duty Nurse; the Present Demand, and Her Value as a Co-worker. An appreciative audience listened to these addresses, and there was discussion of the points presented. At 11 a. m., the State League of Nursing Education presented a program, Sally Johnson, President, in the chair. Effie J. Taylor, Associate Professor, Yale School of Nursing, presented a paper on: What Constitutes a Course in Mental Nursing for the Affiliated Students from a General Hospital? Discussion followed. At 12 o'clock, the Public Health Nurses' Section convened, Helen Fowler presiding. After a roll call of counties, George K. Pratt, M.D., Director Massachusetts Society for Mental Hygiene, spoke on: The Worth of the Mental Hygiene Movement. Dr. Susan Coffin of the Massachusetts Department of Health spoke on: The Doctor's Part in the Massachusetts Maternal and Infant Hygiene Program. Madeline Wayne, of the Massachusetts Health Department, presented: The Nurse's Part. At 2:30 p. m., the meeting of the Massachusetts State Nurses' Association opened, with Carrie M. Hall, President, in the chair. On account of the illness of Mary Alice McMahon, Miss Catton acted as secretary. The Students' Orchestra of the Boston City Hospital Training School provided music throughout the session. Three-minute reports from County Branch secretaries were read and received with much interest. Mary K. Nelson, Director, reported the New England Division of the Red Cross activities. The present total enrollment for Massachusetts is 2296. There are 2012 under general enrollment and 284 under home defense. The Massachusetts nurses serving outside the state in special public health fields are: one nurse who has the Delano service for the Maine Coast Islands; one who is Director of public health nursing in the Philippine Islands; and two who are serving with the Near East Commission in Europe. Sally Johnson, chairman Legislative Committee, gave the report of the fall campaign for legislation. A hearing

was held before the Public Health Committee at the State House, January 15. The Bill was interpreted by the chairman. On January 24 the Committee was notified that the Public Health Committee had given the Massachusetts State Nurses' Association leave to withdraw the Bill, and to refer it to the next general court. Miss Johnson stated that the campaign had not been fruitless, because a great piece of educational work had been accomplished, and that "leave to withdraw" could detract not one whit from this influence. The report closed as follows: "To the years 1904, 1905, 1906, 1908, 1909, 1910, and 1919 we have added 1924. Like our older sisters we have come down Beacon Hill, but like them we shall go up again, and like them we shall one day put one more clause into our nursing bill, which will be the means of giving still better nursing care to the sick in Massachusetts." The principal address of the afternoon was presented by Harold DeW. Cross, D.M.D., Director of the Forsythe Dental Infirmary for Children, Boston, on Dental Nutrition and Tooth Development. Following a discussion of this paper, Miss Condon of *The Survey* presented the attractive combination subscription to the *American Journal of Nursing* and *The Survey*. Katherine Fitzgerald, the Boston representative of the *Journal*, was also at the meeting to distribute literature and receive subscriptions for the *Journal*. Mary M. Riddle presented the work of the Robb Fund Committee and announced the resuming of activities for subscriptions to this Fund. A collection was taken for the restoration of the University of Louvain, which amounted to \$68.32. Greetings were sent to Miss Richards, Miss Drown, Miss Davis, and Miss Dana. Esther Dart, former President and Treasurer, who was absent on account of illness, was also remembered by a message of greeting. At 5 p. m., the meeting adjourned to the Boston Nurses' Club, where tea was served by the Massachusetts Homeopathic Hospital Nurses' Alumnae Association. **Boston.**—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION holds its ninth annual meeting at the Twentieth Century Club, January 12, with Evelyn L. Coolidge, retiring president, presiding. The meeting began with a dinner. The guests

were executives from different industries. The speakers were John Garvey, Employment Manager, Dennison Mfg. Co., who spoke on Good Will; Ethel Johnson, Associate Commissioner, Massachusetts State Board of Labor and Industries—Educational Work of the Industrial Nurse; Dr. Clarence O. Sappington, Vital Statistician with the Harvard School of Public Health—Economic Value of Physical Examination in Industry, and Herman Behr, Safety Engineer with the Liberty Mutual Insurance Co.—The Industrial Nurse and Safety Engineering. The following officers were elected: President, Florence Barry; vice-presidents, Louise G. Fisk, Anne Selly; recording secretary, Clarissa Haseldon; corresponding secretary, Mary Murphy; treasurer, Helen Stevens. THE NORFOLK AND SUFFOLK COUNTY ASSOCIATION held a meeting on January 31 at which Dr. Francis X. Mahoney spoke on The Health of Boston; and on February 28, when Dr. Merrill Champion spoke on The Nurse's Place in Child Hygiene. THE MASSACHUSETTS HOMEOPATHIC ALUMNAE held a Valentine luncheon and food sale at Vose Hall on February 14. THE BOSTON CITY HOSPITAL ALUMNAE at its regular meeting, February 3, heard an address by Francis W. Peabody, M.D., on Functions of a Municipal Hospital. **Jamica Plain.**—THE EMERSON HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at The Vendome, January 12, thirty members being present. The following officers were elected for the year: President, Myrtle B. Ross; vice-president, Mrs. Raymond Woodman; secretary, Emma Oliver; treasurer, Mary Rogers, Telitha Cuimi Home, Jamaica Plain, Mass. **Springfield.**—Inez Raimmey and Miss Brown (Newburyport) have taken positions with the Springfield Hospital. **Ware.**—Florence Pratt (Paysant Memorial Hospital, Windsor, N. S.), has taken a position as night nurse at the Ware Hospital.

Michigan: Ann Arbor.—THE UNIVERSITY OF MICHIGAN ALUMNAE ASSOCIATION held the first meeting of the year at the Nurses' Dormitory, January 17. The newly elected officers are: L. Vivian Thorpe, president; Violet Tessin, secretary, and Gertrude Loessel, treasurer. The Program Committee has procured a speaker to address the association each month immediately after the business session. The

Senior Class is invited to attend the lecture and the social hour which follows. A graduate and an executive school uniform were designed and adopted. A committee was appointed to arrange for a carnival to be given this spring, the proceeds to be added to the Alumnae Loan Fund. The Alumnae Association has voted to support in every possible way the *Scalpel*, a quarterly published by the pupils of the school for 25 cents per copy. Magna C. Tillotson has accepted a position as Instructor at Newton Hospital, Newton Lower Falls, Mass. Olive Jane Brown has accepted a position as admitting nurse in the main office and Emma Spiegel is assistant night superintendent. **Detroit.**—A BASKET BALL LEAGUE was organized in October for all the training schools of the city under the direction of Betty Barber. The object of this League is to furnish the nurses with recreation and play apart from their every day environment, and to promote loyalty and school spirit. Members of Staff of Hospitals in the city act as sponsors for the teams. Silver trophies have been the gifts of other physicians. Basket ball suits have been the gifts of Boards of Trustees in various instances. This new activity has met with enthusiastic support from officials and students of all schools in the city. THE ALUMNAE OF THE FARRAND TRAINING SCHOOL gave a winter party in McLaughlin Hall on February 6. The students of the School gave a minstrel show on January 24 and 25 in the same place. **Lansing.**—THE SCHOOL OF NURSING OF THE EDWARD W. SPARROW HOSPITAL, under the direction of Eleanor Hamilton, has completed an arrangement with Michigan Agricultural College, whereby a five-year course is offered. The five-year students are entered in the Home Economics Department and will be granted the B. S. degree. **Port Huron.**—THE NINTH DISTRICT ASSOCIATION held its annual meeting on January 16 and elected as officers: President, Frances Rosentiel; vice-presidents, Stella Higgins and Mrs. R. E. Wheeler; secretary, Minnie Walker; treasurer, Elizabeth White, all of Port Huron. Committee Chairmen are as follows: Credentials, Mrs. R. Wheeler; Program, Elizabeth White; Hospitality, Josephine Halvoresen; Nurses' Relief Fund, Minnie Walker. THE

PORT HURON HOSPITAL TRAINING SCHOOL ALUMNAE elected the following officers at the annual meeting, January 16: President, Helen A. Davidson; vice-presidents, Nellie McAlpine, Frieda Priehs; secretary, Frances Rosenstiel; treasurer, Marie Payne. Committee chairmen are: Publication, Stella Higgins; Program, Ethelyn Latham. Following the business meetings the two associations joined in a social hour. **Saginaw.**—THE PUBLIC HEALTH SECTION OF DISTRICT 11 met on February 8. After a short business session, games and music were enjoyed. Juliett Bell, Assistant Director of the Bureau of Education of the Michigan Department of Health, visited the city in the interest of Health Education in the schools. Many interesting meetings were held.

Minnesota: THE BOARD OF EXAMINERS will hereafter devote three days to the examination for registration instead of two. Examinations will be held on April 24, 25, and 26, in St. Paul, Duluth and Rochester. **Minneapolis.**—THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING OF THE UNIVERSITY OF MINNESOTA held its annual meeting on January 4 and elected as officers: President, Esther Andreason; vice-president, Ione Corlis; treasurer, Mrs. Florence Holseid Leversee; corresponding secretary, Ruth King; recording secretary, Agnes Bragstad. Miss Babcock, 1914, and Esther Jorstad, 1917, are at the Miller Hospital, as Instructor and in charge of the Pediatric Department. Esther Andreason, 1918, is Assistant Superintendent at Glen Lake Sanatorium. The annual meeting of the SWEDISH HOSPITAL SCHOOL OF NURSING was held January 15. Hannah Swenson was reelected president, with Anna Dale vice-president; Ruth Tollefsen, secretary; and Esther Nelson, treasurer. The Alumnae gave a sleighing party January 23, followed by an oyster supper at the new Nurses' Dormitory. Helen Law resigned as vice-president of the Third District to accept Public Health work. Her headquarters will be in Rochester. Katherine Doherty, Superintendent of Nurses of Minneapolis General Hospital School of Nursing, was elected to fill the unexpired term. Mrs. E. S. Marriet, formerly Anne Jones, University of Minnesota School of Nursing, gave a reception at her home at Glen Lake,

February 2, in honor of Eula Butzerin, (Presbyterian Hospital, Chicago), who comes to Minneapolis to succeed Mrs. Marriet, as Director of the Public Health Course under the Department of Preventive Medicine, at the University of Minnesota. **St. Paul.**—THE INSTITUTIONAL SECTION OF THE FOURTH DISTRICT held its regular meeting on January 28, at St. John's Hospital. Dr. Lillian Nye gave an interesting talk on Social Hygiene work in the Schools. Miss Costello, anesthetist at the Ancker Hospital, spoke on Anesthesia. Mrs. Kittleson, teacher of Dramatic Art, told of work she has done in various nurses' training schools. As a result of her own impressions while a patient in a hospital, she has developed a course especially adapted to student nurses, showing the advantage of good posture, poise, voice and manner in their effect upon patient, relatives and doctors. St. John's Hospital is to be congratulated on having secured Mrs. Kittleson to give this course (which might be termed a course in Every-day Department for Nurses), to all its students. At the close a social half hour was spent. This was one of the most enjoyable meetings the Institutional Section has held this winter. This Section, which meets bi-monthly, is composed of all nurses doing Institutional work in St. Paul. The aim has been to meet and discuss problems of interest. No membership fees are charged. Officers are elected yearly. The Fourth District held a reception on January 14, at the Church Club, in honor of Mary E. Gladwin, Director of Nursing Education in the State. The nurses in Minnesota feel themselves peculiarly fortunate in having secured the services of a woman of such wide experience and broad vision. Already her keen insight and sympathetic attitude have made a profound impression upon those with whom she has come in contact. While every one realizes that this particular job in any state means an enormous amount of work, time and patience, and that results can never be immediate, it is apparently with much enthusiasm that the Superintendents of Nurses and Instructors in Minnesota are putting their shoulders to the wheel and are determined that they will make their individual contribution toward its success. Most of the Alumnae Associations held the annual meeting during

January and elected officers as follows: **ANCKER HOSPITAL**, president, Helen Anderson; secretary, A. Satersmoen, 407 Holly Avenue, St. Paul; treasurer, Margaret Stoddart. **BETHSEDA HOSPITAL**, president, Florence Nelson; secretary, Olive Hamburg, Bethesda Hospital; treasurer, Dora Rhodes. **MOUNDS PARK HOSPITAL**, president, A. Friedsburg; secretary, O. Bergstrom, Mounds Park Hospital; treasurer, E. Larson. **ST. JOSEPH'S**, president, Hima Rodewald; secretary, Helen Kappes, 794 Aurora Avenue; treasurer, Marcella Ratchford. **WEST SIDE GENERAL**, president, Lilah Nehring; secretary, Hildegard Radtke, 601 Bancroft Avenue; treasurer, Esther Schroeder. **Sixth District.**—The annual meeting of **ST. MARY'S ALUMNAE** was held in January and officers elected as follows: President, Elizabeth Neal; secretary, Stella Dunham, St. Mary's; treasurer, Mary Brisbois. Agnes Donahue is in New York City at the Willard Parker Contagious Hospital. Helen Mechler is on duty at the Providence Hospital, Sandusky, Ohio, and Pauline Stahowick has accepted a position in the American Hospital, Chicago. Six of St. Mary's graduates are in attendance at Teachers College, New York. **Winona.**—**THE WINONA GENERAL HOSPITAL** graduated a class of seven on February 22. Dr. E. D. Keyes, vice-president of the Board of Directors, presided and presented the diplomas. Mary E. Gladwin addressed the graduating class. A reception followed the program.

Missouri: St. Joseph.—The will of Mrs. S. W. Noyes, who died recently, left a sum not to exceed \$100,000, for the erection of a home for the nurses of the Noyes Hospital, which hospital was a memorial to her husband. Mrs. Noyes was a member of the Board of Trustees of the Hospital. The will creates a fund of \$400,000, three-fourths of which goes to the use of the Hospital. A nurses' home has been much needed and there is great rejoicing that this is to be supplied.

Nebraska: Jennie Higgins has been re-appointed to the Nurses' Examining Board for a period of three years. Miss Higgins inspects all hospitals that conduct accredited schools of nursing. **Lincoln.**—**DISTRICT 3** held its annual meeting on January 15 at the State Orthopedic Hospital with an attendance of

fifty. Dr. Chauncy Chapman of the City Health Department spoke on the work of that Department and the opportunities for coöperation from nurses. Dr. Margaret Koenig of the Children's Bureau also spoke. Officers elected are: President, Lulu Abbott; vice-presidents, Sister M. Edwarda, Gertrude Krausnick; secretary, Euphemia Peterson; treasurer, Mrs. James Campbell. **GREEN GABLES SANITARIUM** has the custom of celebrating Christmas by an early breakfast attended by students, members of the staff and graduates. The number has increased each year until this past Christmas when 70 were present; 24 of these were graduates, representing 12 of the 20 classes. The Alumnae made an effort to extend Christmas cheer to all its members who have been unable to work for some months, by sending greetings and a gift. A purse of \$100 was presented to one member who is almost blind. **THE ALUMNAE ASSOCIATION OF ST. ELIZABETH HOSPITAL** at its annual meeting, January 8, elected: President, Julia Vetter; vice-president, Genevieve Goehring; secretary, Frances Putnam; treasurer, Frances Neukirch. **Omaha.**—**THE NEBRASKA METHODIST EPISCOPAL HOSPITAL** has appointed Lenore Gonser (University of Iowa School of Nursing) Instructor, and Helen Inches (Bishop Clarkson Hospital), Dietitian.

Nevada: **THE NEVADA STATE NURSES' ASSOCIATION** has chosen the following officers for 1924: President, Clair M. Souchereau, Reno; secretary, J. B. MacLeod, Colonial Hotel, Reno. The president of the State Examining Board is Mary E. Evans, 431 West Street, Reno.

New Hampshire: **THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE** will hold a meeting on March 12 in Manchester, with meetings of the League and the Public Health Sections in the morning and a general session in the afternoon. **Concord.**—**THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE ASSOCIATION** held a regular meeting January 30, with a good attendance. Routine business was transacted and work for the winter planned. Resolutions on the death of Dr. Chas. P. Bancroft, former Superintendent of the New Hampshire State Hospital, were adopted. The Association voted to honor the memory of Dr. Bancroft by establishing a

memorial membership in the Concord District Nursing Association. A social hour followed. At the annual meeting of the MARGARET PILLSBURY HOSPITAL ALUMNAE ASSOCIATION, the following officers were elected: President, Bernice Driver; vice-presidents, Alice Russ, Mrs. Mabel Harvey; secretary, May Jewett; treasurer, Mrs. Myrtle Venne. Plans for work to be done during the year were discussed. A social hour was enjoyed. **Nashua.**—At the December meeting of the Alumnae Association of the MEMORIAL HOSPITAL the following officers were elected: President, Ellen Record; vice-presidents, Mrs. Ada Rigney, Aleste Amirault; secretary, Mrs. M. Haywood; treasurer, Mrs. M. Blanchard; directors, Ellen Dawson, K. Hay, Miss Fitzpatrick, C. Merrill.

New Jersey: THE NEW JERSEY LEAGUE OF NURSING EDUCATION held its annual meeting in the City Hospital, Newark, January 18. Alice Shepard Gilman, secretary of New York State Board of Nurse Examiners, gave a very clear talk on the Inspection of Schools of Nursing outside of New York State, and graphically outlined what a Federation of Nursing Associations might mean to nurses in bringing about greater efficiency, by the elimination of duplication of effort, by distributing responsibility for the financing of educational program (now carried by a few) among all nurses, and by bringing about better representation. The following officers were elected: President, Florence Dakin, Paterson; vice-president, Anne E. Rece, Plainfield; secretary, Josephine Swenson, 12 Gordon Place, Rahway; treasurer, Carolyn Schmoker, Newark. The annual meeting of the New Jersey State Organization for Public Health Nursing will be held in the Muhlenburg Hospital School for Nurses, Plainfield, on April 5. The afternoon session will be a joint meeting of this Organization, the State Nurses' Association and the State League of Nursing Education. There will be a get-together supper on Friday evening. The State Nurses' Association holds its meeting on Friday the 4th and the League the evening of the 4th. **Elizabeth.**—Kate Madden has been appointed Directress of Nurses at the Elizabeth General Hospital. **Jersey City.**—CHRIST HOSPITAL ALUMNAE ASSOCIATION is raising a Memorial Fund in honor of

members who have died, for the purpose of providing an altar rail for the chapel. The Association held a parcel post sale on January 22.

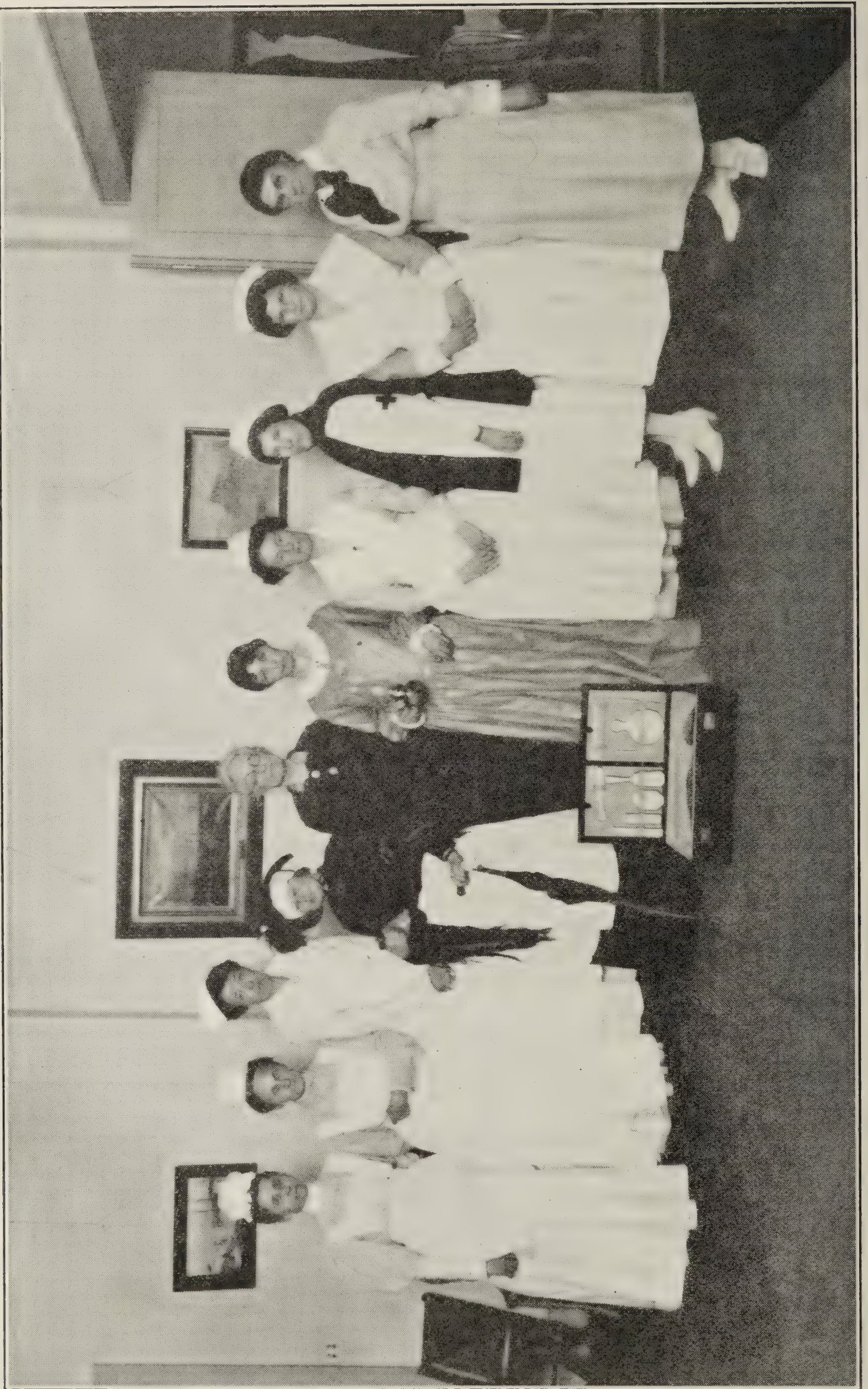
New York: Auburn.—THE AUBURN CITY HOSPITAL ALUMNAE held their annual meeting on January 25 and elected as officers: President, Mrs. Charles Whipple; vice-presidents, Frances Jacobs, Jessie Bole—; secretary, Martha Phillips; treasurer, Adeline Sauer; directors, A. K. Young, Mrs. Thomas Farron, Emma Fries, and Mrs. William Pierce. Plans for the coming year were discussed. **Binghamton.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL FOR NURSES was held in the new club room in the Mary A. Johnson Home for Nurses. The officers elected were: President, Ethel A. Thornburn; vice-president, Mrs. Lela Bowman Sullivan; secretary, Mary A. Fritts; recording secretary, Mrs. Marguerite Dodge Harding. The furnishings of the spacious new club room were much admired by the members. It is attractively furnished in frosted walnut wicker and mahogany, with brown and blue rugs and hangings. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE JEWETT TRAINING SCHOOL, BUSHWICK HOSPITAL, held its annual meeting on January 14 and elected: President, Jean Stevenson; vice-president, Augusta More; treasurer, Mrs. Amelia Booreum; secretary, Mrs. Jean Gulli Dow. **Geneva.**—Anna Bentley has resigned as Superintendent of the Geneva City Hospital to become Superintendent of the Buffalo Hospital Training School; her assistant, E. E. Rockhold, goes with her. Miss Bentley is succeeded by Dr. Sterling B. Ragsdale. **Jamaica.**—THE NURSES' ALUMNAE ASSOCIATION OF MARY IMMACULATE HOSPITAL gave its second annual dance on January 14. **New York City.**—Mrs. Marion Brockway, House Mother of the home offices of the Metropolitan Life Insurance Company, was hostess at a delightful luncheon for the supervisors of the nursing service on January 29. The ten nurses who travel for the company were introduced by Mrs. Helen C. La Malle, Director of the Nursing Service. Vivid stories were told of the health work carried on by the Metropolitan, such as the reduction of infant mortality, in a Canadian community of 9000,

from 245 per thousand to 96.4 in a period of three years of intensive pre-natal work. The difficulties encountered in dealing with the child welfare problems in the mill districts of the South were illuminatingly described, for the mothers are so ignorant that they not infrequently begin giving whiskey and paregoric as soon as the babies are born. The Metropolitan has nursing service in 4038 cities and towns and over 2,000,000 nursing visits were made last year. **THE MANAGEMENT OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL** regrets its inability to longer continue the 50 per cent reduction offered to registered nurses in the City of New York who are without hospital connections. Only graduates of the New York Polyclinic Medical School and Hospital who are members of their Alumnae Association and registered in the State of New York are accorded a reduction. **THE NEW YORK CITY CHILDREN'S HOSPITAL ON RANDALL'S ISLAND** has established a postgraduate course of three months in the care of the mentally defective. **THE NEW YORK POST GRADUATE NURSES' ALUMNAE**, at the annual meeting in January, elected the following officers: President, Jean U. Strathie; secretary, Grace Elwell; treasurer, Mildred A. Lamb. Twenty marriages and four deaths were reported for the year. **Rochester.**—**THE GENESEE VALLEY NURSES' ASSOCIATION** held a meeting on January 29 at the Rochester General Hospital. Dr. Frances Holsopple gave an address on Mental Testing. **HIGHLAND HOSPITAL SCHOOL OF NURSING** held a demonstration on afternoon of January 18, when the preliminary course was drawing to a close. The attending staff of the Highland Hospital and instructors of the other hospitals were invited, and nursing procedures were demonstrated by preparatory students. At the close of the exercises the twenty students were given their caps. **THE NURSES' ALUMNAE ASSOCIATION OF THE HIGHLAND HOSPITAL** has elected the following officers: President, Elizabeth Faust; vice-presidents, Nellie Pierce, Joanna Frederickson; secretary, Helen Davidson; treasurer, Bertha Schmidt. **Saranac Lake.**—**THE GRADUATE NURSES' ASSOCIATION** held its January meeting on the 8th at the home of Mrs. Denny with an unusually large attendance. After the business meeting, music

and readings were enjoyed. The February meeting was held at the home of Mrs. Drews on the 5th. Following the business, the home was inspected. It has been built for use as a small sanitarium or nursing cottage and is perfect for such use. **Schenectady.**—The annual meeting of **DISTRICT No. 10** was held at Ellis Hospital, January 2, and the following officers were elected: President, Wilhelmina Hoffman, Schenectady; vice-presidents, Mrs. A. V. H. Smyth, Amsterdam, Nellie Baker Johnston; secretary, Helen Green, Schenectady; treasurer, Nellie G. Ryer, Schenectady. The report of the Committee on Professional Ethics, as given by Elizabeth C. Burgess at the Buffalo State meeting, was read by the District Chairman, Florence E. De Graff. The officers and boards of directors of District No. 10, for 1923 and 1924, met with the new president, Miss Hoffman, February 9. A benefit dance was given for the Amsterdam City Hospital Alumnae Association, February 14. **Yonkers.**—**ST. JOHN'S RIVERSIDE HOSPITAL** held its annual Commencement February 19, at Amaekassin Club. There were ten nurses who received diplomas and pins from the hospital. Mrs. Jane Dickson, a graduate of the school, who has been for the past six and one-half years Directress of Nurses, has resigned.

North Carolina: Marion.—**THE RUTHERFORD HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION** was formed on June 28 with twelve members and the following officers: President, Mollie Hopper; secretary and treasurer, Myrtle Hemphill.

Ohio: Cincinnati.—**THE VISITING NURSE ASSOCIATION** held its annual meeting at the Hotel Gibson January 29. Edna L. Foley of Chicago spoke on The Patients and Problems of a Visiting Nurse Association. **Delaware.**—**THE JANE M. CASE HOSPITAL ALUMNAE** met at the new nurses' home on December 26, and elected officers: President, Helen L. Felkner; secretary and treasurer, Kathleen M. Thomas. It was decided to donate \$15 toward furniture for the new home. The graduating class of 1923 was accepted into membership after having passed the State Board examination. Helen M. Falkner has gone to Western Reserve University to



OKLAHOMA GROUP

complete her course in Public Health. **Cleveland.**—Cecilia A. Evans, director in the course in Public Health Nursing at Western Reserve University since 1916, resigned November 1, to return to her home in Wisconsin. She was succeeded by Marion G. Howell, graduate of Lakeside Hospital, and of the School of Applied Social Sciences at Western Reserve University. Miss Howell has had wide teaching experience in the high schools of Ohio, and has done Public Health nursing in West Virginia and Ohio. Miss Evans will be greatly missed. **Youngstown.**—Sarah Evans has resigned as Registrar of the Official Registry of District 3. **THE YOUNGSTOWN HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on January 11, at which the following officers were elected: President, Besse Sutton; vice-presidents, Winifred Campbell, Winifred Hall; secretary, Mrs. James Sutherland; treasurer, Mrs. Herbert Evans. The annual meeting of DISTRICT 3 was a dinner held at Burt's Tea Room, January 17. The following officers were elected: President, Winifred Campbell, Youngstown; vice-presidents, Winifred Cline Warren, and Miss Carroll, Ashtabula; secretary, Besse Sutton, Youngstown; treasurer, Elizabeth Hollingsworth, Youngstown.

Oklahoma: Oklahoma City.—DISTRICT 1 held a reception in the club rooms of the Y. W. C. A., on January 16, in honor of Mrs. Idora Rose Scroggs of Norman. Mrs. Scroggs has for the past eighteen years been the leading spirit of all nursing activities of the State. She has served as President of the State Nurses' Association, President of the State Examining Board, and as Inspector of Training Schools; her wisdom has given her prestige among those in authority. In the receiving line with Mrs. Scroggs were the famous Sairy Gamp, (Mrs. Frances Martin), the beloved Florence Nightingale, (Mrs. Hazel Scott), Mrs. Bertha Gist, Mrs. Marjorie Morrison, Antoinette Light, Olive Conn, and Rosalind Mackay in the uniforms worn by them during their hospital training, prior to 1905; then followed a recent graduate from the University Hospital, a student nurse from St. Anthony Hospital, a Red Cross nurse, and a Public Health nurse. Anna Picklum, President of the First District Association, on behalf of the nurses presented Mrs. Scroggs with a beau-

tifully fitted traveling case and the St. Anthony Alumnae gave her a handsome fountain pen. After a musical program, the nurses were given the opportunity individually to pay honor to Mrs. Scroggs.

Oregon: Mrs. Lulu Johnson, formerly Morrow County nurse, has been employed by the Indian Bureau for public health work on the Klamath Indian Reservation. She will carry out the public health program as in county work. **Monmouth.**—Mrs. Effie Concanon Forman has accepted the position as nurse for the Oregon Normal School. Mrs. Forman for the past two years has been a member of the staff of school nurses at Des Moines. **Portland.**—Marion G. Crowe, Superintendent of the Visiting Nurse Association, has received a degree from the University of Oregon which she has earned by taking extension courses in her off-duty hours, managing to cover the requirements of three years of work in four years. The Shrine Hospital for Children received its first patient on January 7 and was opened for formal inspection on the 15th. Letha Humphrey is Superintendent. Marjorie Brownlee, formerly field secretary for the Pacific Division of the American Red Cross, has been employed as executive secretary for the Portland Social Workers' Association.

Pennsylvania: Allentown.—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held its annual card party and dance at Mealey's Auditorium, February 6. It was a pre-valentine dance and was thoroughly enjoyed. **Braddock.**—THE BRADDOCK GENERAL NURSES' ALUMNAE held its annual meeting on January 10, at Braddock Hospital. The officers for the year 1924 are as follows: President, Mrs. Edith Hetrick; vice-president, Mrs. Sarah Swaney; secretary, Mrs. Mary Turner; treasurer, Mrs. Harvey Spahn. The Alumnae voted to put \$600 in interest account, the money being made at a bazaar held December 22. Dora Grimm recently accepted a position as Night Supervisor at the Akron City Hospital, Akron, O. **Columbia.**—THE COLUMBIA HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting at the home of Mrs. William Barch, January 8. The secretary was requested to ask all members to notify the *Journal* of any change of

address. It was voted that \$5 be sent to the Nurses' Relief Fund annually. The following officers were elected: President, Anna K. Essig; vice-presidents, Mrs. Ella O'Donovan, Mrs. Ada J. Frank; secretary, Mary E. Klugh; treasurer, Ruth V. Goodwin. **Philadelphia.**

—THE SCHOOL FOR THE TEACHING OF PRELIMINARY COURSES IN NURSING EDUCATION had its opening session of the Spring term on February 4, at the Civil Engineering Building of the University of Pennsylvania. Forty-eight students, representing eight hospitals, were enrolled and had their first lesson in Anatomy and Physiology from 2 to 4 p. m., with Ophelia Feamster as Instructor. A number of Superintendents of Nurses and Instructors in the Philadelphia schools of nursing were present at this class and remained for the formal program which followed. Harriet Frost, Supervisor of the Department of Public Health Nursing, Pennsylvania School of Social and Health Work, who lectures to the students on the Social Aspects of Nursing, presided at the assembly at four o'clock. The speakers were: Dr. Kenneth Gordon Matheson, President of Drexel Institute; Dr. George H. Meeker, Dean of the Faculty, Graduate School of Medicine, University of Pennsylvania, and Arthur A. Fleisher, Treasurer of the Council for Nursing Education and School for Teaching Preliminary Courses in Nursing Education. The courses to be given this spring are the same as previously. Each student receives 205 hours of instruction which includes all of the usual preliminary subjects except Nursing Principles and Procedures. Edith Stewart is teaching Drugs and Solutions, and Corinna French, Psychology. Nutrition and Cookery and Chemistry are taught by members of the regular faculty of Drexel Institute; Bacteriology, History of Nursing, and Hospital House-keeping, by the director of the Preliminary School. THE HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held a meeting on January 1, at which the following officers were elected: President, Agnes E. Jacobs; vice-presidents, Eva J. Hood, Elizabeth Henne; secretary, Beatrice D. Harvey; treasurer, J. Emilie Kempe. The regular monthly meetings of the Alumnae are held the first Tuesday, and the Directors' meetings on the third Tuesday of each month. The dance given at the Bellevue

Stratford Hotel was a social and financial success. A list of the new committee chairmen was read at the meeting held January 15: Membership, B. Wilson; House, E. Henne; finance, E. Kempe; Entertainment, Mabel Snyder; Auditing, E. Frescoln Foster; Legislative, Eva J. Hood; Press and Publicity, Beatrice D. Hervey. THE NURSES' ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL held its annual meeting in the nurses' home, January 2. The following officers were elected: President, Mrs. Adalaide Wright Pfromm; vice-presidents, Blanche Knox, Katharine Cleveland; treasurer, Amelia S. Diller; secretary, Edna J. Lewis. Due to illness, Harriet M. Gillette resigned as Directress of Nurses and was succeeded on January 1 by Nellie F. W. Crossland, class of 1894. Frances L. Gooden was appointed First Assistant Directress and Alice B. Forsythe, Second Assistant, both of the class of 1921. THE ASSOCIATION held its regular meeting on February 6, at the home of the president, Mrs. Pfromm. It was voted to have a "Home Coming" during Commencement week in May; all graduates of the school are invited to attend. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held the first meeting of the year January 7, at the hospital. Margaret Tupper, Director of the Public Health Nursing Course at the University of Pittsburgh, gave a very instructive talk on the advantages gained by nurses through this advanced education. The following Chairmen of Committees were appointed by the President: Auditing, Jessie R. Gibson; Arrangement, Ella M. Scheidy; Eligibility, Effie Ludwig; Endowed Room, Sick and Relief Fund, Leila Barbhart; Nominating, Bertha Martin Fryclund; Press and Publicity, Isabel Chaytor Flynn. The accumulation of Endowment assessments enables the Association to add \$1000 to the Endowed Room Fund and to invest another thousand in a bond, the interest from which will be used for the Sick and Relief Fund, to assist the members not in a position to use the room at the Hospital when ill. At the meeting held February 4, a member of each class was appointed by the President to act as secretary for the year to assist in keeping the members interested in the affairs of the Association. A plan to have a reunion of the

graduates during commencement week is under consideration. The Association feels honored to have one of its members, Anna M. Brown, selected by the Kiwanis Club of Butler County as the person entitled to the Kiwanis Service Medal for doing the greatest amount of good for the community during the year 1923. Miss Brown's untiring interest as the Butler Community Nurse for the last fifteen years, in the homes of people unable to afford the care of a nurse or to leave their homes for hospital care, justly entitles her to this public reward and the respect she brings to her profession is helpful to her sister nurses. The election of the officers for the MERCY HOSPITAL ALUMNAE for the year of 1924 was held January 31, in the General Assembly Room of the Nurses' Training School. The officers are: President, Mary McGill; vice-presidents, Alma Davis and Nell McCarthy; secretary, Gladys McGough; assistant secretary, Mary Walton; treasurer, Mae Murphy. Chairmen of Committees are: Resolutions, Hilda McAtee; Social, Catherine Quigley; Publicity, Mary Walton; Sick, Alice Kahl; Eligibility, Catherine Beiter. **Reading.**—DISTRICT 2 held its annual meeting in Berks Medical Hall January 19, with 49 present. The speaker for the occasion was Dr. A. F. Sheldon, who gave a very interesting address on Service. The following officers were elected for the ensuing year: President, Mrs. Anna Barlow, Reading; vice-presidents, Elizabeth Miller, Easton, and Caroline Diehl, Allentown; secretary-treasurer, Emma J. Heister, Reading. It was announced that the State convention would be held in Reading the last week in October, with headquarters at the Berkshire Hotel. Those wishing to attend the convention were requested to make their reservations four months in advance. **Wilkes Barre.**—MERCY HOSPITAL ALUMNAE at their annual meeting, January 7, elected officers as follows: President, Florence McHale; vice-presidents, Mary Collins and Elizabeth Sweeney; financial secretary, Sister Mary Martina; recording secretary, Loretta Burke; treasurer, Anna Mullen. Mrs. Catherine Moffitt Dougherty succeeded Helen Mattingly as Medical Social Worker of the Hospital, January 1. Mary T. Denion, who was formerly employed at the State Clinic No. 1, in the G. U. Division, has resigned her position and is now with the Mothers' Assistance Fund.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the Medical Library, Providence, January 21. Greetings were given by Mrs. Caesar Misch, President of the State Federation of Women's Clubs. Elizabeth Upham Yates gave a short talk on the World Court. After the President's address by Amy Allison, an address was given by Elizabeth G. Fox of Washington on The Public Health Movement and the Nurse. There was a good attendance. Officers elected are: President, Ellen M. Selby, Pawtucket; vice-presidents, Abbie E. Johnson and Ada G. Ayers; recording secretary, Anna K. McGibbon; corresponding secretary, Edith Barnard; treasurer, Edwina Porter. **Pawtucket.**—MEMORIAL HOSPITAL NURSES' ALUMNAE ASSOCIATION has elected the following officers: President, Muriel Eales; vice-president, Ola Burns; recording secretary, Eleanor Jones; corresponding secretary, Edith Russell; treasurer, Helen Ebbitts. **Providence.**—Winifred L. Fitzpatrick, Associate Director of the District Nursing Association, has just completed twenty years of service with the organization. In that time, the staff of the Association has increased from three to fifty-two graduate nurses and seven student nurses from the four hospitals of the city. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION held its annual dinner at the Plantations Club, January 30. Over \$2500 was pledged toward a scholarship fund, for postgraduate study. THE RHODE ISLAND HOSPITAL NURSES' CLUB met on February 4 and heard an address by Col. Anthony Dyer. Miss Selfridge has been released from service at the Veterans' Bureau and has returned to the Rhode Island Hospital as third assistant to the Superintendent of Nurses. THE RHODE ISLAND INDUSTRIAL CLUB held a meeting in December at the Girls' City Club. Miss Brewster of the Society for Organizing Charity, spoke on Preparing Household Budgets. On January 22, officers were elected: President, Emma Doolin; vice-president, Ethel Robertson; secretary and treasurer, Mary Dodd.

South Carolina: Charleston.—DISTRICT 1 held its annual meeting on January 17. All officers made encouraging annual reports. The committee conducting the affairs of the Central Registry reported very satisfactory work done. District No. 1 feels well compensated

for its efforts in establishing and maintaining this Registry, by the satisfaction given both public and nurses. After the election of officers a social hour was enjoyed. Officers elected are: President, Anastasia McConnell, Mercy Hospital; secretary, Miss A. J. Meyer, 217 Calhoun Street; treasurer, Mrs. J. Thomas.

Tennessee: Memphis.—DISTRICT 1 held its annual meeting, January 9, and elected: President, Lena Lyons; vice-presidents, Mrs. Condon Fitzpatrick, Catherine Quinn; secretary, Georgia Holmes; treasurer, Nina Sadler. Elizabeth Garrison, Baptist Memorial Hospital, has accepted a position with the State Board of Health, to be stationed at Columbia.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting, December 28. The morning session was devoted to reports and discussion of local conditions. Following the business, members were taken back to their childhood days by A Fairy Story,—pictures of the most wonderful spot in the world, Bryce Canyon. Officers elected are: President, Alice Hubbard; secretary, Jane Rawlinson, both of Salt Lake City.

Virginia: THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA began last May a movement to establish a chair of nursing at the University of Virginia at Charlottesville, by raising \$75,000 for the Foundation. Agnes D. Randolph is head of the Central Committee. A pageant is being planned for May. The thirty organizations of nurses in the state are at work, and each of the 1000 nurses is asked to give \$5 a year for two years. A start has been made and \$3000 is on hand.

Washington: Tacoma.—*Tagenho* is a little paper published at the Tacoma General Hospital, full of interesting bits of information. Minnie E. Howe, (Methodist Hospital, Omaha), is Supervisor of the Surgery.

Wisconsin: Janesville.—THE SECOND DISTRICT ASSOCIATION held its annual meeting at Mercy Hospital, January 29. Officers elected are: President, Ida Dietrichson; vice-president, Mrs. More; secretary, Anna Downey; treasurer, Hannah Quirk. Following the meeting, a banquet and joint meeting were held with the Rock County Medical Association. Dr. Harper gave a splendid address on Communicable Diseases. **Kenosha.**—DISTRICT 1 held its Jan-

uary meeting at the new nurses' home of Kenosha Hospital. A DISTRICT LEAGUE OF NURSING EDUCATION was organized. The officers elected were: Chairman, Faith Collins; secretary, Helen Duncan. A Public Health Section was also organized. Ada Nelson of Racine as Chairman and Ruth Helverson as secretary. Mrs. T. W. Ashley gave a very interesting talk on her trip to Europe. Five dollars was subscribed to the Louvaine Library Restoration Fund by graduate and student nurses. The annual meeting of the Kenosha Hospital Alumnae Association was held January 23. The following officers were elected: President, Mrs. E. Nelson; vice-presidents, Albertine Johnson, Irene Brugger; secretary, Mrs. P. Lippert; treasurer, Lois Pedley. **Milwaukee.**—Mrs. Adelaide Northam was the guest of honor at a banquet held at the Astor Hotel, February 5. Mrs. Northam, who has been superintendent of nurses at the Milwaukee County Hospital for several years and active in the State League of Nursing Education and all legislative measures in the state, is resigning to take up work with the National League of Nursing Education, as chairman of the Finance Committee and of the Ways and Means Committee. Forty guests were present. The student nurses from Mount Sinai School for Nurses furnished the music. Margaret Pakenham was toastmistress. Mrs. Mabel Bradshaw, Helen Kelly, Cornelia VanKooy, Marian Rottman, and Mrs. Northam responded. The speakers traced the efforts of the workers for state legislation from its earliest history down to the present time. A most enjoyable evening was spent and while the Wisconsin nurses regret that Mrs. Northam is leaving the state they sincerely hope that success and happiness will follow her into the larger field of activity. The newly elected officers of the Wisconsin Nurses Club are as follows: President, Anna Rice; vice-presidents, Caroline Herrl, Marguerite Brown; treasurer, Mathilda Wolf; secretary, Dorothy Rood. Anna L. Eitel, who for the past seven years has been assistant superintendent of nurses of the Marquette School for Nurses has been appointed to the recently created position of superintendent of the Marquette University Hospital; the vacancy made by Miss Eitel's appointment will

be filled by Inez Decker, Monroe, La. On January 15, Mount Sinai Hospital gave a party in honor of the preliminary students who successfully finished their course. The "capping" was preceded by an impressive service which included a talk by Marion Rottman, superintendent of nurses, an expression of welcome into the students' ranks by members of the Senior and Intermediate classes, and concluded by an inspiring message by Ed. Freschel, president of the board of Mount Sinai Hospital. A social evening followed. The nurses of Mount Sinai enjoyed a wonderful old fashioned sleigh ride party in January. THE HANOVER HOSPITAL alumnae have elected the following officers: President, Mrs. Marie Koch; secretary, Katherine Northman; treasurer, Anna Watchak. After the election Lucy Erdman, the new superintendent of nurses, spoke to the members and a resolution was passed that the alumnae send telegrams to the United States Senators and Congressmen, expressing its opposition to the reclassification bill. The monthly meeting of the MILWAUKEE LEAGUE OF NURSING EDUCATION was held at the Milwaukee Children's Hospital, January 26; Miss Fauerbach, instructor of the Milwaukee Central School of Nursing gave a paper on the history of the central school. Marian Rottman, president of the Milwaukee Council of Nursing Education, discussed the paper. Bena Henderson, superintendent of the Milwaukee Children's Hospital, who had just returned from a meeting of the National League of Nursing Education, told of the League Headquarters, its development, and of the value of the various departments to the nursing profession.

BIRTHS

To Mrs. Clark Vosburg (**Caroline Andrews**, class of 1922, Amsterdam City Hospital, Amsterdam, N. Y.), a son, December 28.

To Mrs. Charles Carney (**Rose Anton**, class of 1919, St. Mary's Hospital, Grand Rapids, Mich.), a daughter, Priscilla Ann, January 3.

To Mrs. Katherine Buckmon Banford (Methodist Episcopal Hospital, Philadelphia), a son, January 25.

To Mrs. Paul Cummings (**Helen Brings**,

class of 1921, Allegheny General Hospital, Pittsburgh, Pa.), a son, February 3.

To Mrs. Joseph Winder (**Helen Brumbach**, class of 1919, Abington Memorial Hospital, Abington, Pa.), a son, Jack Brumbach, November 24.

To Mrs. Chester Thomas (**Winifred Bullock**, class of 1917, Youngstown Hospital, Youngstown, Ohio), a daughter, January 9.

To Mrs. DeCoven King (**Mary Clay**, class of 1916, Allegheny General Hospital, Pittsburgh, Pa.), a son, DeCoven Clay, December 25.

To Mrs. Frank Starrs (**Nell Cleary**, class of 1902, St. Vincent's Hospital, Erie, Pa.), a daughter, in January.

To Mrs. J. W. Skinner (**Cornelia Cook**, class of 1908, Memphis General Hospital, Memphis, Tenn.), a daughter, January 5.

To Mrs. J. R. Weinman (**Eliza Dill**, class of 1912, Allegheny General Hospital, Pittsburgh, Pa.), a son, January 12.

To Mrs. Clark Williams (**Una Fry**, class of 1909, Kansas City General Hospital, Kansas City, Mo.), a son, Alvin Clark, January 7.

To Mrs. Roscoe Mack (**June Gontz**, class of 1915, Allegheny General Hospital, Pittsburgh, Pa.), a son, January 12.

To Mrs. John Alston (**Elizabeth Gotwalt**, class of 1921, Frankford Hospital, Philadelphia), a daughter, Elizabeth, December 25, in China.

To Mrs. William Moore (**Marion Lawrence**, class of 1917, Amsterdam City Hospital, Amsterdam, N. Y.), a son, December 20.

To Mrs. Walter S. Heineman (**Rose M. Lorish**, West Penn Hospital, Pittsburgh, Pa.), a daughter, Joy Adele, January 20.

To Mrs. W. C. Corcoran (**Agnes McNamee**, Mercy Hospital, Chicago), a son, November 10.

To Mrs. L. M. Randall (**Faith Meek**, class of 1921, Iowa State University Hospital), a son, December 14.

To Mrs. Florence Gardner (**Miss Meighan**, class of 1921, Mercy Hospital, Wilkes-Barre, Pa.), a daughter, Mary Elizabeth, February 1.

To Mrs. Lawrence Clodie (**Gladys Miller**, class of 1922, Glocker Sanatorium, Colorado Springs, Colo.), a daughter, in November.

To Mrs. Percy Keith (**Helen Miller**, class

of 1918, Youngstown Hospital, Youngstown, Ohio), a daughter, in December.

To Mrs. Daniel J. Perettie (**Mary J. Mohoney**, class of 1915, St. Agnes Hospital, Baltimore, Md.), a daughter, Elizabeth Marie, December 22.

To Mrs. George Morrison (Saginaw, Mich.), a son, January 20.

To Mrs. Richard Engstrom (**Caroline Morstead**, class of 1921, Lutheran Hospital, Moline, Ill.), a son, Evans Richard, December 16.

To Mrs. John Cronin (**Ida Moyer**, class of 1921, Hahnemann Hospital, Philadelphia), a daughter, Mary Louise, January 13.

To Mrs. George Weaver (**Lillie Ritter**, class of 1916, St. Luke's Hospital, Bethlehem, Pa.), a daughter, January 16.

To Mrs. J. Kline (**Hilda Ross**, Mercy Hospital, Chicago), a daughter, January 3.

To Mrs. Mabel Hill Stein (class of 1910, Massachusetts Homeopathic Hospital, Boston, Mass.), a son, Frederick Hill, December 2.

To Mrs. Roswell Kinney (**Myrtle Truell**, class of 1917, House of the Good Samaritan, Watertown, N. Y.), a daughter, Dorothy Jean, December 27.

MARRIAGES

Florence M. Alexander (class of 1892, Brooklyn Hospital, Brooklyn, N. Y.), to Arthur P. Clapp, January 15. At home, Brooklyn.

Signey Anderson (class of 1915, Park Place Hospital, Pawtucket, R. I.), to Harry Beavoir Hansen, M.D., December 12. At home, New York City.

Martha L. Aylesworth (Sarnia General Hospital, Sarnia, Ont.), to Ira B. Parker, January 21. At home, Mentor, Ohio.

Mary T. Bannon (class of 1916, Boston City Hospital, Boston), to Bernard F. Devine, M.D., November 12. At home, Milton.

Ruth H. Bell (Fletcher Sanatorium, Indianapolis, Ind.), to F. C. Kinnan, November 24. At home, Indianapolis.

Margaret Frances Bresnahan (class of 1917, Carney Hospital, Boston, Mass.), to Robert Holmes Smith, Lt. U. S. N., January 15. At home, Vallejo, Calif.

Grace Brown, to George Turk, in November. At home, Davenport, Iowa.

Grayce Brown (class of 1922, Iowa State

University Hospital), to Arnold Tummel, January 1. At home, Iowa City, Ia.

Frances Sage Chipperfield (class of 1918, Minnequa Hospital, Pueblo, Colo.), to Cecil de Lenair, January 4.

Florence Coker (class of 1920, Lucy Brinkley Hospital, Memphis, Tenn.), to E. R. Hall, M.D., December 22.

Phyllis Conner (Mercy Hospital, Chicago), to Arthur Daley, M.D., February 2.

Mrs. Mary Conroy (class of 1920, Grace Hospital, Detroit, Mich.), to James Miller, January 12. At home, Detroit.

Vlenna Cornwell (class of 1920, Huron Road Hospital, Cleveland, Ohio), to Ralph Merrick, January 1.

Ruth M. Cove (class of 1917, Litchfield County Hospital, Winston, Conn.), to Benjamin F. Wike, January 31.

Catherine A. Devers (class of 1916, Hospital, University of Pennsylvania, Philadelphia), to Timothy J. Neville. At home, Carteret, N. J.

Alice Letha Dunbar (class of 1919, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Warren M. Andrews, in December.

Cecilia Feeny (Mercy Hospital, Chicago), to Samuel W. Poole, December 8. At home, Denver, Colo.

Florence A. Gallant (class of 1920, Kansas City General Hospital, Kansas City, Mo.), to Harold J. Bierschbach, February 6.

Alta Marie Harding (Mercy Hospital, Chicago), to William Herbert Holbrook, M.D., December 27. At home, Peoria, Ill.

Flora Heineke (Saginaw, Mich.), to Walter Reider, in December.

Lela Henery (class of 1917, Minnequa Hospital, Pueblo, Colo.), to Van B. King, January 14.

Minnie Hume (class of 1917, Columbus Hospital, Great Falls, Mont.), to Charles J. Andrews, November 15. At home, Los Angeles, Calif.

Miriam Irwin (class of 1922, J. C. Blair Memorial Hospital, Huntingdon, Pa.), to John Miller, in January. At home, Huntingdon.

Genevieve R. Kelley (class of 1921, Army School of Nursing, Washington, D. C.), to William Andrew O'Brien, January 9. At home, Kenosha, Wis.

Laura Kistler (class of 1917, Allegheny General Hospital, Pittsburgh, Pa.), to Roland Swank, M.D., January 12. At home, New Kensington, Pa.

Martha K. Kramer (class of 1922, Huron Road Hospital, Cleveland, Ohio), to John Baird, M.D., January 1.

Anna Marie Lance (class of 1921, Huron Road Hospital, Cleveland, Ohio), to David Elliott, M.D., December 31.

Fannie Jane McDaniel (class of 1919, Glockner Sanatorium, Colorado Springs, Colo.), to Mat McDonegh, in February.

Ethel P. McGuire (class of 1919, Greater Community Hospital, Creston, Ia.), to Herbert Carlson, January 3.

Mary A. McIsaac (class of 1919, J. B. Thomas Hospital, Peabody, Mass.), to Timothy S. Chaisson, November 29.

Alice Martin (class of 1922, St. Vincent's Charity Hospital, Cleveland, Ohio), to Mr. Buchanan, December 26. At home, Detroit, Mich.

Miriam M. Maude (class of 1917, Hartford Hospital, Hartford, Conn.), to Adolph A. Schreiber, January 16. At home, Indianapolis, Ind.

Bertha Ellen Melanson (Rhode Island Hospital, Providence, R. I.), to Willis Edgar Chandler, January 9.

Mary Midgley (class of 1917, J. B. Thomas Hospital, Peabody, Mass.), to John F. Mulcahy, November 28.

Mary Ange Mangeau (Mercy Hospital, Chicago), to Lawrence Quielen, M.D., January 1. At home, Chicago.

Cynthia Morgan (New England Sanitarium and Hospital, Melrose, Mass.), to William Newhook, December 1.

Florence Moyer (class of 1915, Lankenau Hospital, Philadelphia), to Robert Yocum, February 6. At home, Lansdale, Pa.

Esther Muhleman (class of 1919, Salem Hospital, Salem, Ore.), to Thomas Peterson, December 19. At home, Scio, Ore.

Pryde Munden (class of 1923, Good Samaritan Hospital, Portland, Ore.), to Rex McClung, December 28.

Grace May Mutchler (class of 1920, Presbyterian Hospital, Philadelphia), to John Kin-

sey Hefferman, December 18. At home, Butler, Pa.

Lillian Noble (class of 1922, Youngstown Hospital, Youngstown, Ohio), to Clarence Warner, January 9. At home, Warren, Ohio.

Sarah Olewein (class of 1917, Hahnemann Hospital, Philadelphia), to Frederick Carl Bauer, January 24.

Melinda Pletsch (class of 1920, Grace Hospital, Detroit, Mich.), to George F. Schwalm, January 12. At home, Saskatoon, Sask.

Elda K. Rhine (class of 1923, J. C. Bland Memorial Hospital, Huntingdon, Pa.), to William Kitting, in December. At home, Lewistown, Pa.

Edith Solvay (Mercy Hospital, Chicago), to Daniel Brennan, November 15. At home, Chicago.

Helen Stafford (class of 1921, Massachusetts Homeopathic Hospital, Boston), to Dr. Crockett, January 3.

Martha Stakely (Davenport Hospital, Davenport, Ia.), to Robert McCash, February 2.

S. Sullivan (class of 1917, Mercy Hospital, Cedar Rapids, Ia.), to J. W. Welch, November 15.

Ora Lee Thomas (class of 1921, Noyes Hospital, St. Joseph, Mo.), to Alan La Sher, January 18.

Ella Tichenor (class of 1922, St. Luke's Hospital, Bethlehem, Pa.), to John Moyer, January 15. At home, Bethlehem.

Bertha M. Truesdell (class of 1923, Lockwood Hospital, Petoskey, Mich.), to Norman Henderson, January 21. At home, Detroit, Mich.

Mary Vechtor (Braddock General Hospital, Braddock, Pa.), to Francis Brown, December 22.

Mrs. Lillie Voss (class of 1923, City Hospital, Little Rock, Ark.), to C. A. Routh, December 25. At home, Little Rock.

Helen Whitaker (class of 1918, St. Mary's Hospital, Rochester, Minn.), to Edgar Burns, M.D., January 5. At home, Memphis, Tenn.

Mabel J. White (class of 1920, Grace Hospital, Detroit, Mich.), to Ira DeTurk, December 29. At home, Detroit.

Irma Banwell Wigle, to Albert Edward Catherwood, M.D., January 3. At home, Detroit, Mich.

DEATHS

Anna Borie (class of 1911, Hahnemann Hospital, Philadelphia), on December 28, in the hospital, after a long illness. Miss Borie after her graduation served as supervisor of the Maternity Building for four years. Failing health demanded her taking less taxing duties. She then majored in laboratory work and acted as technician. To her superiors she gave untiring service and coöperation; to her students she symbolized the best of professional ability and sincerity. All who were trained under her wonderful supervision carried away a true picture of all the modern nurse should be. This alone is a sufficient memorial to one who is held most dear and near in the school from which she was graduated.

Cecilia A. Brennan (class of 1909, St. Joseph's Hospital, Philadelphia, Pa.). (A full notice is given under the heading, Army Nurse Corps.)

Katherine E. Burns (class of 1916, Worcester City Hospital, Worcester, Mass.), on January 16 at Day Kimball Hospital, Putnam, Conn., after a brief illness followed by an operation. Miss Burns was loved by all who knew her. The buoyancy of spirit with which she gave her service to the ill made her a blessing to those whom she served.

Mrs. Richard Wimmers (**Miss Canan**, class of 1917, Joseph Price Hospital, Philadelphia), on January 23, at Haddon Heights, N. J., after a long illness.

Mary Ella Clark (class of 1905, New England Sanitarium and Hospital, Melrose, Mass.), recently. Miss Clark remained with the New England Sanitarium and Hospital for some time, later she held positions at the Attleboro Sanitarium, Battle Creek Sanitarium, and finally the Hinsdale Sanitarium, where she continued a faithful worker until her last illness called her from duty.

Minnie Corbett (class of 1921, Homeopathic Hospital, Providence, R. I.), on December 28, at Morton Hospital, Taunton, Mass.

Florence D. Hammer (class of 1922, Hahnemann Hospital, Philadelphia), January 22, at the Hospital, suddenly, of septic pneumonia, after an infection. After graduation Miss Hammer was surgical supervisor at the

Hospital. She was an untiring worker and was dearly loved by all with whom she came in contact; her death was a shock to the staff and her alumnae associates.

Josephine Holland (class of 1915, Greater Community Hospital, Creston, Ia.), on November 28 at the hospital in which she had been confined for more than a year. She was buried at Osceola, Iowa, her home town.

Vivian Mae Larson, Mason City, Ia., died November 20 at Oakdale Sanitarium.

Florence Nightingale Levensaler (class of 1890, Boston City Hospital, Boston, Mass.), on November 15, at the Denver and Rio Grande Hospital, Salida, Colorado, where she was one of the staff, after suffering borne with patience and fortitude. Miss Levensaler was a pioneer in X-ray work at the Boston City Hospital. She opened the Infirmary for the Agricultural College at Amherst, Mass. Later she went to Montana to do school nursing and held institutional positions in several places in that state and Colorado. She was always working, always active. Burial was at Thomaston, Maine.

Mary Theresa Loughlin (class of 1921, Medfield State Hospital, Harding, Mass.), on January 14, at Cambridge, Mass.

Mrs. Alexander Worthy (**Margaret Munley**, class of 1903, St. Joseph Sanitarium, Mt. Clemens, Mich.), at Bay City, Mich., December 23. Mrs. Worthy was the first graduate of St. Joseph Sanitarium. Her loss will be mourned by her family and friends.

Mrs. John L. Kershaw (**Edith A. Mury** class of 1902, Waldeck Hospital Training School, San Francisco), on January 16, at St. Joseph's Hospital, San Diego. Mrs. Kershaw was a member of the Navy Nurse Corps for over four years, serving in the capacity of Chief Nurse at Mare Island, Calif. During the mobilization of the troops on the Mexican Border she entered the Army Nurse Corps, in July, 1916, serving as Chief Nurse at the Base Hospital, Deming, New Mexico. At the beginning of the World War she was sent as Chief Nurse to organize the Nurses' Mobilization Station at Ellis Island, N. Y., where she rendered invaluable service to the Medical Department of the Army. Later she served as Assistant Superintendent, Army Nurse Corps, in the office of the Surgeon General, where her

services were of the greatest possible value during the war and later in connection with the demobilization of the nurses. For her services rendered during the war as a member of the Army Nurse Corps she was awarded the Distinguished Service Medal by the War Department, which was presented with inspiring ceremonies at Fort Rosecrans, Calif., in April, 1923. This is one of the highest honors which can be bestowed by the United States Government, and comparatively few women have received it. In 1920, Miss Mury's marriage to Lieutenant John L. Kershaw, who is stationed on the Destroyer Tender Regal, San Diego, took place. Mrs. Kershaw was a woman of unusual ability, which, together with her great personal magnetism and charm, will make her loss doubly felt by her friends and associates. Her tireless energy and devotion to duty were an inspiration to all who knew her. She was buried on January 19, at the Mountain View Cemetery, Oakland, with military honors.

Mrs. H. H. Varner (**Susan C. Peacock** class of 1914, Presbyterian Hospital, New York), on October 15.

Cora Plummer (class of 1893, Boston City Hospital, Boston, Mass.), on November 24, at the home of her brother in Providence, R. I. Burial was at Meredith, N. H.

Eleanor Heindle Romanski (Springfield Hospital, Springfield, Mass.), on January 12, at Ware Hospital, Ware, Mass., after weeks of suffering from an automobile accident.

Charlotte Ragnhild Rytterager (class of 1921, St. Paul Hospital, St. Paul, Minn.), on December 31 at St. Paul Hospital, following an illness of 11 months from a sarcoma of the foot. An amputation was performed, following which Miss Rytterager had a normal recovery, though she never fully regained her usual good health. Arrangements were made with the Department of Reëducation of the

state to give her the opportunity of taking up some particular branch of nursing work which would tax her physical strength less than private duty nursing, in which line of work she had previously engaged, but unfortunately she grew worse, and for the last four months was bedridden and suffered greatly. Her last weeks were marked by a wonderful forbearance and a sweet spirit of patience. She was buried in her uniform; six of her classmates acted as honorary pall-bearers. Burial was at her old home, Big Lake, Minn.

Elma M. Smith (pupil nurse, Martin Memorial Hospital, Mount Airy, N. C.), on January 7, from mesenteric thrombosis. Burial was at her home, Pilot Mountain, N. C.

Anna Louise Van Buskirk (class of 1913, Pottstown Hospital, Pottstown, Pa.), in January, very suddenly. Miss Van Buskirk was one of the most faithful members of her alumnae association. She had suffered from a bad heart condition for a number of years, yet her death came as a shock to her many friends.

Gladys Wilton (class of 1924, Farrand Training School, Detroit, Mich.), on January 20, within four months of her graduation. While Miss Wilton was completing her affiliated service at the Herman Kiefer Hospital she contracted scarlet fever. Miss Wilton was a gifted student and a popular member of the Training School. Her leadership was acknowledged by the 1924 class, who elected her as their President. She was beloved by the patients wherever she served. In the qualities of her character, and the service that she rendered, she represented the finest flower of the nursing profession. She will be deeply missed by all with whom she was associated. Services were held in Detroit. Burial was at her home in Canada.

"Sleep after toil, port after stormy seas,
Ease after war, death after life, does greatly please."

BOOK REVIEWS

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY. By Diana Clifford Kimber and Carolyn E. Gray, A.M., R.N. Sixth edition, revised. The Macmillan Company, New York. Price, \$3.00.

The authors' aim to give a textbook in Anatomy and Physiology that will meet the needs of the nursing student of today has been realized indeed in this Revised Sixth Edition.

It is an excellent supplement to any teacher's course in that it avoids the usual highly technical descriptions and gives its information in simple, concise, well-outlined form. The summaries at the end of each chapter are an invaluable help to both the student and instructor.

The chapter headings are more clearly and concisely outlined and follow in better sequence. The subject matter assigned in each chapter is more logically arranged.

The illustrations are much more numerous than in past editions, and of an excellent type, well shaded and defined.

It is especially pleasing to note that throughout the edition physiology is given further treatment than in the authors' past books and its correlation with the anatomy presents the subject in such an excellent manner as to make it always of interest and one to be fixed on the student's memory.

The anatomy and physiology of the nervous system is much more fully developed in this edition and these two chapters of sixty-eight pages assume their proper place in the order of subject matter. This phase of anatomy which is usually the bugbear of most

students is very clearly set forth and the physiology which follows helps the student to understand its great importance and acts as a stimulus for further readings along the lines of mental hygiene.

The chapter dealing with glands is very much better arranged and developed than in former editions. More material and better illustrations have been added to the chapter on reproduction.

The book contains over one hundred more pages than the past edition; the glossary is fuller and up to date. The short suggested bibliography is a new and helpful addition. The print and paper are still good but the binding is of new Fabrikoid type, light and flexible.

As one instructor said: "Each edition gets better, but this is the best."

MARY S. POWER, R.N.
San Francisco, Calif.

CIVILIZATION AND THE MICROBE. By Arthur I. Kendall. Houghton Mifflin Company, Boston and New York. Price, \$2.50.

The genesis of this book is interesting and will indicate in some manner its scope. The author, who is the Dean of the Northwestern Medical School, found that his daughter, who was a student in high school, had a course in general science which "left her with a vague impression of a world teeming with deadly germs awaiting an opportunity to infect mankind." The Dean's search for material which would tell the story of the microbe in simple language, putting the emphasis on the constructive activities of bacteria, showed that such a book

was needed. It is a fascinating book and while written in non-technical language is authoritative and scientific.

The story of the microbe and the discoveries of man, which have revealed the myriad hosts of microorganisms in the environment, are presented in a picturesque manner. The chapter relating to the industries reminds us again of nature's economy and the methods she uses to salvage for man.

A number of chapters are devoted to the cycle of infection with common pathogenic organisms. Immunity is forcefully presented. However, we are made to realize that the "pernicious activities of a few microbes, the baneful influence of these hidden foes, is far outweighed by the constructive and beneficent effects of microbic participation in the life processes."

The book is illustrated by well chosen illustrations. Although this book would not serve as a text book for student nurses, it would be a valuable one to have in the reference library, as the reading of it would be certain to stimulate interest in bacteriology.

MARY E. NORCROSS, R.N.,
Philadelphia, Pa.

PRACTICAL CHEMICAL URINALYSIS OF THE BLOOD. By Victor Caryl Myers, M.A., Ph.D. Second revised edition. Illustrated. C. V. Mosby Company. St. Louis. Price, \$5.00.

This book, first printed in 1921, has been enlarged and the general plan altered. "The first edition included only a single method for each determination at the end of the individual chapters. This plan is continued in the present edition, but in addition it has seemed

desirable to give the methods of the Folin-Wu system of blood analysis complete in a separate chapter. The method for uric acid given in Chapter III is the new and very simple method of Benedict." Another new chapter (X) discusses various miscellaneous determinations. There are many charts and tables, diagrams, illustrations, and a good index. Nurses engaged in laboratory work are doubtless familiar with Professor Myers' work and they will welcome this new edition.

A MANUAL OF NURSING PROCEDURES. By E. Priscilla Reid, R.N., Formerly Educational Director for the School of Nursing of the General, Highland, and Homeopathic Hospitals, Rochester, N. Y., and MABEL E. HOFFMAN, R.N., HAZEL L. JENNINGS, R.N., and LILLIAN A. READ, R.N., of Rochester, N. Y. 181 pages with 57 illustrations. W. B. Saunders Company, Philadelphia and London. Price, \$1.75 net.

This manual gives one hundred nursing procedures, all of which have been worked out coöperatively by instructors in three schools. They have the merit, therefore, of having been subjected to rigorous tests both in theory and in practice. As the book is intended for use with a standard text book on nursing, the procedures are given in concise outline form giving purpose, equipment, procedure, and precautions. The illustrations are well chosen and the text unusually clear.

Tables of weights and measures, a few simple rules for making solutions, twelve lists of tray equipment, including one for the treatment of burns, add to the usefulness of the book.

THE NATIONAL HEALTH SERIES. Twenty Health Books edited by the National Health Council for the use of the general public. To be published in sets of five, the first set now being available. Funk & Wagnalls, New York. Price, 30 cents each or \$6 per set.

MAN AND THE MICROBE: How Communicable Diseases are Controlled. By C. E. A. Winslow, Professor of Public Health, Yale School of Medicine.

THE BABY'S HEALTH. By Richard A. Bolt, M.D., Director, Medical Service, American Child Health Association.

How to care for the baby so that it will be healthy, will develop properly, and be strong and free from disease.

PERSONAL HYGIENE: The Rules for Right Living. By Allan J. McLaughlin, M.D.; Surgeon, United States Public Health Service.

Practical suggestions as to how to apply personal hygiene to promote health and get the most out of life.

COMMUNITY HEALTH: How to Obtain and Preserve It. By D. B. Armstrong, M.D.; Sc.D.; Executive Officer of the National Health Council.

An outline of what the community should do for the health of its citizens and what each person should do to make his community a healthy place.

CANCER: Nature, Diagnosis, and Cure. By Francis Carter Wood, M.D.; Director, Institute for Cancer Research, Columbia University.

The best statement about cancer ever written for the laity. It tells what it is and how to know it and have it cured.

REFERENCE HAND-BOOK OF GYNECOLOGY FOR NURSES. By Catharine Macfarlane, M.D. Fourth edition, thoroughly revised. 160 pages. W. B. Saunders Company, Philadelphia. Price, \$1.50.

THE AMERICAN NATIONAL RED CROSS.

By Sarah Elizabeth Pickett. 210 pages. Profusely illustrated. The Century Company, New York City. Price, 50 cents.

In his Foreword, Judge Payne, Chairman of the Central Committee, American National Red Cross, says: "That Americans may know of the birth of this society, that they may understand the law of Congress under which it operates, that they may appreciate the need for its service in time of war and peace, this primer of the American Red Cross has been prepared." The book most admirably fulfills this function. Written by the co-author of the "History of American Red Cross Nursing," the text is replete with charm and sympathy and the format is worthy, in every way, of the splendid subject.

FIGHTING FOES TOO SMALL TO SEE. By Joseph McFarland, M.D., Sc.D. 309 pages, 64 illustrations. F. A. Davis Company, Philadelphia. Price, \$2.50.

Microbiology written in non-technical language and fascinating literary style for non-professional people.

BANDAGING. By A. D. Whiting, M.D. Second edition, revised. 153 pages with 117 original illustrations. W. B. Saunders Company, Philadelphia. Price, \$1.75.

A CORRECTION. Through an oversight, caused by a readjustment of printed matter to fit a given space, in the February *Journal*, the name of the publishers was omitted from our mention of the new edition of Ramsey's *Care and Feeding of Infants and Children*. This volume, like its predecessor, is from the press of the J. B. Lippincott Company, Philadelphia.

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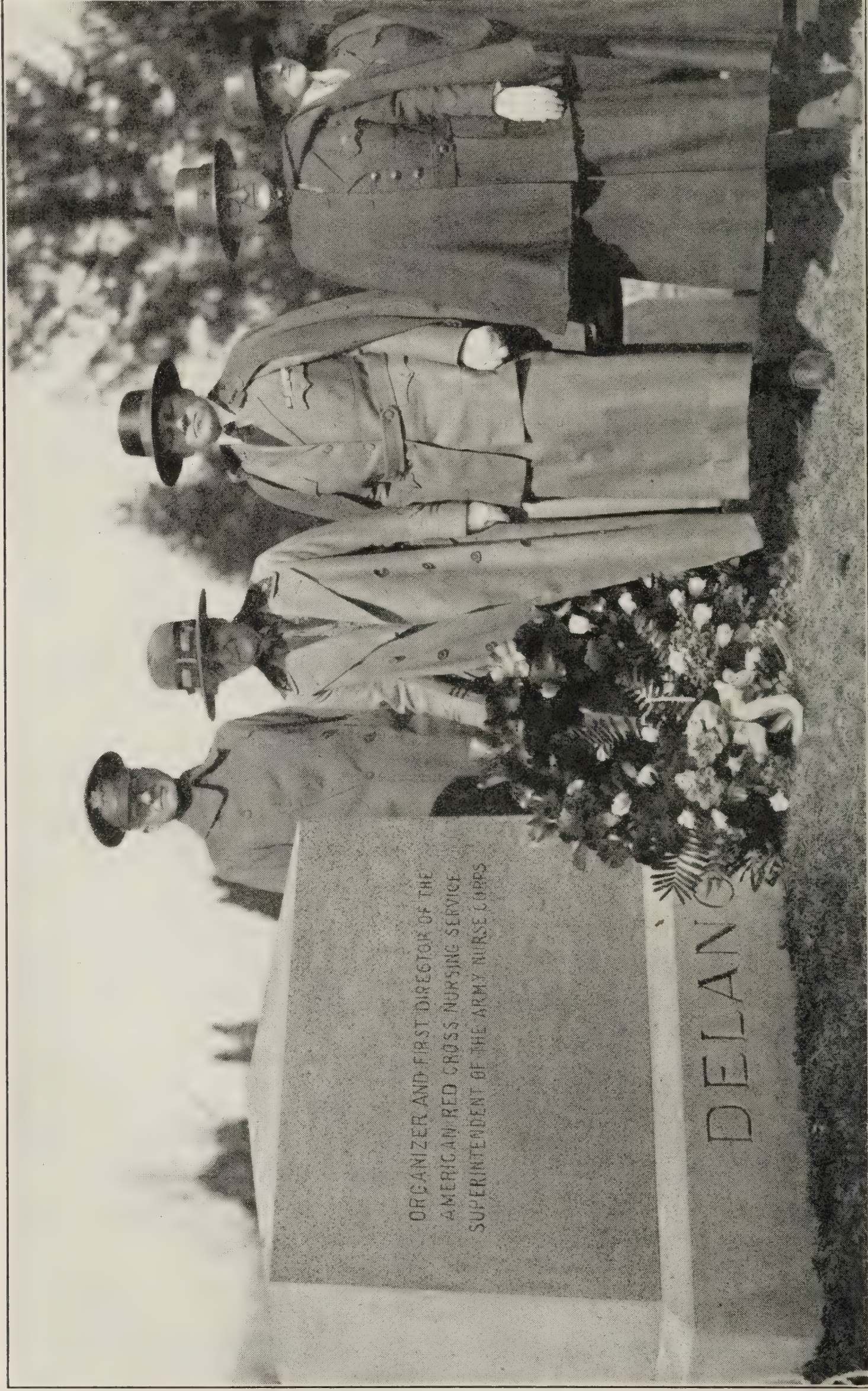
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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

APRIL, 1924

No. 7

HEART DISEASE

POINTS EVERY NURSE SHOULD KNOW ABOUT IT

BY JOHN WYCKOFF, M.D.

CLASSIFICATIONS are always a bore, but it is impossible to arrive at an idea of what heart disease is, without grouping the different types. First, heart disease may be congenital or acquired. *Congenital heart disease* is that type which is caused by faulty development of the heart structures before birth. It is due to the same kind of faulty development which causes hare lip and a cleft palate. These latter conditions, since they may be easily approached, can be greatly benefitted by surgical treatment. Congenital defects of the heart, however, can not, of course, be given surgical aid, and medicine no more affects them than it cures a hare lip. If the congenital defect in the heart is so great that the circulation cannot be maintained, the child dies at once. If it is only slight, the child may grow even to adult life. It is obvious that little successful treatment can be given a congenital heart.

Acquired heart disease is heart disease which is developed after birth and it must be subdivided into three types.

These are *senescent, infective, and toxic*. *Senescent heart disease* is the type which is found in elderly people. It is really a question as to whether it should be called disease. Every species of living thing has an average length of life. The average life of a man, uninfluenced by infections or other diseased conditions, is between seventy and one hundred years, while the average life of a dog is between eight and ten years. As a man grows older, changes take place in every cell in his body.

HEART failure is seen not only in heart disease. Everyone who is reading this paragraph has felt some of the symptoms of this condition.

This condition can often be recognized by changes in his skin, and we call such a person old. In the same way, changes take place in his heart and blood vessels and finally they are not able to function properly. The patient then begins to develop heart failure and, since every tissue and organ in the body depends on receiving its proper blood supply, the degenerative changes in all these organs take place more rapidly. Finally, the heart is unable to maintain circulation at all, and the patient dies—not really because

of disease, but because the cells no longer can be regenerated. This type of heart disease is very commonly seen. As preventive medicine saves the life of children and young adults from death due to preventable disease, more and more people will die from heart failure, due to this cause. While senile hearts cannot be prevented, a properly regulated life will delay the onset of such changes. This is a condition which most of us will die of, if we are not carried off by some infection, disease of metabolism, or cancer.

Acquired heart disease is always due to poisons acting on the circulatory organs. Most frequently such poisons come from the infectious diseases, but they may come from the faulty metabolism of food, or even from poisons coming from without the body as, for example, in lead poisoning. *Infectious heart disease* may be due to almost any infection, but it is most commonly seen after a group of diseases which are ordinarily called rheumatic, and after syphilis.

A patient suffering with an infectious type of heart disease passes through two stages, an active and an inactive stage. This can best be illustrated by thinking of a burn. If we place our hand in a strong acid, we will develop a burn; if this burn is severe, it will interfere with the function of the hand, because of the pain and swelling of the tissues. This is the active stage of the burn. If such a burn is not too severe, healing takes place, and after the healing a scar forms, and this scar contracts, and if the contracture is great enough, we will again have interference with the function of the hand, because the scar tissue which replaces the normal skin and

muscles cannot do the work of the tissue which it replaces. Although the burn is entirely healed, the patient suffers from the inactive results of the burn.

In active heart disease, we have the tissues of the heart acutely inflamed and unable to do their work because of this inflammation. If the infection is not too great, the heart heals, leaving scars either on its surface or in its muscle or on its valves. These scars contract and, although the active inflammation has left, it is never so well able to do its work as it was before the infection took place. This second stage is called inactive heart disease.

Rheumatic heart disease follows acute rheumatic fever, chorea, tonsillitis and growing pains in children. It is the kind of heart disease which we most frequently find in early life. The cause of rheumatism has not yet been discovered, but it seems probable that the portal of entry of the virus of the disease is frequently the tonsil. It is the problem of the physician, in a case of rheumatic heart disease, to eliminate all foci of infection in such places as diseased tonsils, teeth, sinuses, middle ears, and so forth, as it is believed that such foci are frequently the portals of entry for the virus of the disease which causes rheumatism and the allied infections. This is true whether the case be in the active stage or the inactive; in the active stage as we wish to eliminate the infection, and in the inactive stage because we are very anxious that the heart shall not again become infected, i. e., become active and undergo further inflammation resulting in further scarring. In active syphilitic heart disease, we treat the syphilis directly; and probably there would be very few

cases of syphilitic heart disease if all syphilis were treated early and adequately. When any type of infectious heart disease has gone into the inactive stage, our efforts should be to keep the heart muscle in as good condition as possible. This is done by giving proper amounts of rest and exercise and by generally good hygienic care and, when indicated, the use of certain drugs.

Toxic heart disease also has an active and an inactive stage. The active stage is, however, much less acute, as usually the poisons are slowly absorbed. Just as in infectious heart disease, it is of great importance to eliminate the poison. This can be done by proper diet, by improving the digestion, or by constantly guarding against the entrance of outside poisons, such as lead, alcohol and tobacco.

It is an obvious fact that a heart is placed in our bodies to perform certain functions, and the only reason that we fear heart disease is because whether active or inactive, it interferes with the work of the heart. The work of the heart is to pump the blood to every tissue in the body so that it may carry nourishment to these tissues, and take away the waste matter which is produced after the tissues have done their work. Whenever the heart fails to send sufficient blood to perform these duties, the patient suffers from certain symptoms which are known as the symptoms of heart failure. Heart failure is seen not only in heart disease. Everyone who is reading this paragraph has felt some of the symptoms of this condition. If a healthy man runs quickly up several flights of stairs, his muscles call for more blood. The heart responds by sending more blood. If this exercise

is continued, there comes a point where the muscles call for more blood than the heart is able to pump. The man then becomes short of breath, which is the first symptom of heart failure. If he continues in this exercise, he will develop other symptoms of heart failure, as cough and nausea and vomiting. Anyone who has ever watched a four-mile boat race, or athletes running long distance races, has seen all the symptoms of heart failure, in perfectly healthy individuals. The symptoms in a patient having heart disease are exactly the same; the only difference being that much less exercise brings them on. Usually the patient who has walked with comfort four flights of stairs notices that one or two flights now make him short of breath, and very serious cases of heart disease have these symptoms even when they are at rest in bed. It is because the symptoms of heart failure are exactly the same in all kinds of heart disease, that many of us think of all heart disease as being a single thing, while it is really not a single disease, but many different forms of disease. It is because of a lack of appreciation of this fact that it seems so strange that one patient, having heart disease, is ordered to exercise, while another one is advised to take absolute rest, although the symptoms in both patients may be similar or even the same.

This can be made clear from the following example, again using normal athletes as an example. Three healthy young men enter college at the same time. At the time that they enter, all three are able to climb four flights of stairs without breathlessness. A. becomes very interested in his studies and

although he has previously led a very active life now leads a sedentary life and takes no exercise. B. goes into training for cross country running and under proper training takes a proper amount of exercise. C. leads a life similar to the one they had all lived before entering college. At the end of the three months A. becomes breathless on climbing a single flight of stairs because he has had too little exercise. C. still can climb four flights without breathlessness; but B., who has been in training, can now climb six flights before he notices shortness of breath. In other words, B. has increased the ability of his heart to do work, by proper exercise. Now let us take our illustration a little farther. B. is so enthusiastic over his athletics that he over-exercises and soon he finds that he is getting breathless at four flights; he thinks this is because he is not doing enough exercise and he works all the harder, but to his chagrin after a few weeks his condition is as bad as A.'s, he gets breathless now after two flights. The trainer tells him he is "stale," but what has happened is that he has given his heart too much to do. In order to keep a normal heart at its highest efficiency a proper amount of exercise and rest is necessary. This is also true of the diseased heart.

Fine judgment is frequently needed

to determine whether a diseased heart needs more or less exercise. Some patients with heart disease should not exercise at all, others need considerable exercise, and this can only be determined by careful study of each case by a physician of experience.

To sum up,—the majority of the symptoms of all kinds of heart disease are due to heart failure, but the causes of heart failure are many. As we said in the first paragraph, they may be due to congenital defects of the heart, or acquired disease of the heart. Acquired disease of the heart may be due simply to the changes of old age, to infections from bacteria, or to poisons coming from improper food, or such poisonous substances as lead. Although the symptoms of heart failure are the same and are due to the fact that the heart is unable to do the work, the reasons for its being unable to do its work come from many causes. An intelligent understanding of what these causes are, how they can be avoided, and how remedied when they do occur is essential to the proper care of the cardiac patient.

NOTE.—Dr. Wyckoff will follow this article with a discussion of the use of digitalis and the nursing care incident to its use. Further information on the care of heart disease may be obtained without cost from the Association for the Prevention and Relief of Heart Disease, Inc., 370 Seventh Ave., New York.

"All of us who give service, and stand ready for sacrifice, are the torch bearers. We run with the torches until we fall, content if we can then pass them to the hands of other runners.
* * * Both life and death are parts of the same Great Adventure."—*Theodore Roosevelt*.

Biennial Convention, Detroit, Michigan, June 16-21.

NURSING OF CASES OF GASTRIC AND OF DUODENAL ULCER

BY CARRIE BELLE McNEILL, A.B., R.N.

THE treatment of gastric and duodenal ulcer, as we carry it out today, is a thing of comparatively recent years. Recognized and described as a disease entity about 1830, gastric ulcer even then was found effectively treated by the milk diet; but whereas the earlier students of this ailment found in a so-called "dietetic rest cure"¹ the fundamentals of their system, today, specialists see in the neutralization of free acid in the stomach the foundation on which the most efficient treatment is to be based.

In the outlines of treatment that various men have laid down as a result of their study, we find that all are agreed on absolute rest during the first period of ten days to two or three weeks. As to the diet during this time, opinion varies. Total abstinence by mouth and rectum has been recommended for two or three days or until the stools give evidence that bleeding, if present, has ceased. Nourishment, whether given immediately or following this period of abstinence, consists of some form of milk, egg—raw or rarely cooked,—and meat broths, these being given frequently in small amounts. When the diet is increased, concentrated, bland, non-irritating foods are selected. The interval of feeding varies from the diet given four or five times a day to that which is given regularly every two hours from seven in the morning to nine at night. Later in the treatment, there

is a return to the normal three meals a day.

The use of alkalies in the treatment is regarded by some as incidental and by others as an important factor. The success of Carlsbad water or salts given on the fasting stomach in the early morning followed one of the first attempts in treating ulcer, though at the time its success was accounted more particularly that of a laxative than antiacid. Then bismuth, subnitrate or subcarbonate, in thirty grain doses, three times a day, before eating, was found beneficial both because of the mechanical protection it afforded the ulcerated surface of the stomach and likewise because of its anti-acid qualities. Later, dilute solutions of silver nitrate three times daily before eating, and finally solutions of soda bicarbonate have been experimented with favorably, but without the definite aim of continued neutralization of the stomach content, and without being checked from day to day in their effectiveness.

These treatments seem but approximations. It remained for Dr. Bertram W. Sippy to outline with accuracy and simplicity a management that "attacks and effectually destroys the disintegrating and digestive action of the gastric juice"² by neutralizing with alkalies the free acid of the stomach, and maintaining a neutral medium which in itself renders the gastric juice inactive.

Dr. Sippy divides ulcers into two

¹ Nothnagel's Practice; Volume on *Diseases of the Stomach*, Riegel.

² Oxford Loose Leaf Medicine; *Article on Gastric Ulcer*, Bertram W. Sippy, M.D.

types; namely, the non-obstructive or the usual gastric ulcer, and the obstructive which involves the pyloric opening of the stomach or the usual duodenal ulcer. The latter produces more acute symptoms and is the more easily recognized because of its accompanying marked stomach retention and high acidity.

Treatment of the non-obstructive type of ulcer is outlined briefly as follows:

For the first three weeks, there will be rest in bed with a diet of half and half milk and cream, three ounces, every hour, from seven in the morning to and including seven in the evening. Powders consisting each of calcium carbonate ten grains and sodium bicarbonate thirty grains, will be taken, one every hour from seven-thirty in the morning to and including seven-thirty in the evening and at eight, eight-thirty and nine. Each powder is mixed and taken with about an ounce of water. Calcined magnesia, ten grains, with sodium bicarbonate, ten grains, may be substituted for the above powder as needed to control the bowels; and it is desirable that stools be kept loose during this time.

To find with what success this program meets, control aspirations are made several times each week alternating afternoon and evening; one-half hour before the powder and before the feeding, in the afternoon; and one-half hour after the last powder, in the evening. The presence of free acid can be determined and information obtained as to the motor power of the stomach. Should the aspirations consistently show an excess of free acid, additional alkali,—sodium bicarbonate, ten grains, or

calcium carbonate, ten grains,—is added to each powder until the control of free acid is established.

After several days of this routine three ounces of some well-cooked cereal may be given with the milk and cream of one feeding, and a bit of sugar. On the next day will be two diets, one of cereal, the second a soft boiled or soft poached egg, in addition to the milk and cream feeding. The feeding may be increased in this fashion, until at the end of the first week or ten days, six diets—three eggs and three cereals—in addition to the regular hourly feedings are being taken at eight, ten, twelve, two, four and six o'clock. After two weeks, little additions and substitutions may be made to vary the monotony;—a custard with toasted cracker for the egg feeding, a cream soup for the regular cereal, but never adding greatly to the amount nor changing the spirit of the routine.

With the fourth week, the patient is allowed up for a short period each day; then twice a day, gradually increasing the time until by the fifth or sixth week, he may resume reasonable habits of activity and rest.

In the fourth week, the diet will consist of three meals a day, no meal to exceed fifteen ounces bulk, the evening meal preferably about eight ounces. This quantity will not include the liquids which may be taken, such as tea, coffee, soups, etc. The food will have a wider variety now, permitting vegetable purees, cooked fruits, and all of the simpler desserts. White meat of chicken, fish, crispy bacon, and bread and butter may be included, though emphasis still is placed on cereal and eggs which are given in at least two out of

³ *Diseases of the Stomach*, Geo. R. Lockwood, M.D.

the three meals. Meals should be served with regard to a definite schedule; and between meals the milk and cream and powders will be continued,—a powder being taken every half hour following the meal until three are taken, and then alternating each half hour with the milk and cream until the next meal. The four powders every half hour after the last feeding at seven o'clock will be taken. Likewise the control aspiration is maintained until the conclusion of five or six weeks, or until the patient returns to active life and work. Management may be continued along this direction for a year according as may be indicated, though powders are usually discontinued for several days after the first ten weeks and for a similar period every five or six weeks thereafter.

The treatment of the duodenal or obstructive ulcer in principle is the same as the above, but in application requires more alkali and the use of regular nightly powders to control the increased acidity, as well as regular nightly aspirations both to empty the stomach and to determine the control of the free acid, that alkali may be administered more accurately. Moreover, the obstructive ulcer is more slow in response to treatment; and its continued resistance in high retention may prove an indication for surgical intervention.

For the nurse, aside from the usual care of a patient which insures daily cleanliness and comfort, this routine may be reviewed with practical suggestion. The whole-milk and twenty-two per cent cream may be mixed and kept in a twelve-ounce nursing bottle, or lacking this an ordinary magnesium citrate bottle. The bottle is placed in a straight-sided pitcher which is large

enough to permit packing in chipped ice, for the milk and cream diet is better borne if taken cold. It will be necessary to carefully wash this bottle at each filling and to boil it at least once a day. If the taste of the milk be particularly unpleasant to the patient or becomes so, devices may be used to offset or overcome what might become an intolerance. Instead of the three ounces measured separately, the whole feeding may be given in a tumbler so as to be more quickly and easily swallowed. Juices of cooked fruits such as grape, blackberry, raspberry or loganberry may be taken, a sip or two following the feeding or mixed with the feeding so as to flavor the whole. Fruit juices may likewise be used to offset the flat, after-taste of the powders. It has also been found satisfactory to mix coffee with the milk and cream to make it more palatable where coffee is favored. The proportion is one ounce of coffee to three ounces of milk and cream, giving four ounces of the mixture at a feeding. Should the taste of the milk persist throughout the day, it is well to have the patient rinse his mouth with cold water after each feeding or introduce a mild mouth wash such as Lavoris, Listerine, or Glycothymoline.

The diets, when added, to be relished must be carefully and daintily served; and variations within the limits laid down are much to be desired. Eggs, if not hard, may be given in almost any form,—boiled, poached, scrambled, shirred, omelet, custard, egg nog,—cereals, always the finer and well cooked, are many, and may be changed from time to time for cream soup and soft puddings such as blanc mange, rice pudding, and tapioca. Little additions of

toasted cracker, buttered toast, and fruit jelly of all kinds will be welcome. With the greater liberty of the fourth week, the patient's taste may be consulted in the choice of vegetables and desserts, and in the planning of the meals.

For the aspirations, the Ewald bulb and stomach tube are convenient. These should be carefully washed in soap and water and rinsed in hot water after each using to avoid odor; and if used for more than a single patient, should be disinfected as well in some odorless antiseptic such as bichloride of mercury (solution 1-500). To test the stomach content for free acid, a solution of dimethylamido azobenzol one-half per cent in alcohol is used. The solution itself is a golden brown. Its reaction to the free acid is a definite pink or red; and but one drop of the solution is needed to obtain this reaction.

Where marked abdominal cramps are present, heat may be ordered, and may be supplied by electric pad, hot water bottle, or if moist heat be desired, by flannel packs covered with oiled silk and a second piece of dry flannel, the whole being held in place by a snug binder. The packs should be changed frequently, about every hour during the day, at longer intervals at night.

It must be remembered by both patient and nurse that in the successful treatment of ulcer, conscientious pursuance of the course of treatment as laid down by the physician is the fundamental requirement. Personal departures for convenience, or backsliding for pleasure, are not compatible with a management which exacts a disciplined watchfulness and consistency in maintaining conditions favorable for the healing of the ulcer.

FAVORITE METHODS OF SOME PHYSICIANS

CORNS AND CALLUS.—Simply recommend the wearing of ordinary zinc-oxide adhesive as a protection, and the affliction will leave of its own accord.

Put on a fresh dressing just as often as the old one becomes soiled; for weeks if needed.

THE HYPODERMIC SYRINGE.—There is just a little technical point in the use of the hypodermic needle worth noting. After the needle is plunged to the shoulder, slightly withdraw it about one-eighth to one-quarter of an inch before pushing down the piston.

—From *Clinical Medicine*.

Biennial Convention, Detroit, Michigan, June 16-21.

AN EXPERIMENT SUGGESTING A TEACHING METHOD FOR THE HEAD NURSE¹

BY SISTER M. DOMITILLA, R.N.

THOSE of us who are responsible for the training of student nurses are confronted with the problem of effective teaching, a problem which, with the rapid development of medicine, seems to take on greater proportions each year. Often we give the students excellent instruction in the class room, and discover later that they have not been well taught because of our failure to dovetail the instruction in the class room with the work on the wards.

Students must not only be taught facts in the class room, but must also be taught to seek facts in their experience. A well known educator recently said that what we need is not so much the technic of teaching as it is the technic of learning. We all know of students who have come away from a ward after two or three or four weeks' experience, with typhoid patients, let us say, knowing very little about typhoid fever. On the other hand, a nurse who has cared for only one typhoid patient may have acquired a very thorough knowledge of typhoid nursing. If the patient were a member of her family or some one in whom she were vitally interested, how carefully she would post herself on all possible complications and the symptoms that would usher in those complications; how vigilant she would be to observe any sign of changed conditions; what effort she would make to learn the proper method of nursing. Her interest in the patient would stimu-

late her to seek facts; indeed, interest is the great stimulus to nursing at any time, and though students are usually much interested in their patients in a general way, they sometimes need to be awakened to the kind of interest that will stimulate observation, thought and investigation.

The experiment which I shall describe is a project that was attempted with the hope of stimulating students to teach themselves, and to make them utilize their wonderful opportunities of learning in their great laboratory, the hospital. When the experiment was begun, three years ago, our students were in affiliation for medical nursing and nursing in children's diseases. They received detailed classroom instruction in both these subjects before leaving for affiliation, and they had the privilege of excellent experience in the actual care of medical patients and children in the hospital chosen for that experience. But, owing to unavoidable circumstances, there was a failure to dovetail their theoretic knowledge with their experience; the fact became evident when reports from the State Board of Nurse Examiners showed that the graduates made their lowest marks in medical nursing and in nursing in children's diseases.

The plan to teach students to teach themselves, was first tried in the Isolation Hospital at a time when there were a number of cases of contagious diseases. A card with a series of questions and suggestions for guiding the students was prepared for each contagious disease.

¹ Read at the twentieth annual convention of the Iowa State Association of Registered Nurses, October 12, 1923.

The card for Diphtheria, for example, contained the following points:

1. What is the history of the patient?
2. Symptoms:
 - What is the temperature, the pulse, the respiration?
 - What is the appearance of the throat?
 - What is the appearance of the throat after part of the membrane has been removed through coughing or otherwise?
 - Does the membrane grow again?
 - What is the odor of the breath?
 - Is there any pain?
3. What amount of urine is excreted?
What are the urine tests?
4. What medication is given? Why?
Are there any ill effects to be watched for?
5. What diet is given? Why?
6. What is the nursing care? Why?
7. Are there any complications? Sequelae?
8. What articles are disinfected?
How?
9. What articles have you read on this subject since you have been taking care of this patient? Which do you consider the best?
10. When you have finished taking care of this patient, prepare a summary of the following points:
 - Period of incubation.
 - Etiology.
 - Prevention.
 - Pathology.
 - Symptoms.
 - Diagnosis.
 - Treatment.
 - Duration.
 - Complications.
 - Temperature scale.
 - Pulse scale.

The student was instructed to keep a daily record of her findings and to devise an outline or chart, or some other method of keeping her record. The cards, with suggestions as described, were kept on file in the library so that they were available to the students at all times.

For a year the students used their own ingenuity in preparing forms for their reports. At the end of that time we had blanks made in order to save the students' time and to have uniformity in the reports. These blanks are now used for case studies in the Isolation Hospital, the Medical Department, and the Children's Department.

The tabulated record illustrates one of these case studies. This record represents a study of a patient with nephritis. There is space at the top of the blank for the patient's history; the space is small making it necessary to be concise and to cull out only the important facts in the history written by the doctor. The student is thus required to exercise her judgment and to select the facts that are of relatively greater importance.

The space under the history is marked "Day of Disease". If the patient is suffering from a communicable disease, such as scarlet fever or diphtheria, it is important to record the day of disease because the symptoms and the treatment have a very definite relation to the day of development. If the disease is not communicable, the space is used for recording the date as seen in this record. Spaces are also provided for temperature, pulse, and respiration, which are recorded twice each day. There are five spaces for symptoms. (Note symptoms on tabulated record).

PATIENT'S NAME Medical

ROOM NUMBER 342 E. Svoboda

HISTORY Patient terminated
September.

lids. Pat on ths of October
and Nov. entire body.

DAY OF DISEASE	Dec. 19		29	30		31	
	A. M.	P. M.	P. M.	A. M.	P. M.	A. M.	P. M.
SYMPTOMS	Temp.	98	97.8	98	97	97	97.4
	Pulse	100	108	100	100	98	100
	Resp.	21	22	21	22	21	22
		Edema-face, wrists, Ankles, Abd., eyelids		Slight edema		Face puffy a trifle some fluid in abd.	
		Color very pale		Color better		Color better	
		No pain		No pain		No pain	
		Appetite good		No cough Condition good		No cough	
		Vision poor					
		Weight 42		Weight 38		Weight 38 3/4	
		Leucocytes 10,000					
LABORATORY FINDINGS	Blood Count						
	Blood Tests	Hgb. 59					
	Amount Urine	200+		300		300	
	Urine Tests	Sp. Gravity 103 Reaction ac Alb. 2 Pus 1 R.B. Cells occ		Sp. Gravity 1028 Reaction - ac Alb. 2 Sugar - 0			
Medication		MgSO ₄ 3i		MgSO ₄ 3i		MgSO ₄ 3i	
Diet		Salt free Low Protein Fluid 600cc		Salt 40 Full tray Fluid 1000cc		Salt free Low protein Fluid 800cc	
Nursing Care		General Nursing Care Patient Kept in bed		General Nursing Care Walking about		General Nursing Care Patient in bed again	
Complications and Sequelae		None					

Articles Disinfected
and Method of Disinfection

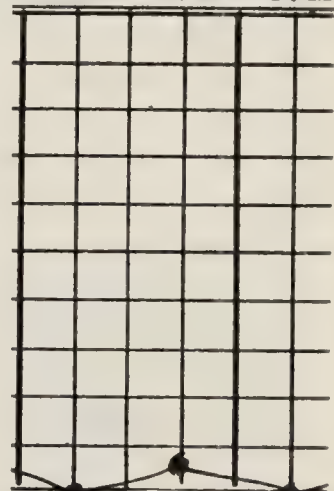
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SUMMARY

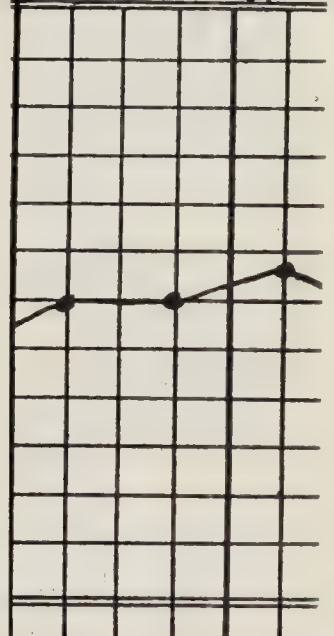
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TEMPERATURE
P. M. A. M. P. M.



PULSE
P. M. A. M. P. M.



PATIENT'S NAME

Age 4

ST. MARY'S HOSPITAL, ROCHESTER, MINN.

DEPARTMENT Medical

ROOM NUMBER 342

STUDENT K.E. Svoboda

HISTORY Patient had enlarged glands of neck in August. Adenoids and tonsils removed in September. Since then there has been edema of ankles, wrists, abdomen and eyelids. Patient was on milk and vegetable diet for 6 weeks with improvement during months of October and November. Past month patient has been on general diet. Edema again present over the entire body.

CLASS Intermediate

and November. Past month patient has been on general diet. Edema gain present over the entire body.																												
DAY OF DISEASE		Dec. 19		20		21		22		23		24		25		26		27		28		29		30		31		
		A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
SYMPTOMS	Temp.	98	97.8	97	97.6	99	99.2	98	98.8	97	98	97.4	98	98	97	96	98	96	98	97	98.4	97	98	97	97	97	97.4	
	Pulse	100	108	110	110	114	108	105	120	95	100	110	95	95	112	110	110	100	103	102	100	100	100	100	100	98	100	
	Resp.	21	22	22	22	22	22	22	22	21	21	22	21	21	22	22	22	22	22	22	21	21	21	21	22	22	21	22
		Edema-face, wrists, ankles, very marked		Edema face, hands, wrists		Less edema, slight edema present		Edema lessened considerably		Less edema		Edema very slight		Still less edema.		No edema		No edema		No edema		Slight edema		Face puffy a trifle, some fluid in abd.				
		Color very pale		Color very pale		Color very pale		Still quite pale		Color little better		Color little better		Color little better		Color little better		Slight color in face		Color better		Color better		Color better		Color better		
		No pain		No pain		Some pain in legs		Some pain in legs		No pain		Slight pain in legs		No pain		No pain		No pain		No pain		No pain		No pain		No pain		
		Appetite good				Slight cold		Slight cold		Cold some better		Still has a cold - Coughs some		Coughing more		Coughing about the same		Cough better		No cough, general condition good		No cough		No cough, condition good		No cough		
LABORATORY FINDINGS		Vision poor		Eyes examined		Doctor says eyes O.K.				Child more cheerful																		
	Blood Count	Leucocytes 10,000		Weight 42		Weight 41 3/4		Weight 40 1/4		Weight 39 3/4		Weight 38 1/2		Weight 38 1/2		Weight 37 1/2		Weight 37		Weight 37		Weight 37 1/2		Weight 38		Weight 38 3/4		
	Blood Tests	Hgb. 59				Urea 12		uric acid 30																				
	Amount Urine	200+		230		250		150?		200		250		200		300		300		250		300		300		300		
Medication	Urine Tests	Sp. Gravity 1030		Sp. Gravity 1030		Sp. Gravity 1020				Sp. Gravity 1030				Sp. Gravity 1020		Sp. Gravity 1028		P.S.P. Test 55%				Sp. Gravity 1028						
		Reaction ac		Reaction ac		Reaction ac				Reaction - ac				Reaction - ac		Reaction - ac						Reaction - ac						
Diet		Alb. 2 Pus 1-4		Alb. 2 Pus 1-4		Albumen 1		Albumen 1						Alb. 1 Sugar 0				Alb. 1 Sugar 0				Alb. 2 Sugar 0						
		R.B. Cells occ				Sugar 0		Sugar 0																				
Nursing Care		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		MoSO ₄ 3i		
		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		
Complications and Sequelae		Low Protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		Milk 400cc		Full tray		Full tray		Full tray		Full tray		
		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fruit Juices		Fluid 1500		Fluid 700cc		Fluid 800cc		Fluid 1000cc		Fluid 800cc		
		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		200 cc General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		
		Patient kept in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient up in chair		Walking about		Patient in bed again		
		None																										

Articles Disinfected and Method of Disinfection

References Studied

"Essentials of Medicine" Emerson
 "The Principles and Practice of Medicine" Osler.

SUMMARY

Name of Disease Nephritis { Following tonsilectomy - done perhaps when the tonsils were badly infected. Bacteria from wound

Etiology An Infection { passing through the system and affecting the kidneys.

Pathology Fluid in tissues of entire body. The glomeruli of kidney most affected, also cortex swollen and pyramids deeply congested. The kidneys were not able to excrete salts, consequently they accumulated within the body.

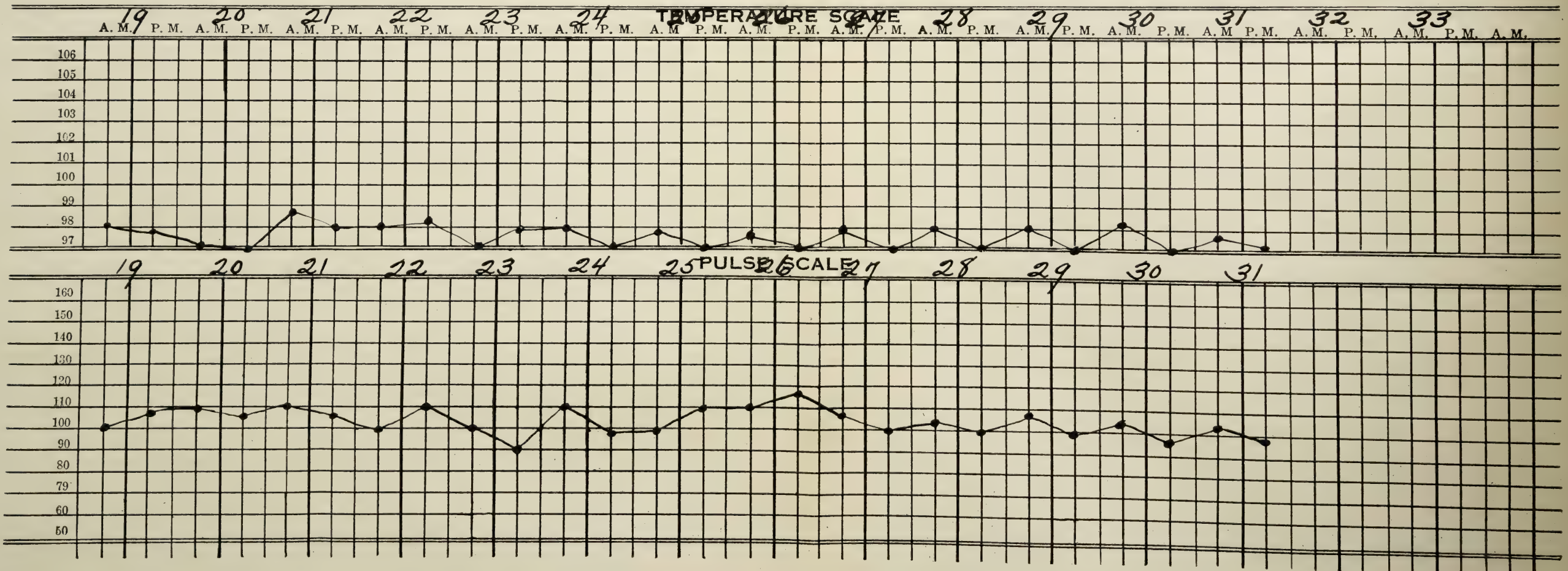
Characteristic Symptoms Edema of face, hands, wrists, eyelids, abdomen, legs and ankles. Pallor (extreme). Scanty urine (the average amount of urine for a healthy child up to five years is 15-25 ounces for twenty-four hours.)

Method of Diagnosis Made from symptoms, urine tests, and functional tests of the kidneys.

Treatment $MgSO_4$ 3i (daily) to purge bowels and rid body of waste products, especially water.
 Salt free and no protein diet - to give kidneys a rest.
 Fluid intake limited - to give the body a chance to rid itself of edema.
 Rest in bed - Keep warm - So kidneys will be taxed as little as possible.

Duration About four months (from August, 1922). Patient still in bed for treatment.

Complications and Sequelae



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ting the kidneys.

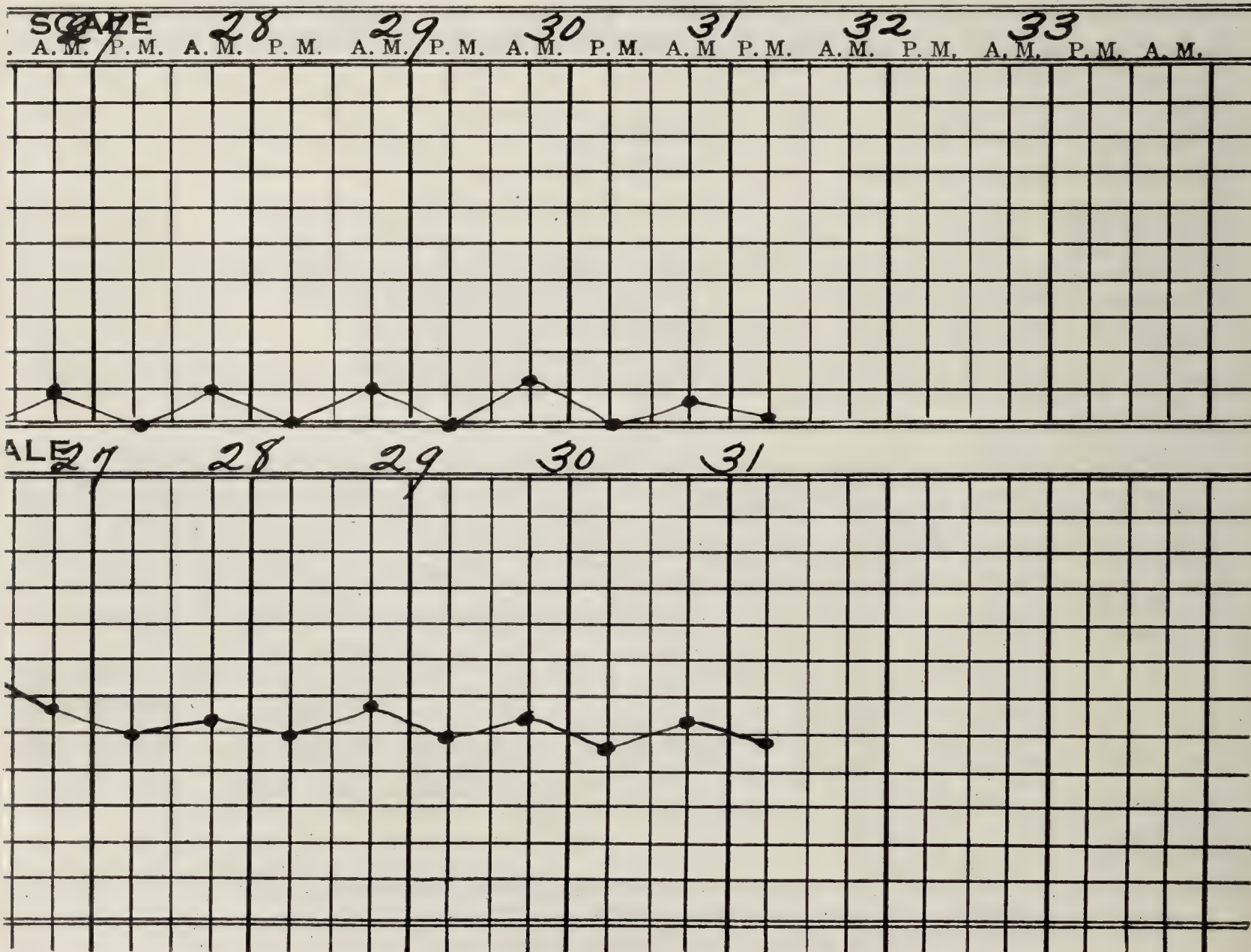
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It may be noted that a particular type of symptom, such as edema, is kept in a horizontal line so that after the record is completed any one studying it may easily note the patient's progress. In this case, for example, there was widespread edema the first day, it remained about the same the second and third days, and then began to diminish. About the ninth day there was no edema, but it appeared again on the twelfth and thirteenth days. It may be noted, too, that the weight fluctuated with the edema.

The laboratory findings include blood count, blood tests, urine tests, and the quantity of urine. These are secured from the laboratory reports. Spaces are also provided for medication, diet, nursing care, complications, sequelae, articles disinfected, methods of disinfecting, and articles studied. The latter pertains to articles studied during the keeping of this record.

How long each day does it take for the student to keep this record? The students are usually assigned four, five, or six patients each, but it is our practice to have them make a special study of only one at a time. A vertical line on this record represents a day's recording. After the student has had a little experience in making these records, it does not require more than five or ten minutes a day.

The reverse side of the blank represents a summary of the case, which consists of a brief, but comprehensive review of the condition studied, and proves of great value to the student.

When the student has completed her case study it is examined at the training school office. The student is questioned about the case, and if the record has

been properly kept and if she can answer the questions, the record is O. K.'d and placed on file in the library. The conference with the student is the most important factor in the plan. If a student knows she will be questioned, if she knows she will be asked to explain the statements on her record, she will be very earnest in her preparation. In the case just presented, questions that would probably be asked are:

What is the normal output of urine for a four-year-old child?

What is the normal amount of hemoglobin in the body?

What do you understand by the P.S.P. test?

What is the probable cause of this patient's relapse (indicated by reappearance of edema, and albumin in the urine)?

Draw a cross section of the kidney and point out the structures mentioned under *pathology*.

What are the essential points to be remembered in the nursing care of a patient with nephritis?

How might the disease have been prevented?

What is the dosage of magnesium sulphate and why is it given?

If a student is able to answer these questions, it is evident that she has a great deal of information, and that she recognizes it in its concrete application.

SUGGESTIONS WITH REGARD TO KEEPING THE RECORDS

1. The plan must be thoroughly explained to the students and the method of study suggested. They should understand that they must get all the information possible through their own experience with, and observation of the

patient, that laboratory reports and the clinical record of the patient are valuable sources of information, and that they are free to make inquiries of the doctors, head nurses, or any one who might be able to give them assistance.

2. The records must be kept up from day to day. The plan fails in its object if the student neglects her record for two or three days and then tries to make it up from memory. Much of the record is repetition. A patient with nephritis voids a small quantity of urine, and if a nurse records that fact day after day for two weeks, she is likely to remember this characteristic of the disease. If she records every day for two weeks that a rheumatic patient received fifteen grains of sodium salicylate, the association of these two facts is likely to remain with her.

3. The appearance of the record is of minor importance. It is the work that has been put into the record that is of value, not so much the finished product. A good-looking record is not to be despised, but there is danger of over-emphasizing the point to the detriment of good work.

What are the advantages of this method of teaching? I think there are many. Among them might be included the following:

1. It coördinates teaching with experience. The student learns a method of study that enables her to make the best of her opportunities, not only while in training, but in the practice of her profession. Her knowledge is correlated with its application; it is not just a mass of unrelated ideas, shreds and patches of information, soon to be forgotten. She sees her patient as a whole, and she associates the symptoms of the

disease, its pathology, the nursing care, medicine, diets, and other treatment required. This kind of teaching is qualitative in its method, rather than quantitative. The question "How much experience?" is not nearly so important as "How much has been learned by the experience?" Instructors in small hospitals, because of the limited amount of clinical material at hand, are likely to overestimate the advantages of the large amount of clinical material available in large hospitals, while instructors in large hospitals too often presume that their students are learning a great deal because of the great abundance of clinical material which the hospital affords. Experience with a large number of patients is not the most important factor in thorough training.

2. It develops the student's powers of observation, analysis, and inference, and her ability to report conditions accurately.

3. It is the salvation of the poor student. I have found that students who had been doing poor class work made remarkable improvement after they began case studies. They discovered the method of applying formal instruction, and the association of facts with a specific case makes these facts more easily remembered.

4. The students take better care of their patients. The concentration of attention, the greater interest, and the desire for a creditable record, all make for the welfare of the patient and the better training of the nurse.

The reason for calling this plan a method of teaching for the head nurse must be evident. The head nurse is in the best possible position for carrying out the project. She can advise the

student regarding cases to be chosen for special study; she can supervise the student's work and check up on her inaccuracies and irregularities; by a skillful question now and then she can keep the student on the right track and aid her in many ways.

There is probably no person in the hospital who has so many duties and responsibilities as the head nurse. Her

responsibility in the teaching and supervising of students has long been emphasized. I believe that this plan suggests a way in which this teaching and supervision can be exercised very effectively, and that the improvement of our training schools today depends more on our progress toward the attainment of skillful and sufficient supervision than on any other single factor.

HOW LOS ANGELES NURSES FINANCED THEIR CLUB HOUSE

BY ELLA G. DIETRICH, R.N.

IN 1921 the Los Angeles Nurses' Club was organized and incorporated as a non-profit corporation, but even before then we had longed for a Club House and wondered how to get one. We had made inquiries here and there, as to how to go about borrowing money to use for building purposes, but always we ran into the obstacle, that one must first have on hand a certain amount of money or other security on which to borrow. It seemed rather hopeless to have Building and Loan Associations and other money lending concerns tell us that if we wished to put up a \$100,000 Club House, we must first have \$60,000, in cash, and then borrow \$40,000 to complete the building.

Our loyal members, and the nurses in general, worked hard to earn money for the Club; several bazaars, some theater parties, and a dance, gradually netted us enough to buy a small lot which we sold a year later at a modest profit. Our Central Registry, the nucleus of which has been a gift to the Club by the generous, broad-visioned Alumnae of one of our hospitals, was adding a modest

sum each month to our nest egg and finally, less than a year ago, we were able to buy the splendid corner lot, on which our building will stand. The possession of a beautiful lot, all our own, a hill-top lot, with an inspiring view of the ever changing mountains, gave new zest to the longing for our Club House.

Our next step was to go to an architect, for how could we plan for our Club House unless we could see what it would look like? Here, we were fortunate indeed, for we found a man who would build air castles with us, and who could even suggest a way to make them come true.

At that time we had paid for our lot in full, but had only a few hundred dollars left in the bank. Now, scarcely seven months later, we have laid the cornerstone of our beautiful building and hope to dedicate it by June 1st, 1924. And the magic formula for success? Just hard work and great confidence in ourselves!

Our architect arranged a meeting between the Building Committee and two

business men. One of them explained how we could make our building pay for itself after it was up, by making the upper floors into apartments, which could be rented to nurses at current rents (giving them more value for their money than they could get elsewhere), while the lower floor would house the club rooms. The other man told of his plan for raising the money.

Mr. L. had organized a number of Red Cross and other drives during the war and was now doing the same kind of work as a business proposition, organizing drives for various charities, etc. He explained that he thought our problem could be handled in the same way, with this difference: we would not ask for gifts, but for loans of money from nurses and friends of nurses, paying a good rate of interest for its use. Again and again, these business men reminded us that we could not ask the public to have confidence in us, until we had demonstrated that we had confidence in ourselves. Mr. L.'s proposition was interesting, so we asked him to speak before the Club and outline his plan to the members. Briefly, his plan was this: to organize, instruct, and supervise a "Selling Campaign,"—to raise \$50,000 by selling second mortgage bonds to the nurses and their friends. He would send out all literature, dictate all letters, have all printing done, pay all postage, clerical help, in short, pay all bills connected with the campaign. The nurses were to be formed into selling teams under his instruction, and do the actual selling of the bonds. If we were willing to work, he guaranteed to show us how to do it. For this he was to receive 6 per cent of the money pledged.

A bank was to be named as Trustee, and all money paid direct into this bank, to be held there until we redeemed our certificates with the bonds. With this amount of money on hand, we could then borrow the additional money needed on a first mortgage loan. Our lawyer was present and gave his approval to the plan as outlined, assuring us that those who might lend us their money would be amply protected. The importance of a first class lawyer can not be over estimated. There are numerous pitfalls into which an incorporated club can fall and they cause delay and vexation, if nothing more serious. Consult your lawyer at every step!

But, to return to our Campaign: Realizing that we had everything to gain and nothing to lose, with a rousing enthusiasm and with very little realization of what a lot of work was before us, the Club voted to enter into the project and we signed a contract with Mr. L.

No time was lost. Quickly a big forceful organization was built up. The Superintendent of City Nurses agreed to act as Campaign Chairman with the Superintendent of the County Nurses as Assistant Chairman. Each hospital gave of its best nurses to act as Directors and Team Captains and one group was formed to handle the outside graduates. Our organizer explained clearly the various steps of the Drive. Our enthusiasm mounted higher and higher. A large amount of explanatory literature was sent out to all the registered nurses of the city and county, of whom we found there were over 2000. Teams were organized. Each Alumnae Association had a team to solicit pledges to

take bonds among its own graduates and the nurses working at its hospital, while other teams covered the Red Cross nurses, the municipal nurses, and the great group of outside nurses.

The plan was to sell 5000 or more bonds of the value of \$100 each. The actual bonds, of course, were not issued at this time, but the prospective buyers signed pledge cards agreeing to take one or more bonds. The bonds were to bear 7 per cent interest and could be paid for in ten installments, if desired, but it took personal effort to place them, because second mortgage bonds are not looked upon with favor as a straight business investment.

The Drive started off with an inspirational banquet, for which over 200 places were sold, and at which good speakers, fine music and talks by the Campaign Chairman and the Campaign Director made an auspicious beginning for our Drive.

Our Campaign Director, Mr. L., had prepared cards with the name and address of every one of the 2000 registered nurses in the county and these were distributed among the various Team Captains. To all these nurses the preliminary literature telling of the plan and purpose of the Campaign had been sent, and the next move was to see them personally and sell them a bond or bonds. An "Initial Subscriptions" Committee was created to take care of wealthy friends of nurses who might be persuaded to subscribe for bonds.

It was planned to have a five-day intensive drive. Each day of the Drive the workers met at lunch at one of our large tea rooms, where one of the banquet rooms was set aside for our use. From forty to seventy-five workers were

present at lunch on each of the five days. Our Campaign Director cleverly stimulated competition among the various Alumnae and independent teams by having a large chart hung on the wall on which, after lunch, results were reported by the Team Captains and the figures charted.

We had been told that it would be necessary to sell \$10,000 worth every day. It didn't seem possible that the thing could be done, yet to our astonishment and joy the very first day brought in reports of over \$10,000 worth of pledges signed. We were cautioned not to be disappointed if a slump occurred the next day, as this would be normal. On the second day, how great was our rejoicing when we learned that nearly \$11,000 more had been pledged. "It can't keep up," our leaders said, "we must be prepared for a disappointment tomorrow," but when tomorrow came, more bonds than ever had been sold, and at the end of the fourth day our whole \$50,000 was pledged. However, we held back some \$5,000 of these pledges to report on the fifth day, for our Director assured us that he had never conducted a campaign without a drop in the curve. But now every one was at the highest pitch of enthusiasm, working at top notch speed and when the Campaign closed on the fifth day, we had pledged to us the splendid sum of \$79,400.

At the end of the Campaign, over two-thirds of the amount pledged was paid in, in cash or Liberty Bonds, and was deposited in the bank acting as trustee. With this amount of cash on hand, and with a lot that was constantly increasing in value, there was no difficulty in securing a long-term first

mortgage loan for a lower rate of interest than we were to pay on the second mortgage bonds.

But the loan of the money was not all we got out of that five-day drive. The perfect harmony which existed during that campaign had transformed hard intensive work into real joy. It was a splendid demonstration of what can be done when a group of individuals is

banded together with a single aim and all strength is centered in one strong pull. We had worked hard together. We had hoped! We had feared! We had accomplished a great task! The nurses of Los Angeles were bound together for all time by one great interest, all minor differences were forgotten, a conscious, proud group had done a big job well.



CRIB OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA

A PRACTICAL CRIB

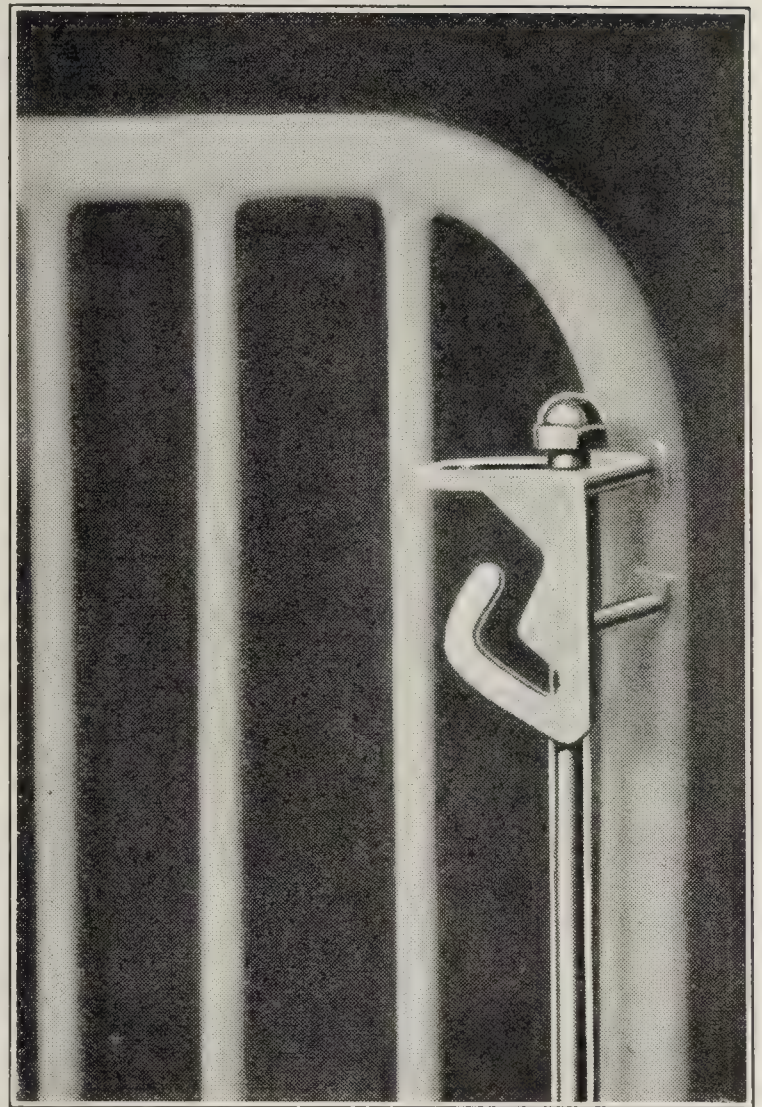
BY SUSAN C. FRANCIS, R.N.

TWO years ago the Children's Hospital of Philadelphia took up the problem of working out a standardized crib that would meet the needs of all the patients admitted to its wards. Philadelphia manufacturers of hospital furniture were consulted and they were asked to submit plans for a crib that would embody the following points:

- A. Safety for the child, having in mind the one of "toddler" age particularly, as the one most apt to injure himself by falling or climbing out of bed.
- B. Durability without heaviness.
- C. Simplicity of line.
- D. Ease of handling by the nurses.
- E. Special structural features such as
 - (1) Fowler spring
 - (2) Extension rods for castors
 - (3) Rods for extension on both head and foot pieces

The bed as finally decided upon is five feet in length and two and one-half feet in width. The head and foot pieces are alike in every detail and are sixty inches high. The spring is of the rustless small link National type and is thirty inches from the floor. This bed is used on all the wards, except the infant wards, and for any child admitted to those wards, no matter what his size.

In planning to meet the special requirements, "A" or safety was the first and most important consideration, and to cover this point it was realized that it was necessary to have sides or gates that the small patient could neither climb over nor open. To prevent the small patient from climbing over the



DETAIL OF LATCH AT SIDE OF CRIB

gate it was made nineteen inches above the sleeping surface or top side of the mattress. A child strong enough and tall enough to swing himself over that height is apt to get to the floor without harm to himself. The latches swung on pivots, most commonly used to suspend the sides of cribs, can readily be opened by a child either through his deliberate desire to do so or through his playing with them and unconsciously releasing the gates, thereby precipitating himself upon the floor. Then, too, these latches are usually held in place by means of screws and washers which become loosened and finally lost. The sides of the Children's Hospital bed when up are held by latches which are welded to the



CRIB OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA

head and to the foot pieces of the bed. There are no movable nuts, screws or parts that can become loosened by use and lost. When a child endeavors to open the side of a crib his efforts are directed to pushing it down or out, or both. To open the side of this crib the reverse motions are necessary. The side must be grasped firmly with the arms outstretched, then lifted up and at the

same time pushed in over the bed and held until it slides down the rods to the rubber cushions at the bottom of the rods. The rods are held in place by means of cotter pins which are cheap and readily replaced if lost. There is an opening in the top of the latch about one and three-quarter inches in length to permit the free motion of the rod. Any nurse will appreciate the advantage

of having the gate drop instead of opening out. The gate drops below the mattress to permit making the bed with ease. There is one drawback and that is the noise which the rods make when the side is raised or lowered, but it is believed that the advantage of security to the patient far outweighs the disadvantage of the noise.

The second point to be considered under safety is the fact that the vertical rods of the head and foot pieces and of the sides are only three inches apart; thus there is no danger to any child, no matter how small, of having his head caught between the rods.

In planning to meet the special requirements "B" and "C," durability without heaviness, and simplicity of line,—it will be noticed in studying the photograph that the bed is made entirely without "chills," the upright rods being fastened to the horizontal pieces by means of "oxyacetylene" and "electric spot" welding. The former type of welding eliminates dust catching crevices and reduces the enamel chipping occur-

ring at loose joints. The lines are thus simple and the bed is durable.

In order that requirement "D" may be met, the bed is mounted on three-inch solid rubber wheels fastened to twenty-inch extension stems. All four stems are perforated at three-inch intervals and there are specially made pins which, when placed in these perforations, will hold the head or the foot of the bed at such elevation as may be desired. The three-inch solid rubber wheels permit a nurse to turn the bed easily in any direction.

Under "E" the Fowler spring is a most desirable feature for certain surgical conditions,—heart patients or empyema patients, etc. The horizontal rods on the head and foot pieces are obviously a necessary feature for extension and having them both at the head and at the foot makes these pieces interchangeable.

In planning this bed we received the greatest assistance and coöperation from members of two of the manufacturing firms in this city.

THE PRIVATE DUTY NURSE¹

BY ABIGAIL HAYDEN, R.N.

I SHALL not discuss the care of the patient in the hospital, hotel, or sanitarium, for although the results worked for are the same, the nurse realizes that the more serious problem lies in caring for the patient in the home which brings the difficult situation of adapting her work to the surroundings and of correcting detrimental habits which may react either mentally or

physically, according to the patient's condition. She does not expect the public or the physician always to understand when she fails, but she has for her comfort a clear conscience if she has tried to the best of her ability to accomplish all that should be done. So often self sacrifice and close application to professional duty bring only disappointment. The private duty nurse accepts the failures, if unsuccessful efforts can be rightly classed as such,

¹ Excerpts from a paper read at the annual meeting of the Missouri State Nurses' Association, October 9, 1923.

for frequently the results of seemingly wasted services are the unacknowledged and unappreciated success that paves the way for her sister nurse's efforts to succeed. Yes, she accepts her failures with her successes, meaning satisfied patients, and continues, in the face of disappointment, to cling to her work—thereby winning the patient's gratitude to our profession. This recognition well repays. Though our personal pride may suffer, this worth cannot be underestimated as we know that the divisions of nursing form one profession and through our devotion to duty in pleasing the patient and improving his condition, we are upholding our training school and establishing a recognized value with the family which is a part of the community and of the public.

The private duty nurse deals chiefly with the individual, but frequently she finds it necessary to coöperate with public agencies, especially in communicable diseases which are no longer family secrets but the public concern. She is of great assistance to the physician and health department in reporting diseases and their possible source. The nurse has a great opportunity as an educator of the patient and the public. This requires all the initiative and executive ability that the trained nurses of today possess, due to their advanced and adequate training in schools that realize the importance of such problems. She is enabled to assist in educating the public in understanding the causes and prevention of disease; the value of antitoxins, serums, vaccines, the Schick test and laboratory work.

The private duty nurses are in process of transfer to hospital service, but in no wise in proportion to the

increase of hospital patients, for the public is gradually becoming educated to the idea that the hospital is the suitable home for the sick.

Much has been said of our duties to others, but we are seldom reminded that we owe a duty to ourselves. The percentage of nurses is small, compared to women in other occupations, carrying insurance against the time when earning capacity is decreased and physical ability impaired. The report of the American Bankers' Association shows that out of one hundred healthy people at the age of twenty-five, sixty-four will be living at the age of sixty-five, and only five of that number will be independent, the others partially or wholly dependent upon relatives, friends, or charity. You have two chances out of three of living to the age of sixty-five, and one in thirteen of being totally independent. Your duty to the future should be met by systematically setting aside a proportion of your income each pay day, before a cent is spent.

The private duty nurse exemplifies the expression of the spirit of service and in applying herself diligently to her work, comprised of innumerable duties, she becomes an example worthy of the student nurse's emulation. By keeping up with nursing problems, through the *American Journal of Nursing*, taking active interest in her alumnae, district and national nursing organizations, she understands the deficiencies of the nurse's training and becomes a factor capable of furthering nursing education. Should she choose to leave this branch of the profession, her private duty experience will enable her to consider intelligently the importance of other fields of nursing.

CORRECT BUSINESS CORRESPONDENCE FOR NURSES

BY NAN H. EWING, R.N.

WE can agree in part with the convention edict of the District Mail Advertisers that the greatest thing in the world is thought, that letters are articles for the transfer of thought, and that it pays to use great care in writing letters.

French names the two major essentials in the effort to write better letters as ability and disposition to visualize the person to whom the letter is to be written. The average business letter written by a non-professional does not achieve a successful effect, due to improper attention to the essentials involved in appearance, salutation, diction, appeal, form and psychology. The tendency of modern business correspondence is toward simplicity, and instructions are usually to write in the same direct manner as you talk.

We can hardly conceive of a graduate nurse who would apply to the superintendent of a hospital for a position in the nursing department if such an official were a layman or a doctor. The writer recently saw several letters from nurses representing different schools who had applied directly to the superintendent of the hospital, using the salutation: Dear Sir.

A well known principal recently remarked: "I made a rather clumsy error by judging a young woman by her letter." She further explained the situation by telling of an application from a nurse for the position of night obstetrical supervisor; the letter was discarded and her qualifications ignored

because her application was written in red ink on pink stationery with edges encrusted in gilt. The letter suggested a different type of person from the one required for a position of responsibility and dignity. Later it developed that the nurse was very capable, dignified and conservative. She lost the position because of her incorrect letter.

Naturally, all letters are not indices of the personalities of their writers, but it is well to reiterate that faulty business correspondence means in all cases a loss to the writer and to the recipient. The loss may not be much, but if we bear in mind that when letters leave us they are gone forever, and if our letters show evidence of efficiency we shall surely profit.

Employers invariably rule against the filing of an application before one is aware that a vacancy exists except in cases of consecutive appointments. Usually the combined inquiry-application form is not complete enough to warrant an appointment without further correspondence. A form similar to the following is good form:

123 Main Street,
Brooklyn, New York,
December 15, 1923.

Miss Mary Blank,
City Hospital,
1026 Broadway,
Philadelphia, Pa.

My dear Miss Blank:

Miss Mary Smith has informed me that you will have a vacancy in the

position of night superintendent January 10.

If you have not made a definite appointment for the position, I shall make a formal application.

Very truly yours,

(Miss) Ruth Fields, R.N.

Or such a beginning as: Will you please consider my application for the position of night supervisor? The writer then states in simple outline her qualifications for the position. In any case, find out the name of the Superintendent of Nurses or the executive to whom you are addressing your appeal.

"Dear Superintendent" and "Dear Principal" are replaced with "My dear Miss Smith," or "My dear Madam." The best letter writers are dismissing useless preliminaries in the body of a letter and are discarding participial phrases such as "trusting to hear" and "hoping to have." Avoid the use of "Yours respectfully" and "Yours cordially" in business letters. "Yours very truly" remains the favorite complimentary ending of conservative writers. Jean Wilde Clarke says: "It is extremely bad form to omit the word 'Yours' in either social or business letter endings."

Applications for such positions as superintendent or directress of a hospital, principal of a school of nursing, educational director, assistant directress or social service director, should be typewritten and should be true to a certain form. It is economy to have a public stenographer execute your application in the usual way if other means are not convenient. An employment expert recommends a conventional form for a nurse applying for an executive

position. First, the letter of inquiry, followed by a letter submitting on separate pages in the form of a brief, the following information:

- Full name
- Address
- Age
- Nativity
- Religion
- Clubs
- Health
- Educational qualifications
- Schools attended
- Date of graduation
- Social references
- Professional education
- Positions held in the past
- Membership in professional organizations
- Professional references
- Policy governing the administration of future office

The clause concerning policy seems to be a particular asset to the woman who is looking forward to a definite program of reconstruction and change in administration. It is a clause that is as much a condition of one's appointment as is the statement of one's qualifications.

A business man may suggest adding a page of concise exposition of past accomplishments. The application should bear the name, date, address and the position, on the front page. It is a good idea to enclose the application with the letter. Let each form be complete within itself.

Nurses doing executive work and having a moderate amount of correspondence to do will find a brief course in Business English a very interesting and helpful study. There is much that is purely instructive as that of the advertising phase, but the psychological

foundation of its theories has a practical value.

A student who recently took a course in Business English in a commercial school at the beginning of her course wrote a most unbusinesslike letter, punctuated with numerous dots and dashes. This student said that she had a faint memory of some instruction in writing business letters in high school, but that in college she developed her own style.

Any nurse who has had business training in an efficient organization has a splendid foundation for executive work. The principles of Business Administration are becoming more deeply involved in the conduct of hospitals and training schools; consequently a nurse with some business experience finds it has professional value. The letter has as its objective the personal interview, but the chances of an appointment will be enhanced by a correct approach.

SAMPLES OF NEW TYPES OF EXAMINATION QUESTIONS

In each line of five words, four belong to the same class. Cross out the word that does *not* belong to the class with the other four.

1. Mustard, turpentine, alum, capsicum, arnica.
2. Amoeba, b.coli, streptococci, treponema pallidum, staphylococci.
3. Strychnine, morphine, codeine, digitalin, quinine.
4. Marcella, Olympia, St. Francis, Paula, Fabiola.
5. Striated involuntary, skeletal, voluntary, apposition acting.
6. Axone, neurone, dendrite, cell body, end brush.

Indicate the best answer to each question by underscoring one of the three answers given:

1. What is the most important item in a "good bed"? Square corners, Tight bottom sheet. Good appearance when finished.
2. What is the chief beneficial effect of a cold application? Lowered temperature. Sense of comfort and well being. Tonic reaction.
3. What is the most important item in "good ventilation"? A low per cent of CO₂ and high per cent of oxygen. Freedom from odors. The physical condition of the air; i. e., temperature, humidity and motion.

Analogy.—In each line underscore the word in parenthesis that is related to the third word as the second word is related to the first.

For example:

1. Strychnine; nux vomica; morphine; (Tr Opii, paragoric, opium).
 2. Digitalis; the heart; ergot; (Kidney, smooth muscles, uterus).
 3. 4 calories; carbohydrates; 9 calories; (Proteins, fats, energy).
 4. Trypsin; pancreatic juice; erepsin; (amyllopsin, bile, intestinal juice).
 5. B. typhosus; typhoid fever; Welch bacillus; (Tetanus, typhus, Gas gangrene).
 6. Visual; eyes; Kinaesthetic; (ears, nose muscles).
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TOO LATE FOR CLASSIFICATION

Texas: THE BOARD OF NURSE EXAMINERS OF THE STATE OF TEXAS will hold an examination April 24, 25, and 26 at Dallas, Waco, Galveston, El Paso, San Antonio and Amarillo.

WHO'S WHO IN THE NURSING WORLD



XXXIII. MARY L. WYCHE

BIRTHPLACE: Granville County, North Carolina. PARENTAGE: American. EARLY EDUCATION: Governess and country schools. COLLEGE: Littleton College, Littleton, N. C. (now Henderson College). PROFESSIONAL EDUCATION: Philadelphia General Hospital, class of 1894. POSITIONS HELD: Superintendent Nurses, Rex Hospital, Raleigh, N. C., 1894-1897; Superintendent Watts Hospital and Training School, Durham, N. C., 1903-1913; Superintendent Sarah Elizabeth Hospital and Training School, Henderson, N. C., 1915-1916; Nurse in charge of Infirmary, State College for Women, two years. ACTIVITIES: Organized

first training school in North Carolina at Rex Hospital, 1894; organized Raleigh Nurses' Association, District No. 6, 1901; helped organize and incorporate State Nurses' Association, 1902; helped secure first law for state registration which was ratified, March 3, 1903. OFFICES HELD: President of the State Nurses' Association for the first six years; now Honorary President of the State Nurses' Association; Member first Board of Examiners of Trained Nurses, serving as Secretary-Treasurer for two terms. PERMANENT ADDRESS: 330 West Gaston St., Greensboro, N. C.

EDITORIALS

DETROIT—THE DYNAMIC

IT isn't the metropolis only of Michigan that is dynamic. The nurses of the state deserve the appellation also. They proved their quality by winning the convention for Detroit in the face of the lively competition of the rollicking, hard working, well organized rooters for St. Paul, who lent so much color to the Seattle Convention. They are proving it again by their forehanded preparation for the meeting in June.

It will be a great convention. It will be great numerically because Detroit is centrally and conveniently located. It will be great because well planned. It will be great by virtue of the quality of the program and of those who will participate. Turn to page 581 of this issue. You will decide that you cannot afford to remain away. Think a little longer and you will decide that some of your students and some of your board members, or members of your training school committee should attend. The worth of such attendance is not readily determined, but the director of one school where this policy has been consistently followed pertinently asks: "Did it just happen that the young women we took to conventions as students have remained with us as graduates?" Having made your decision you will probably be exceedingly busy with the necessary preparation, but it will be well worth it. We urge you to decide to spend the week of June 16 at the Biennial Convention in Detroit—the Dynamic.

THE LEAGUE MEMBERSHIP DRIVE

SHE died going to nurses' meetings! Such is the epitaph humorously requested by one of our friends who ad-

mits that she is almost as much of a "jiner" as the man who went to a different lodge every night in the week. In the stress and heat of each day's work as it comes, it is sometimes difficult to decide just how best to expend such store of energy and interest as time and strength permit one to devote to professional organizations.

It is well occasionally to go back to fundamentals. The obligation of the younger generations of nurses to the nursing organizations is inestimable and frequently unappreciated. Quite unconsciously we appropriate the results of the labors of others. Few indeed are the nurses who have ever considered their debt to the National League of Nursing Education. Few are the nurses engaged in the education of nurses who appreciate what the League has to offer them. This statement is borne out by the fact that the League, today, after thirty years of productive existence, has only 800 members while it is estimated that some thousands are eligible.

Membership should be trebled at the very least during the present drive. Hundreds of nurses engaged in some phase of the education of nurses should profit by becoming members. They need the stimuli of belonging to the national body and of participating in its activities. The League could then do a better piece of work than is now possible because of the increased interest and because the income from dues would give a sounder financial basis for its ever expanding activities.

It is believed that every one of the 1700 accredited schools in the United States has at least two nurses who are

eligible for membership. It is a good time for the directors of the schools to take a census of the League members within their organizations. Every principal should feel a pride in having a high percentage of League members on her staff. If every League member who reads this editorial would, on putting down her magazine, set to work *at once*, the purpose of the drive would be fulfilled.

"AFFILIATIONS WITH PUBLIC HEALTH NURSING ASSOCIATIONS"

"BASIC nursing course,"—"basic hospital training,"—are these two frequently used expressions really synonymous? Can the hospital in most places provide within its walls everything necessary to give the student nurse a basic nursing education? Can it give her through class room instruction, in *hospital* wards and *hospital* clinics "that minimum of social interpretation and instruction in the social aspects and prevention of sickness which is indispensable in the modern treatment of disease"?¹

While we appreciate that much can be done—much more than ever has been done—in hospital wards and clinics along this line, at the same time we wonder if perhaps there may not be a sounder and more permanently vivid way to bring this necessary knowledge and these desirable appreciations to the student nurse.

It is in connection with community nursing services that the social aspects of disease are met at first hand and opportunities for the prevention of sick-

ness are available. It is in the community rather than in hospital clinics that the well child or the fairly well child, the pre-natal case, the incipient and convalescent tuberculosis case is found. For the present, at least, in most places the most fundamental and successful nursing work being done in connection with these types of cases is that developed by community public health nursing associations.

No pediatric training for nurses is complete which does not include some knowledge of the well child and the nursing measures that have proved successful in keeping the child well in the home. No obstetrical training is complete which does not provide experience in the care, supervision, and education of the maternity case in the home, during the pre-natal, delivery, and post-natal periods. Only a small portion of the nursing of a case of tuberculosis is learned through experience in hospital wards or even in a sanatorium.

From somewhat incomplete data in the office of the National Organization for Public Health Nursing, we learn that in 1922-1923 about 518 pupil nurses from 120 hospitals were sent to 51 public health nursing organizations for affiliations of from one to four months periods. About 55 per cent of this group had two months' experience; 6 per cent, six weeks; 15 per cent, one month; and 15 per cent, four months.

The special aims in these affiliations were varied and in most cases indefinite. The programs themselves were little standardized except the four months' periods which in several instances were provided where the nine months' post-graduate public health nursing courses are being given.

¹ *Nursing and Nursing Education in the United States*, Goldmark, page 379.

A round table discussion on this subject of affiliations with public health associations and the basic nursing education is being planned for the Detroit Convention. It is to be hoped that this discussion will lead to a clarification of aims, to an idea of the standards of work which should be maintained, and to an awakened appreciation of the possible value of such affiliations to the nursing school. At the same time there must be an increased appreciation on the part of the public health nursing associations of their responsibilities in an educational project,—to provide adequate qualified supervision, correlated technical instruction, and to maintain a generally high standard of work.

Probably comparatively few organizations at the present time are equipped to provide such educational experience, and equally few schools are ready to arrange an affiliation. Where the work has already been started, every effort should be made to make this experience of maximum value,—to make a genuine contribution to the fundamental education of the nurse.

GERTRUDE E. HODGMAN, R.N.,
Educational Secretary,
N. O. P. H. N.

A LIVE ASSOCIATION

THE First District of the Illinois State Association had a real plan in mind when Minnie H. Ahrens was made Executive Secretary of the Association. Miss Ahrens has the habit of success. It needs no seer to predict that the soundly constructive plan will work when directed by that dynamic personality. As outlined by Nellie M. Crissy,

President of the Association, in the February *Bulletin*, the program includes both professional and social activities. It involves reaching every eligible nurse in the District with a personal invitation to become a member. A wide extension of registry service is contemplated. The educational program, already under way, is to be pushed by making available to nurses a series of valuable courses in Psychology and Effective Public Speaking.

Two new projects appeal to us particularly. Senior student nurses within the District are to be offered Associate Memberships in the Nurses' Club at a very nominal fee.

These memberships are valid during the period of the Senior year and will give many young women living away from home the advantage of a conveniently located, well appointed club, and an opportunity for early association with their professional group.

Best of all, the new program includes

the study of the much discussed question of nursing care for people of moderate means. The Directors believe that this is a study which we, as nurses, should initiate and bring before other groups, that the best judgment of the community may be brought to bear upon its solution.

If the First District of Illinois can point the way to a solution of this problem, it will do a service of inestimable value not only to its own community, but to the country at large.

HEART DISEASE

HEART disease causes more deaths than does tuberculosis. It also causes more deaths than cancer, but we hear vastly more about both tuberculosis and cancer. Competent authorities tell

us that 2,000,000 persons in the United States, or 2 per cent of the population, suffer from serious heart disease. Such figures represent an amount of individual suffering and handicap that staggers the imagination.

The economic loss is enormous. Consider the figures for only one city hospital where 781 patients suffering from the advanced stage of heart disease were treated last year; 13,277 days of hospital care were given at a cost of over \$50,000 and the loss of wages, even though figured as low as \$2 a day, brought the total estimated loss over \$75,000.

Nurses can contribute much to the movement to reduce the incidence of heart disease, but they must first more fully inform themselves of the menace to the heart of diseased teeth, tonsils and other organs, of "infectious diseases, such as rheumatism and syphilis," and of "intoxicants and poisons, such as alcohol and tobacco." Knowledge of the part played by these and other agencies in producing heart disease will tend to raise the standard of nursing in all forms of infectious disease. They can encourage frequent physical examinations. They can coöperate with medical and health agencies in developing the organizations and facilities necessary for coördinated effort in caring for people with damaged hearts. The figures quoted should rouse a sympathetic and actively intelligent interest in the whole problem of the care of cardiacs.

AN IMPORTANT BULLETIN

"UNTO us a child is born"! Such is the feeling of the officers of the International Council of Nurses, for the thirty-page bulletin of the Council has just seen the light of day. Says the President, Baroness Sophie Mannerheim of Finland:

With its hands, now so tiny, it will know how to draw you together. Its voice will tell the Southern nurse what it has learned from the nurse of the West, and the problems of the North, voiced by it, might perhaps call forth a solution born in Eastern brains.

The Council, aided by the bulletin, will go even farther than it has yet done toward making the whole world of nurses kin. The first number indicates the desire of the Secretary, Christiane Reimann, of Denmark, to secure sound material and balanced interest. Reports are included from Poland, Bulgaria, Turkey, Roumania, the convention of the Northern Countries of Europe, Germany during the year 1923, and news items from Greece, Austria, France, Belgium and England. Later issues will range still farther afield for material.

Most fittingly, a letter from Miss Nightingale to the nurses of St. Thomas Hospital, beginning "Now once more 'God Speed to You All!'" is included. The bulletin thus tacitly reminds us that Nightingale nurses, wherever they may be, form a great sisterhood working happily and hopefully for a healthier and a better world.

"The quality which creates good subordinates is a quality mainly of the heart."

Charnwood—*Life of Roosevelt*.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

PRACTICAL OBJECTIVES IN NURSING EDUCATION

BY ISABEL M. STEWART, R.N.

Chairman, Committee on Education of the League of Nursing Education

WHAT the Outline Is For.—In all branches of education people are beginning to question traditional courses of study and to demand that we get back to the concrete practical things for which the system of education is designed to prepare and that we build up our courses of study on this foundation. Such an inventory seems to be particularly needed in nursing education since there is ample evidence that many people are confused and uncertain about the kinds of duties and responsibilities which the nurse of today is expected to undertake. Until we can arrive at some clear understanding on these fundamentals, we are not prepared to say whether any course of study for nurses is adequate or inadequate, good or bad.

Another reason for a clear and definite statement of our practical objectives is that we all may understand exactly what we are committed to when we undertake the education of student nurses. This would seem to be almost as important for the trustees, officers and medical staff of the hospital which conducts a nursing school, as for the nursing staff which is more directly responsible for the management of the school and for the teaching and supervision of the student nurses. Whatever the main objectives agreed upon, they should be clearly and definitely stated and the work of the school should be periodically checked up to see how far they

are being realized. It would seem to be desirable, moreover, that student nurses themselves should know what is expected of them so that they may focus their energies on specific accomplishments and be able to estimate their own progress toward the goal in view.

The outline of objectives which follows is a tentative one and is submitted as a basis for criticism and discussion. It is hoped that members and local branches of the National League of Nursing Education will make a special point of discussing the outline and reporting their suggestions. The Education Committee is also anxious to have the criticism of private nurses, public health nurses, institutional nurses and those in other fields. Medical men and women are invited to express their opinions, as well as trustees and managers of hospitals. It would be helpful also to have the opinion of thoughtful patients and of public spirited citizens who are interested in nursing education. The only request is that the criticisms be specific, that they relate to definite parts of the outline and that they state the grounds on which changes are suggested.¹

PRELIMINARY SPECIFICATIONS AND DEFINITIONS

1. The main object of the nurse's work is to help to bring a fuller, happier

¹ Replies should be sent to Miss I. M. Stewart, 525 West 120 Street, New York City.

and more useful life to all, through the active promotion of health and through prevention of disease and suffering.

2. The nurse's service is both a *personal* and a *community* service. Her duties and responsibilities may be roughly grouped according as they relate to (a) the *patient*, (b) the *hospital* and *school of nursing*, (c) the *physician* and the *medical profession*, (d) the *household* and *friends of the patient*, (e) the *community* with its *social* and *health agencies*, (f) the *nursing profession*, (g) the *nurse herself*.

3. The content of nursing education must be based on the *actual duties* and *responsibilities* which the average nurse is expected to carry at the *present time* in the practice of her profession.

4. Duties and responsibilities listed in this outline are intended to be basic—that is, *common to the rank and file of student and graduate nurses and not peculiar to any special field or any section of the country*.

5. All students in nursing schools would be expected (a) to learn *how to perform these services*, outlined below, *in such a way as to get the best results*, (b) *to know the principles underlying such procedures and to be able to make necessary adjustments to varying conditions and types of patients*, (c) *to reach a fairly high degree of expertness in all these procedures* (with the exception probably of the more unusual ones where practice is difficult to secure), (d) *to have enough foundation in knowledge and skill to serve as a basis for future growth and for possible specialization*.

6. Nurses would be expected to care for the *widest variety of human beings*, (a) *in all conditions of health and dis-*

ease from the normal to the seriously ill, (b) through *all stages of disease*, incipient, acute, chronic, or convalescent, (c) suffering from all the *more common diseases* classified under:

1. Medicine (including communicable, skin and nervous diseases)
2. Surgery (including gynecology and orthopedics)
3. Obstetrics
4. Pediatrics
5. Special, such as eye, ear, nose and throat

(d) including *both sexes, at all ages* from premature infancy to advanced age, (e) including those in *all social groups*, without regard for *race, color, education, social status or economic status*, (f) including many *abnormal social and psychological types*.

7. Nurses must be prepared to work in *all kinds of places* and under practically *all kinds of conditions*, (a) in hospitals, hotels, homes, tenements, factories, schools, camps, etc., (b) in city or rural districts (often isolated), (c) in all sections of their own country and sometimes in other countries, (d) under normal or emergency conditions, such as war, epidemics, etc.

SPECIFIC DUTIES AND RESPONSIBILITIES

A. *What the nurse does for the patient.*

1. Secures best possible environment—safe, sanitary, comfortable, convenient, attractive, quiet, etc.
2. Keeps surroundings in best possible condition for patient's recovery. This means good housekeeping, including the cleaning (or supervision of cleaning) of floors, walls, furnishings, etc., daily attention

to order, comfort, beauty, etc., ventilation, heating and lighting, disposal of wastes, garbage, etc., and destruction of vermin.

3. Secures and cares for necessary supplies, tools and equipment, including linen, clothing, dressings, drugs, instruments, rubber goods, etc.
4. Keeps up constant guard against infection from all sources and uses every precaution in handling patients' linen, utensils, excretions, etc. This includes the preparation and use of many varieties of disinfectants, methods of sterilization by heat, steam, etc., and the mastery of aseptic technic.
5. Protects from other possible dangers and hazards—injury, by self or others, fire, exposure, falls, damp, draughts, drug habits, poison, etc. This includes proper use of safety measures and restraint.
6. Safeguards patient's possessions and protects his interests and welfare—includes care of clothing and valuables, economy in expenditures, etc.
7. Provides for and assists in transportation and handling—includes lifting, moving, carrying, etc., (may mean fairly extensive travel or emergency transportation in accidents).
8. Attends to physical needs and keeps patient clean and comfortable—includes bed making, bathing, care of mouth, hair, etc., dressing and undressing,

excretions, change of position, prevention of bed-sores, simple rubbing, etc., (special skill required in care of such types as delirious or unconscious patients, premature babies, helpless chronics, etc.).

9. Helps to build energy and resistance by providing as far as possible for rest, sleep, proper food, proper exercise, recreation, entertainment, variety, etc.
10. Helps to conserve patient's strength by relieving pain, by imparting confidence and sense of security and by guarding against physical or nervous tension or over-exertion, shocks or excitement, friction, worry, suspense, etc.
11. Affords therapeutic suggestion, companionship, sympathy, encouragement, moral support, mental stimulus, etc., and if necessary discipline and control. (This includes habit training for certain types of cases).
12. Keeps watch on patient's condition, secures services or advice of physician when necessary and keeps friends informed.
13. Prepares for and administers therapeutic treatments prescribed
 - (a) Local hot and cold applications, counter irritants, etc.
 - (b) Baths and packs—hot, cold, medicated, light baths, etc.
 - (c) Enemata and irrigations

- enteroclysis, proctoclysis, nutritive enema, etc.
- (d) Lavage, gavage, nasal feeding.
 - (e) Eye, ear, nose and throat irrigations, inhalations, etc.
 - (f) Vaginal douche, catheterization, instillation, bladder irrigation, etc.
 - (g) Preparation of patient for surgical operation and after care.
 - (h) Application of surgical dressings, handling of drainage, irrigations, etc.
 - (i) Application of bandages and binders, all types. Attention to surgical apparatus, frames and extensions.
 - (j) Prepares and administers normal diet, infant formulae, special diets for all types of disease. (This includes the evaluation of nutritive elements in foods, preparation of balanced menus, calculation of caloric feedings, etc.).
 - (k) Medication—all types, by mouth, hypodermic, inhalation, etc. This includes administration of an anaesthetic in emergencies.
 - (l) Common exercises and occupations — elements of massage and corrective gymnastics.
14. Prepares for therapeutic and diagnostic measures administered by physician and assists in
- (a) Major and minor surgical operations and surgical dressings, (all types).
 - (b) Aspiration, exploration, lumbar puncture, intra-uterine douche.
 - (c) Hypodermoclysis, intravenous, infusion, transfusion, etc.
 - (d) Administration of vaccines, sera, antitoxin, salvarsan, etc.
 - (e) Cystoscopic examination, x-ray, radium, etc.
15. Meets medical and surgical emergencies which arise in absence of physician — burns, fractures, sprains, hemorrhage, shock, convulsions, epilepsy, poison, asphyxia, emergency child birth, etc.
16. Cares for and supports dying patient—attends to necessary details after death.
17. Plans and manages daily schedule of care for single patient or group of patients. This may involve some direction and supervision of assistants, coöperation with hospital or household departments and meeting of domestic and other emergencies.
18. Teaches and helps patients who do not know how to care for themselves and their families, to protect themselves from disease and to improve

their physical and mental health.

(Special attention paid to child hygiene, pre-natal care, prevention of tuberculosis, etc.)

B. *What the nurse does for the physician.*

1. Prepares for examination of the patient and if necessary assists—placing patient in position for examination, handing instruments, taking notes, etc.
2. Observes symptoms and keeps clear and detailed records of temperature, pulse, respiration, excretions, sleep, appetite, mental condition, etc. (This covers many kinds of charts, records, and reports.)
3. Keeps physician informed of patient's condition and notifies him at once about unusual or disturbing symptoms which seem to require his attention.
4. Secures proper specimens of sputum, urine, etc., on which physician depends for diagnosis and treatment. Makes some of the more common urine tests.
5. Carries out orders for treatments and observes results. Notifies physician of undesirable results and where orders are conditional, modifies treatments, diet, medication, etc., according to patient's condition.
6. Coöperates actively in securing results physician is working for and in emergencies acts in accordance with physician's

practice as far as it is possible to know it.

7. Assists by suggestions based on her own observation of patient and her previous experience. (This depends somewhat on the attitude of the physician.)
8. Coöperates in carrying out scientific experiments, arranging details, watching and recording results, etc.
9. Helps to maintain good relations between patients and physicians and between members of the medical and nursing profession. Helps to create and maintain public confidence in scientific medicine and to discourage every form of quackery.

C. *What she does for the hospital and school of nursing.*

(Applies to any nurse working in a hospital whether its graduate or not.)

1. Makes herself familiar with the institution, its organization, departments, activities, etc., and makes all necessary contacts readily.
2. Adjusts herself to all reasonable requirements of the hospital and school, fits into their organization and activities and learns their customs and traditions.
3. Carries out the routine regulations of the hospital regarding admission and discharge of patients, orders, records, precautions, supplies, etc.
4. Contributes to the efficiency of the hospital by giving good

nursing service to the hospital's patients as outlined under A, and if possible by working out new and practical ideas for improving nursing and hospital system.

5. Coöperates with other nurses, with the officers, physicians, etc., in the team work of the hospital and nursing school.
6. Carries responsibility, plans and manages her own work and when necessary gives direction and supervision to those with less experience. (This involves at least the management of an ordinary ward or department at night or for brief periods in the day.)
7. Economizes the resources of the hospital, cares for supplies and equipment, attends to repairs, prevents losses, saves time, avoids legal complications, etc.
8. Protects and advances the reputation of the school and hospital.
9. Contributes to the morale and the social life of the school and hospital.

D. *What she does for the household and friends of the patient.*

1. Relieves them as far as possible from strain, worry and responsibility incident to illness.
2. Teaches them how to carry out simple nursing and sanitary measures in the absence of the nurse.
3. Protects household furnishings and equipment, and coöperates with members and staff of

household in saving extra work and expense.

4. Protects household and visitors from infection or other dangers to health.
5. Detects signs of disease or physical defects in members of household or habits and conditions leading to disease. Helps to prevent through simple teaching and hygienic measures. Sees that conditions needing medical attention are referred to proper medical authority.
6. Coöperates with other nurses, social workers, etc., who may be working with patient and family.
7. Helps to raise the general standard of living in homes below the normal standard and uses all ordinary educational, health and social agencies to assist in this.

E. *What she does for the community and its social and health agencies.*

(Most of this applies to the larger community of state and nation as well as to the local community.)

1. Makes herself familiar with the fundamental health needs and with the representative social and health organizations in the community. Knows more important Board of Health regulations and helps in enforcement.
2. Helps to protect the community from infection and other dangers to health and to encourage rational methods of medical and nursing treatment.

3. Helps to teach the community how to prevent disease and how to improve health and general standards of living. (This teaching may be very informal or in form of simple talks, articles, etc.)
4. Coöperates actively with health and social agencies in the promotion of better conditions.
5. Makes her service available when possible in time of special emergency,—epidemics, accidents, fires, floods, wars, etc.

F. *What she does for the nursing profession.*

1. Protects its standards and its good name.
2. Advances its usefulness, particularly through her own branch of nursing.
3. Coöperates in professional activities, organizations, conferences, magazines, registration movements, etc., and leads in such activities as she has special aptitude for.
4. Contributes to its fund of knowledge through new ideas, new methods, new devices, etc., and results of personal experience, study and experimentation.
5. Assists members who are ill or unfortunate.
6. Contributes to the social life of the group and to its morale.
7. Promotes educational enterprises and supports them in every possible way.

G. *What she does for herself.*

1. Keeps herself in good physical condition through proper hab-

its, exercise, recreation, diet, etc., and keeps herself personally wholesome, attractive, and well poised.

2. Strengthens and increases her preparation for her professional work through study and experience, better training of her powers, wider utilization of opportunities, etc.
3. Provides for economic security and independence by business-like habits and methods, by proper provision for sickness and old age, etc.
4. Provides for wider cultivation and enrichment of her own personal life and character through her work, her social life, her recreation, religious life, etc.

WHAT THIS MEANS FOR NURSING
EDUCATION

If the foregoing gives even an approximate estimate of the actual functions of the nurse today, it is evident that we have no simple problem to consider in selecting the right kind of women for the job, and in giving them the right kind of preparation.

The first thing that strikes us is the *wide range* and *variety* of this work. Modern nursing seems to be a composite of certain elements in many vocations, home economies, teaching, social work, sanitary science, medicine, and management, and yet there is much in it that is distinct and peculiar to the nursing art itself. On the *technical* and *scientific* side it demands skill of a rather high degree, in a wide variety of procedures which are often of a delicate and complicated nature, depending on quick

intelligence and an understanding of scientific principles and methods. On the *human* side it requires adjustments to the widest variety of human beings, many of whom are difficult to deal with on account of physical or mental disease. Probably no profession makes larger demands on its members in the way of practical psychological skill and none gives a better opportunity for studying human nature.

On the side of *organization and management* much is expected of the nurse

even if we consider only the daily domestic and nursing affairs of the hospital ward. But many fields of nursing today present management problems of much wider scope, especially those connected with institutions and associations doing community health work. If we add to these the *social, preventive* and *teaching* functions which are now assumed to be a part of all forms of nursing we have surely a job that calls for a first-class, all-round woman with a sound all-round kind of training.

CALENDARS PAST AND PRESENT

For the information of teachers in schools of nursing (especially those who are concerned with the teaching of the History of Nursing), for individual nurses and for all others who may be interested, the National League of Nursing Education announces that the Florence Nightingale Calendar of 1921, and the historical series of Calendars beginning with the year 1922 are still obtainable.

The 1921 Calendar commemorating the Centennial of Florence Nightingale is composed entirely of excerpts, selected from her writings; the historical series present each the photographs and brief sketches of twelve nurses who have made notable contributions to the Nursing Field.

These Calendars have a distinct value, both for class room use and as part of any library collection of Nursing literature. The contents of the 1922 and 1923 Calendars have been published in booklet form and are 35 cents each; the 1921 Calendar is 75 cents and the 1924 one dollar; the complete set \$2.45. Send orders to National League of Nursing Education, 370 Seventh Ave., New York.

DISTRIBUTION OF THE 1924 CALENDAR

Published by the National League of Nursing Education

Requests have been received from various states as to the number of 1924 Calendars distributed in their respective territories. Listed below are the sales to January 28.

Alabama	20	Minnesota	279	Utah	0
Arizona	1	Mississippi	5	Vermont	2
Arkansas	1	Missouri	267	Virginia	83
California	251	Montana	5	Washington	26
Colorado	9	Nebraska	13	West Virginia	23
Connecticut	301	Nevada	0	Wisconsin	157
Delaware	16	New Hampshire	6	Wyoming	2
District of Columbia	277	New Jersey	202	Canada	4
Florida	69	New Mexico	5	England	3
Georgia	77	New York	1255	France	1
Idaho	11	North Carolina	45	Brazil	3
Illinois	332	North Dakota	13	China	2
Indiana	113	Ohio	716	Holland	5
Iowa	113	Oklahoma	131	Manila, Philippines	1
Kansas	153	Oregon	14	Dominican Republic	3
Kentucky	8	Pennsylvania	619	Honolulu	3
Louisiana	66	Rhode Island	170	Bulgaria	4
Maine	20	South Carolina	6	Constantinople	2
Maryland	105	South Dakota	11	Porto Rico	1
Massachusetts	325	Tennessee	12	Finland	1
Michigan	228	Texas	20	Virgin Island	1

NOTES FROM HEADQUARTERS OF THE NATIONAL LEAGUE OF
NURSING EDUCATION

(Continued from March)

THESE ARE FACTS

THAT strength lies in organization;

THAT organization makes for progress;

THAT the progress of a Nation is indisputably bound up in the health of its people.

YOU KNOW

THAT the National League of Nursing Education is the organized movement for sound National Nursing Education making for National Health;

THAT to this end the single biggest project launched by the National League of Nursing Education is the establishment of League Headquarters;

THAT through the League Headquarters, League resources and services are made freely accessible to

Every Nursing School Candidate
Every Student Nurse
Every Graduate Nurse
Every School of Nursing
And all others interested

DO YOU KNOW

THAT the work carried on at these headquarters now occupies the full time of four persons;

THAT to satisfactorily meet the rapidly growing demands, a larger staff both technical and stenographic is already indicated;

THAT the National League of Nursing Education depends largely for financial support on the income derived from membership dues;

THAT THERE ARE 1700 SCHOOLS OF NURSING IN THE UNITED STATES AND

THAT WITH AN AVERAGE OF TWO ELIGIBLE CANDIDATES PER SCHOOL THERE ARE 3400 POTENTIAL NATIONAL LEAGUE MEMBERS;

THAT AT THE PRESENT TIME THE NATIONAL LEAGUE OF NURSING EDUCATION HAS LESS THAN 800 MEMBERS?

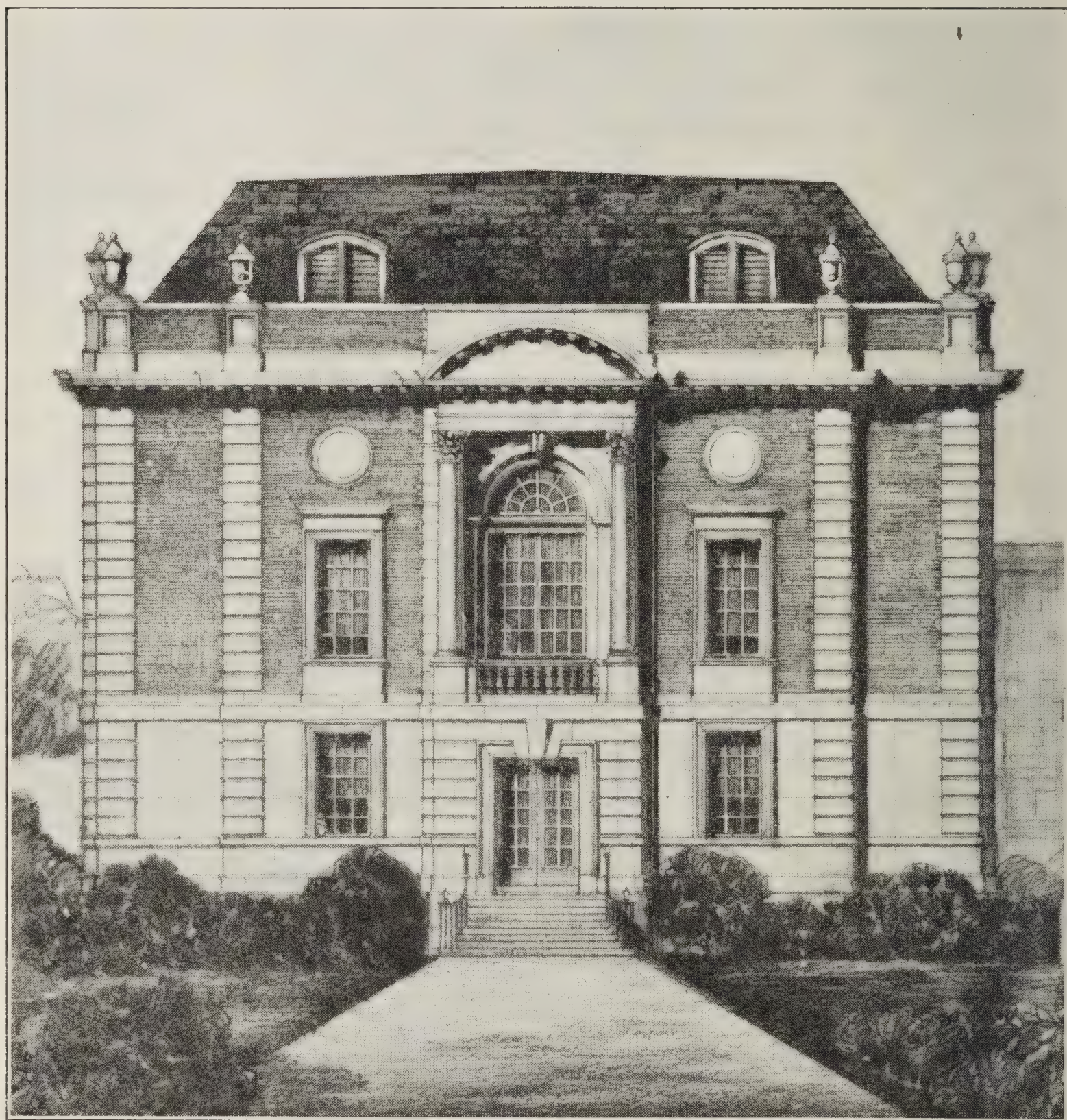
ARE YOU

A Nurse Superintendent of a Hospital;
A Principal of a School of Nursing;
An Assistant in a School of Nursing;
A Teacher in a School of Nursing;
A Supervisor in a School of Nursing and Hospital;
A Head Nurse in a School of Nursing and Hospital;
A Head Worker in social, educational or preventive nursing?

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

ARE YOU A MEMBER?

Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.



EDUCATIONAL BUILDING
HENRY FORD HOSPITAL SCHOOL OF NURSING AND HYGIENE, DETROIT

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

TRIBUTES TO RED CROSS NURSES IN THE NEAR EAST

IT is gratifying to know that the work of American Red Cross nurses in the Near East has won public compliment on more than one occasion recently. They have indeed shown the true spirit of nursing as well as the spirit of the Red Cross. They were responsible for the removal of 20,000 children from the interior of Turkey across 500 miles of territory through desert and over mountain to Syria and Greece. Dr. Mabel Elliott, Medical Director of the Near East Relief, who has just returned to America after four years in Europe and Asia Minor, said at a dinner given in her honor in Wilkes Barre, Pennsylvania:

The survival of the refugee Christian children of Turkey and Armenia is in large part due to the heroism of American Red Cross nurses, several of whom have given their lives to this work.

She mentioned especially two Red Cross nurses, Katherine MacFarland and Laura MacFetridge. The latter is now directing head of the largest orphanage in the world. In its 300 barrack buildings at Alexandropol on the slopes of historic Mount Ararat, it houses more than 20,000 children.

Katherine MacFarland, who is now in Athens, is organizing with the assistance of several other Red Cross nurses who are all much interested in the venture, what is hoped will eventually become a permanent School of Nursing. It started in December with thirty-five

Armenian girls from the orphanage located there and it has a large number of applicants from among the girls mostly educated at the American school. The classes are given in Armenian with the aid of an Armenian interpreter. They are taught Greek as well as English. To the pride of these Armenian student nurses, several of their examination papers were recently sent Miss Noyes and though it was only the second written examination any of them had ever had in school or elsewhere—in a foreign language, too—they were most creditable, neat, well spelt, well expressed, and with the facts marshalled in good order. According to the first plan of work received, Miss MacFarland herself was teaching Anatomy and Physiology and Children's Diseases; Mabel Clarke, Medical Nursing and Ward Management; Agnes Evon, Surgical Nursing and Bandaging; Christine M. Nuno, Obstetrical Nursing and the Practical Nursing Procedures; and Christine McLean was to give six lessons on Care of the Eyes.

Dr. Mabel Elliott, in another address pays a wonderful tribute to Armenian student nurses such as those who are now being trained in Athens—the very ones who had earlier seemed such crude childish material to turn into fully fledged responsible nurses. It happened at Ismid where there were about 7,000 Armenian refugees, when the Turks began their advance against the Greeks which ended in the burning of Smyrna. The Near East Relief Hospital with

three Red Cross nurses and a staff of Armenian student nurses was in the front lines. Not an Armenian girl but had lived through massacre and had seen some member or other of her family killed. They had no cause to love the Turks. Dr. Elliott said:

Hospital discipline inevitably goes to pieces in these situations. When bullets are breaking hospital windows, formality vanishes; the whole strain falls upon the nurses' spirit of service. The wards looked like chaos, but the girls were working; lifting the patients on their mattresses from the beds to the floor, taking down bedsteads to make more room, and barricading the windows with the sandbags which porters—stepping over the patients—were lugging in. In the confusion one of the Armenian girls came to me. "Doctor Madam," she said, "there is a knocking at the back door. A man is calling in Turkish, saying he is wounded. What shall we do?"

It was a Turk shot through the chest and thigh. I felt the Armenian nurse leaning over us and looked up to give an order, but she was running up the stairs. I let her go and sent for one of the Americans. Before my message reached her, the Armenian girl was back with another; they were bringing the stretcher. * * * That night * * * I saw that we had been laying deeper foundations than we had suspected. * * * These young Armenian students who never could keep their uniforms properly buttoned or their caps straight, who could forget orders and could not be taught any glimmering of the importance of time, were proving themselves, after all, *nurses*. Outside the Turks were killing their people and their people were killing the Turks, but within both alike were patients. All that night we took wounded Turks in through the back door and wounded Armenians in through the front door. And the Armenian girls worked without one moment's pause, taking care of them both.

Another aspect of work in the Near East is indicated by Alice G. Carr of Syra, Greece, whose letter was among the many replies from all over the world received by Miss Noyes in response to

her Christmas letter to Red Cross nurses—

the carrier of a message that is very dear to all of us in the field, for wherever we are or whatever we do, we cannot forget for a single moment the organization which has made us and fostered us through all our wanderings and work in many lands.

Miss Carr is in charge of a hospital in the island of Syra, the most important port of call in the Cyclades Group. She tells us that it is small, about the size of a township, typically a Greek land with barren rocky mountains and a mild and pleasant climate. She says:

Our house looks out over the blue Aegean Sea. My new hospital which I have just about finished equipping and regulating is also beautifully situated. It has a hundred beds; large clinics where hundreds of children are treated every day; a nice operating room and baths. * * * At present there are two thousand children here. Later there will probably be five thousand. I have two native doctors and thirteen native nurses. * * * the latter not highly trained, but very faithful and trustworthy. I have also twenty orphan girls who are working here and who are being trained in as far as they are able to take in the teaching.

Christine M. Nuno, who was assigned to the American Red Cross Commission to Greece in the autumn of 1922 and upon the withdrawal of the Commission in the summer of 1923 remained and became the "Supervising Nurse" for the Near East Relief, has been appointed Director of Nursing for Greece. A similar position for the Caucasus has been created. Mrs. Florence Uhls, referred through the American Red Cross, has been appointed Director of Nursing for the Caucasus. Mrs. Uhls has been with the Near East Relief for several years. Her husband, Dr. Uhls, is one of its medical directors.

SPANISH SPEAKING NURSES NEEDED

Interest in nursing seems to be increasing in Latin-American countries, and requests for qualified Spanish-speaking nurses as Directors of Schools of Nursing and as organizers of Public Health Nursing are being received at National Headquarters of the American Red Cross. As this field seems to be developing, nurses who speak Spanish are encouraged to send their names and addresses to the National Director of the Nursing Service at American Red Cross Headquarters, Washington, D. C. Nurses who are interested in pioneer work of this nature may feel encouraged to study Spanish.

FRENCH MEDALS FOR NURSES

The French Embassy has notified National Headquarters that the insignia of the *Medaille d'Honneur des Epi- demies*, which was awarded to certain American Red Cross nurses who served in the Army Zone in France during the war, have been received in Washington and sent to the War Department, which will have charge of delivering the medal to each nurse entitled to it. In case, however, nurses do not hear from the War Department it might be well for them to follow this up themselves.

Red Cross nurses are also entitled to the French Victory Medal, if they were attached to French hospitals or ambulance units in the Army Zone for not less than *eighteen months* prior to November 11, 1918, and the award of this medal gives them as well the right to the French Commemorative Medal. In addition, the latter is given to Red Cross nurses who served in the Army Zone, or in the French interior with a regular hospital, for not less than *six*

months before the signing of the Armistice. The French Victory Medal has exactly the same ribbon as the American Victory Medal, but differs in composition. The French Commemorative Medal has red and white striped ribbon and, when worn by volunteers, has a special clasp across the ribbon reading *Volontaire*. Red Cross nurses fulfilling these conditions may make application through the Nursing Service of the Red Cross or—on plain stationery, giving a brief outline of services—directly to General Dumont, at the French Embassy, 1501 18th Street, Washington, D. C., taking care to ask to have the words "American Red Cross Nurse" incorporated in the certificate. Neither of these medals is a gift to the individual to whom it is awarded; it must be purchased.

DELANO NURSE FOR IDAHO

The fifth Delano Red Cross nurse has just been appointed. In this instance, Janet Worden, who was formerly public health nurse of Clarke County, Washington, goes to Valley, Lemhi and Custer, central counties of Idaho. This area of 13,038 square miles is populated by but 11,238 inhabitants, has only four doctors and, so far as is known, no nurses. Her territory includes scenery of marvellous grandeur such as great canyons dropping 5,000 feet sheer to the Salmon River, only navigable by the shallow-bottomed scows. During the summer it is called The Sportsman's Paradise. Sawtooth Mountains, rearing the lofty, jagged peaks of its ranges into an altitude which crowns them with perpetual snow, is the southern boundary of Custer County and cuts Valley County in two parts. But this grandeur,

as Red Cross nurses well know, means isolated communities, forest rangers, cattle men, sheep herders,—prospective patients—scattered over a wide area.

Janet Worden is a graduate of the old Blockley Hospital, now the Philadelphia General Hospital. She spent seven years of her public health nursing career in New York City. Assigned to the Army Nurse Corps as reserve nurse, Miss Worden was sent to France with the American Expeditionary Force in 1917 and was detached in April, 1919, with a high grade.

SUMMER INSTITUTES FOR INSTRUCTORS IN HOME HYGIENE

It is now definitely arranged that Colorado Agricultural College, Fort Collins, Colo., will have a summer course for Instructors in Home Hygiene and Care of the Sick similar to those at Simmons College, Boston, Mass., and Pennsylvania State College, announced last month. Choice has fallen on these three widely different but equally interesting localities because they are so situated that nurses from every section of the country can go to one or other, combining there postgraduate work with a happy vacation.

Fort Collins is the gateway to Estes

Park, where lofty mountains and tree-fringed lakes mirroring their lovely margins are wonderful in June and July, and during the period June 23-July 29 over which the course is spread, several week-end trips, many hikes and picnics are planned in these surroundings. The beautiful Alleghanies offer similar opportunities and such attractions figure also on the recreational program at Pennsylvania State College high up amid the mountains, where the course will be held from July 5 to August 15. And New England affords historic interest, salt water swimming, as well as the loveliness of its countryside for those who elect to take the course at Simmons College, Boston, from July 17 to August 15.

The two required subjects will be Principles and Methods of Teaching and Practical Presentation of Home Hygiene. A limited number of Red Cross scholarships will be available and special consideration will be given to those nurses who have an unusual distance to travel.

Marion Doane, Supervisor of the School for Native Nurses, Haiti, recently spent a few days' leave in this country and visited National Headquarters.

Baby shows and emphasis on the opportunities of nursing continue to be the outstanding items in the development of programs for National Hospital Day, according to announcements from various hospitals throughout the United States and Canada which are being received by the National Hospital Day Committee, Matthew O. Foley, Executive Secretary, 537 South Dearborn Street, Chicago, from institutions planning for the observance of this day May 12. In practically every program of which information has been received, the hospital plans to distribute printed literature telling of its work during the past year, stressing the amount of free and part pay service the hospital has rendered the community. Another interesting feature of the plans for the fourth annual National Hospital Day is the growing number of hospitals which are distributing souvenirs such as buttons, flowers, baby booklets, etc.

The National Hospital Day Committee will be glad to send suggestions for publicity and programs to all hospital and nursing administrators interested.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

DRAMATICS

DURING the past few years, local talent in various parts of the country, the Child Health organizations, and the Health Crusaders of the National Tuberculosis Association, have stimulated a revival in tableaux, small plays and Health Fairies that has served a double purpose. The children and others taking part have become interested in the work, or in health, for their own sakes and its own sake and at the same time, each amateur actor has been doing his best to get his part of a big message of service to the community as well as health for the individual, over to his audience. Audiences are usually made up of human beings and most of them like the project method of teaching.

Several years ago, when President of the Visiting Nurse Association of Chicago, Mrs. Arthur Aldis wrote and helped produce in her own little theatre, *Mrs. Pat and the Law*, the plot of which was taken from the actual experiences of two Visiting Nurses.

During the past year, Mary L. Barry, R.N., School Nurse in Wheeling, W. Va. (address High School), has written and used most successfully, *Health Wins*, which has been further sub-titled *A Health Playlet for High Schools*. Miss Barry is generous enough to say that she will be glad to pass the play on. It is worth reproducing, for it will appeal to boys and girls of early high school years far more than health talks over the radio. In many of our high schools, the physical education classes are now so large that health talks are looked

upon as perfunctory and dull parts of a required routine. A health play makes much more appeal and, in a far more effective way, gets exactly the same message across.

At the annual meeting of the Visiting Nurse Association of Grand Rapids, Mich., (Ada P. Coleman, Superintendent), a play entitled *The Visiting Nurse*, written by Mrs. Edmund W. Booth, the President, and Mrs. Vernon S. Foote, was staged most successfully.

A series of tableaux, each one preceded by a descriptive jingle which was read by Alma Haupt, the Superintendent, gave the large audience gathered for the annual luncheon of the Minneapolis Visiting Nurse Association, a very vivid picture of the different kinds of patients and homes that the nurses are trying to help. The nurses planned and staged the tableaux and one wrote the verses. Miss Haupt illustrated the title, *A Visiting Nurse's Day*, still farther by changing the hands of a big grandfather clock between each two tableaux.

When we came back to Chicago, determined to do likewise rather than repeat the play written and given by the Visiting Nurses to wind up a most successful Institute that had been held in Chicago by the State League of Nursing Education, we were greeted with a clipping from the *Daily News*, quoting itself for thirty years back, to the effect that some tableaux were to be given for the benefit of the Visiting Nurse Association, that afternoon, proving, perhaps, that history repeats itself whenever a thing is particularly well done.

TAKING HEALTH INTO THE SCHOOLS

BY LOUISE SITZENSTOCK, R.N.

Director, Good Cheer Health Center, San Jose, Calif.

Teaching health in the schools has become a positive quality rather than a negative quality. We are born with instincts, but we acquire habits. Youth is imitative and therefore in health teaching and health supervision, we now stress habits along with routine inspection.

Every school child should be weighed and measured. Under-weights should be weighed more frequently. We are interested in the food of the school child. Does he drink milk? Can milk be made available for every school child in the school? Many children will not drink milk at home, but will drink milk in school because their classmates do. Can a hot lunch be provided? This does not necessarily mean food, but it could be a hot drink,—such as cocoa or soup.

The question of sanitation is important. Is plenty of water available in the school? Is there sufficient screening against flies, etc? Do the children report plumbing out of order? School sanitation can be made so interesting that the children can be taught to be health crusaders in the home.

Clean, healthy teeth are a protection. A handkerchief for every child is a necessity, not only as a convenience or

for aesthetic reasons, but use of the handkerchief protects the child from the droplets spread by the sneezing and coughing of his classmates.

In her rounds in the schools, the school nurse, therefore, inspects the child, talks to him individually in regard to cleanliness and baths, talks to the class in general on keeping fit, confers with the principal, teachers, and parents, how best to help the school in general and the child in particular.

Classwork in the form of Home Hygiene and Care of the Sick and First Aid is the aim of every school nurse, as it is a practical demonstration of the theory of Hygiene. It gives the school child, whether in the grammar school or attending high school, a chance to become self-reliant. The entire question of health and keeping fit can well be summed up in the following Efficiency Chart, gotten out by the Indiana State Board of Health:

A good car and a skillful driver are essential for a good automobile trip.

A healthy body and a pure soul are essential for a good life journey.

Your body is the automobile for your soul.
Life is a journey of body and soul.

An automobile must have care—so must your body.

Compare them and note the similarity.

THE AUTOMOBILE

YOU

Good gas.....	Good food.
Clean spark plugs.....	Clean teeth.
Clear headlights.....	Good eyes.
Tuning and adjusting.....	Outdoor exercise.
Full air pressure.....	Good posture.
No carbon.....	No constipation.
Keep clean and oiled.....	Frequent baths and plenty of sleep.
Good mixture.....	Balanced ration—vegetables, fruit, etc.

THE AUTOMOBILE

YOU

Don't choke engine.....	Chew food thoroughly.
Strong steering gears.....	Strong will power.
Humming motor.....	Cheerfulness.
Keep radiator filled.....	Drink plenty of water.
Good brakes.....	Self control, self reliance.
A hot spark.....	Ambition.
Good bearings.....	Perseverance and courage.
Good lubrication.....	Fair play and tolerance.
Strong axles and frame.....	Stamina.
Well balanced mechanism.....	Even temper.
Rolls easy.....	Plays well.
Good hill climber.....	Hard worker.
The horn does not increase the power and is disagreeable to others.....	Don't boast.
A tiny speck in the current breaker.....	A tiny germ may cause fatal illness.
A skillful and careful driver will avoid all dangers and complete his journey safe and sound.....	A strong character will be master of his body and deliver his soul undefiled at the end of life's journey.

ANOTHER TRI-COUNTY PUBLIC HEALTH
NURSING ASSOCIATION

W. Louise Kochert, Secretary of the Public Health Nurse Club, has just written an interesting account of a club that has been formed in West Virginia, by the public health nurses of four counties: Preston, Harrison, Marion and Taylor. It holds regular monthly meetings in the county seats of the different counties in turn, and has twenty-two members.

Public health nurses and their work must be popular in West Virginia (and deservedly so), for the clipping which was enclosed with the letter was a

column in length and mentioned specific instances of good work that was being done by the nurses collectively and individually.

Among their speakers have been Mr. Rice, Superintendent of the Grafton City Schools, Dr. Hedges, Taylor County Health Officer, Mr. Saul, sanitary inspector of Preston County, Mr. Carper, sanitary inspector of Taylor County Health Unit, and Mrs. Jean T. Dillon, director of Public Health Nursing, West Virginia State Department of Health.

The President of this active Club is May Malone, Supervisor of Nursing Activities in Fairmont, Marion County.

TWO FASCINATING POSTERS

A set of two Runabout Posters, "Work" and "Play" make charming school-room decorations and may be had for twenty cents from the American Child Health Association, 370 Seventh Avenue, New York City.

Biennial Convention, Detroit, Michigan, June 16-21.



HELEN N. JOY NURSES' HOME FOR VACATION PERIODS OF STUDENTS OF GRACE HOSPITAL
DETROIT



McLAUGHLIN HALL, HARPER HOSPITAL, DETROIT

STUDENT NURSES' PAGE

HOW WE RAISED OUR CONVENTION FUND

BY ELIZABETH M. HARRIS

St. Joseph's Hospital, Denver, Colorado

LAST fall our Superintendent of Nurses announced to our class that the biennial convention of the American Nurses' Association would be held in June of this year. The suggestion of sending student delegates to the Convention was presented and was received by the entire class with enthusiasm, but the question arose, how to defray expenses.

It is a long way from Denver to Detroit and back again, and the journey requires a considerable amount of money. So we all put on our thinking caps in an effort to evolve some scheme that would separate several clinging dollars from their watchful owners. One thing we determined on, that we would not ask for it by subscription or otherwise, but would give something in return that would be worth the money. A class meeting was held in November to discuss this subject, and it was finally decided that we should endeavor to secure one of the local theaters for one night.

The Wilkes Players, a high class stock company, offer a new play every week to Denver theatergoers, at the Denham theater, and are very popular. Monday, as all theater managers know, is a very "poor" night, so in order to advertise the week's play and to help fill the house, the manager of the Denham turns the theater over on Monday nights to responsible organizations on a percentage basis. Thus we were able to secure it on February 4, and

contracted to fill every seat in the house.

This undertaking seemed stupendous for a handful of girls, and as everyone knows the spare time of nurses in training is a very tiny margin. However, our Sisters and our Superintendent of Nurses helped us in every possible way.

Christmas came with its rush, hurry and happiness, and passed, leaving us time to carry out our plan.

Dame Fortune was kind to us and provided a most opportune moment for announcing the scheme to the Hospital Staff, at their annual meeting, January 16. An announcement was read to them telling of our plan to send two delegates from the student body to the convention in Detroit, June, 1924. The doctors were quite enthusiastic and not only lauded the idea but supported it generously. It was on that evening that we started to dispose of the tickets and every member of the training school went to work with a right good will to make this venture a success.

The play for the first week in February was a comedy entitled *Connie Goes Home*. It was well advertised by the management and the nurses. Every moment off duty was spent in disposing of tickets, with the result that the theater was filled to capacity on our night.

We returned home that evening, tired but happy, knowing that we had scored a greater success than had seemed possible. A sum more than

sufficient to defray the expenses of two delegates was realized.

The next matter was the election of delegates, which, like all elections, gave rise to no little excitement. So on February 8, the entire student body was called to vote for their choice of delegates. The plan was to send one member from the Senior and one from the Junior classes. Every accepted student in the training school voted.

The two delegates are to be congratulated upon the honor shown them by the school, and no more capable nor worthy representatives could be sent.

We are hoping this venture of ours will be an incentive to other schools to do as we are doing, so that the students may have every opportunity possible of studying the profession from all its angles, thus gaining a wider general interest in all that concerns nurses.

JOSEPH LISTER

BY ESTHER J. BAILARD

Alameda County Hospital, San Leandro, California

ON this April morning did you stop, lower your head, and think a moment of an individual named Joseph Lister, who was born of English parentage in Upton, Essex County, England, on April 5, 1827?

He took up medicine in London University and graduated in 1852. Later he married the daughter of James Syme, of Scotland, where he was house surgeon. At this time the surgical death rate was so great that the hospitals were spoken of in low whispers. Lister worked with James Syme of Edinburgh, who had established fairly good technic, considering the time, but still many cases died of infection.

Together these two surgeons, Lister and James Syme, determined to work out a few problems of their own. Putting their troubled heads together they soon learned that in bone cases, where

there were no open wounds, they did not have infections, while if the patient had an open wound he nearly always had a very bad infection within a short time.

Pasteur, a noted French chemist, had made considerable advancement in the study of bacteriology. With this as a foundation, Joseph Lister was enabled to build up a technic that led to our modern surgery.

Lister was the first surgeon to use catgut ligatures and sutures and rubber drains.

Lister died February 11, 1912.

To these men and several others of this time we owe our modern methods in hospitals. Credit must be given our people of today, but would we have surgery so far advanced were it not for Joseph Lister and his contemporaries?

Biennial Convention, Detroit, Michigan, June 16-21.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A KANSAS NURSE IN CHINA¹

DEAR EDITOR: Shanghai is the New York of China. It is a huge city; one can live there in all the comfort of a western home, but right around the corner you will have Eastern customs, straw huts, dirty, narrow streets, jinrikshas, man-drawn wagons, and wheelbarrows. Dr. Decker has developed a hospital in the Baptist Social Center in the heart of the factory district. It is merely an old house turned into a hospital. All the rooms were crowded. In one bed was a man with cholera, in the next was one with amoebic dysentery, in the next an ulcer of the leg, in the next a cancer of the liver, then one with a crushed hand which was mangled in the mill. In another room there was a woman with gonorrheal eyes, another with her arm torn from her body by one of the huge machines. The clinic each morning was most interesting, but the most awful thing was to see little seven and eight-year-old kiddies come in with hands or feet hurt while working in the mill. St. Luke's Hospital is quite nice and is in a better section of the city. I also saw the Margaret Williamson Hospital. That is a wonder. It is a hospital for women and is run entirely by women, doctors and all. In Ningpo, the hospital has been running for years and years, but it is in China and hospitals in China are vastly different from hospitals in America. It is a Chinese building and not a foreign one. That is a huge difference. It is dark and cold and there is no way of heating it. The beds are foreign but mattresses are nothing but thin pads. The operating room had to be heated by a wood stove. The instruments are few and all old style ones. The rooms are crowded to the utmost with beds and then patients come in and bring pads and covering and sleep on the floor in order to get the medical attention they need. There are all the diseases we have in America and in a much more aggravated form, and many others which we do not have in America. This being a sub-tropical climate, we get a great many of the

tropical diseases. So I am having, as it were, a new course in Materia Medica, learning the usual medicines given in cases of tropical malaria, hookworm, cholera and such. The out patient department is the most used part of the hospital and considering those at home it is very poorly equipped, except with cases, and here we outshine most of those in the States. They have bought land and bricks and as soon as enough money is raised they will start building the new hospital. The Chinese are giving about one-third of the money. That is a big thing. Their new hospital plans are fine. At present they have a wonderful x-ray equipment which will be a big asset to their new hospital. In Hangchow I saw one thing I had not seen before,—a Chinese Medicine Shop. First we saw the live reindeer. Then we saw the place where they are killed, then where their bones are ground up. Powders, paste, and capsules are made from them. The capsules were almost as large as hens' eggs and just that shape. The deer is a sacred animal, therefore it has healing powers.

B. H.

AREN'T WE ALL?

DEAR EDITOR: On Broadway, a short time ago, I saw this sign: "Aren't We All?" I did not see the play, I am sorry. The title, however, impressed me. Aren't we all, we nurses of today, striving toward a common goal, professional betterment? What about our methods and procedures? Are we standardizing them as others seem to be doing, or are we losing efficiency by multiple foci? We are told that there are as many ways to remove an appendix as there are sound surgeons to do it, that there are as many ways to administer a hospital as there are able people to carry on. But are we not also told that these very surgeons and these very administrators are banding together to standardize their methods? What is happening? Is it not a renaissance, a period of adjustment, a controversy, a meddling, a what not, history repeating itself with its radicals, its betwixt and betweeners, and—neither one nor the other,—but a blending

¹ Extracts from a personal letter.

of the best of each—the so-called rational progressives? In nursing education today, have we not much the same issue—the die-hards, those of us who decline to race along with the radicals, or to readjust ourselves with the progressives; then, aren't there those of us who join the radicals and exhaust ourselves in extremes, and lastly those of us who cling fondly to the best in the old and reach out rationally to the new, hoping thus to shape the image of our professional ideal? Is not the mean, that for which all education is striving? Has it not been the mean, all along the line of educational development, that has had the lasting effect? Must we not then, look to the rational progressives to give us the pattern for our nursing family? What is the aim of this group? Is it not the establishment of a true profession and not that of a glorified trade, nor yet to obtain poor adjuncts to the medical world? Have you ever been asked—"What are the nurses doing today, are they trying to usurp the doctor's province?" Perhaps more than I are unable to answer this unintelligent interrogation as dynamically as we should. If we, as die-hards, would recognize the knocking of the progressives and open to them, would not professional betterment be ours? Think what we would have lost if the gentle knock of the arbiter of higher education for nurses had not been heard, or if the timid tapping of the young discoverer of Insulin had been ignored. But is the door always opened so willingly? Do you and I meet the new ideas upon the threshold? What of the radicals? I do not mean those of keen vision, tempered with knowledge of existing conditions, whom we would rank as progressives, but we who are extremists, what of us? Do we not often frustrate our own efforts and those of our confreres by our skylarking? And what of the conservative progressives? All down through the ages this party has saved the day. Why not now? Am I wrong or do we not sometimes eagerly extend our hand to the new and cordially invite its sponsors to come to us, offer them many inducements, and, when they do come, do we not occasionally lose the benefit of their education and experience by our very apathy and misunderstanding? Do we or do we not say

with the official of the story,—“Oh yes, Mr. Brown, you come very highly recommended. We need you as a manager. Just show us! You know that preparation, initiative, coöperation all receive their rewards. Stick around and give us your ideas and we will make it worth while.” Do we say, a year later, “This Mr. Brown is a nuisance, always butting in with his ideas, so pedantic, so aggressive. Just put him back on the books and keep him there”? In conclusion, then, aren't we all, perhaps, “criss cross,” as Galsworthy puts it, “cutting each others' throats from the best of motives”? If this be the case, how might we remedy it? What did Confucius put into the mouth of the master when the pupils asked “Master, is there one good word which may serve as a rule for the practice of all one's life?” “Yes,” he replied, “Is not Reciprocity such a word? What you do not want done to yourselves, do not to others.”

New York

H. D.

A HOME FOR CRIPPLED CHILDREN

DEAR EDITOR: Would you like to know who we are? You no doubt know of many of the good things in Kansas City, but probably you have never heard of the Linwood Presbyterian Home for Crippled Girls. The Linwood Presbyterian Church organized this home and maintains it with the aid of the Associated Charities. Some of the ladies from the church come here once a week and spend the day sewing for us. Perhaps you are wondering, too, why we are writing to you. Our friend, Miss Swanson, (a nurse), promised Miss Roberts while she was in Kansas City that we would write a letter for your magazine. We have a lovely home. The house is large and nicely furnished. One room is used for school. Our teacher comes every day just as she would in public school. The School Board sends our books and supplies. Our matron is just like a mother to us. When she came home from town a few days before Christmas she had so many packages she looked like Santa Claus. You see, she had to do all our shopping for us. Everyone was wonderful to us at Christmas. Some people sent us delicious things for dinner and a beautiful Christmas

tree. Others took us in their own cars to very interesting entertainments. The people of Kansas City are very thoughtful of their orphans and crippled children.

THE GIRLS OF THE LINWOOD
PRESBYTERIAN HOME

Missouri

THE JOURNAL IN SOUTH AFRICA

DEAR EDITOR: I cannot do without a single copy of my *Journal*; out here it is doubly valuable. I am now commissioned to a different part of Swaziland. There is no other nurse or doctor within 80 miles of me, so I value my training more and more. There are 150 white people here besides the thousands of natives scattered over miles of mountainous country. I have varied experiences and some very exciting times. I make most of my trips in the saddle, riding either a horse or a mule. I see many deer. The serpents are dreadful.

South Africa

M. A. P.

MESSAGE FOR SPANISH-AMERICAN WAR NURSES

DEAR EDITOR: May I trouble you to insert a list of names in your magazine? I am seeking the addresses so that the report of the S. A. W. N. meetings held in Washington and New York may be sent to them, or if they know of a life member who does not receive her letters from that organization, I would appreciate being notified. Names: Mrs. W. D. Moore, Mary Graf, Mary St. John, S. Elizabeth Chapline, Mrs. R. Shuler, Helen Fisher, Mrs. Victor Delin, J. L. Moll, Gertrude B. Buckner, M. L. Sweeney, Marie Kolb, Mrs. Kuehn, Mrs. J. M. McLain, Mildred Shaw Clancy, M. L. Ecclestone.

MRS. LENA LUDA FITHINA,
Correspondent.

227 S. 6th St., Camden, N. J.

THE VALUE OF A NURSE'S TRAINING

DEAR EDITOR: Although married, I am as much interested in the nursing profession as previously and I value my training more than ever. I think all schools and colleges should give all girls at least six months of practical nursing training, especially in personal hygiene during marriage and pregnancy,

care of infants, growth and nutrition in children. As I am now a mother, I value my training more than any worldly possession. Without it, my little one would be at the mercy of a Chinese Amah. They cannot be trusted with the personal hygiene of an infant or child; they need constant supervision and more careful watching than the most hopeless probationer.

China

E. G. A.

MARRIED NURSES

DEAR EDITOR: In the February *Journal* I note what Clara Sanford Lockwood says in regard to what married nurses can contribute to their profession. Could we get the single nurses who are working at the nursing profession to take as much interest in the Registered Nurses' Association as do the married nurses from this community, we would have no difficulty in being 100 per cent for the betterment of the American Nurses' Association.

Iowa

M. P.

THE NURSES' RELIEF FUND

DEAR EDITOR: Our Alumnae has a member who is being helped by the Relief Fund, and our members are ready to testify as to its worth. It fills a great need and should be generously and cheerfully supported by all nurses.

New York

C. H. B.

HOSPITALS IN ALASKA

DEAR EDITOR: I have received a letter calling my attention to a letter which was printed in the December issue of the *Journal*, concerning our work in Alaska. It is a cause for gratitude that one who has been in that work is still interested enough to appeal for help. Our present medical work in Alaska, however, centers in the Hudson Stuck Memorial Hospital at Fort Yukon and the Arthur Yates Memorial Hospital at Ketchikan. At present we have no work at Valdez or Fairbanks. I should be very glad to supply details of the work to any members of the Episcopal Church who could consider service in Alaska. Please ask them to write directly to: The Reverend A. B. Parson, 281 Fourth Avenue, New York City.

MAGAZINES TO BE PASSED ON

DEAR EDITOR: The following publications come to me and I would be glad to send them to some one whom they would help: The Public Health Nurse, The Nation's Health. JANE ELIZABETH HITCHCOCK

71 Willow Street, Brooklyn, N. Y.

SUPERINTENDENTS' SOCIETY
REPORTS

Ruth Brewster Sherman, 219½ East North

Avenue, Baltimore, Md., has Volumes 10, 20, 21, 23, 24, cloth bound, perfect condition, which she will sell separately or together, for \$1 each and cost of sending.

JOURNALS ON HAND

Julia B. Spinney, 406 North Main Street, Andover, Mass., has copies of the *Journal* for 1920-1922 which she will be glad to dispose of.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

16. Does school nursing come entirely under the Board of Education or not?

School nursing may be supervised by a Board of Education, a Board of Health, a private organization or a combination of two or all three of these, the position depending upon the local situation. School nursing is successfully done in the United States under each of these methods.

17. If a nurse has had only eight months of training, is she eligible for a school nursing position?

This would depend entirely upon the standards maintained by the local community. If that community feels that its needs demand no more than an eight months' preparation, that is probably all it will require, and unless positions of this sort are protected by some law or ordinance, the eligibility of the applicant would no doubt depend upon the judgment of the person employing that applicant. If it becomes a question of whether or not such a nurse is adequately prepared for school nursing, that is quite another thing. She most assuredly is not ready nor is she trained to meet the demands which such a position invariably make upon her. In any public health nursing work the nurse needs not only a good fundamental standardized hospital training, but further preparation for community work. The good public health nurse finds that she must be constantly seeking new resources in order to keep in touch with the rapid progress of the times and to adequately

meet the demands of an increasingly intelligent public.

18. Can she make up, in any way, the equivalent of the remaining part of the training she would have had in a full course of hospital training?

She can make it up in only one way and that is by returning to a hospital and securing her diploma.

It is exceedingly unfortunate that the undergraduate nurse is able to secure public health positions occasionally, through the shortsightedness of the office employing her. We can only hope to overcome this situation by intelligent work on the part of public health workers who understand the need for adequate training in their field, and who are willing to interpret conscientiously that need to the public.

I quite agree with the questioner that we must keep our standards high, but in order to do so, we must put forth an earnest effort to convince, by demonstration, the offending members of the community of the value of preparation for this work and the danger of the lack of it. Isn't this somewhat of a challenge to graduate nurses to encourage the making of laws or ordinances which will protect the public health nursing positions? (This is not to be construed as merely safeguarding public health nurses.)

ELMIRA W. BEARS,
Secretary for School Nursing,
N. O. P. H. N.

NURSING NEWS AND ANNOUNCEMENTS

CONVENTION ARRANGEMENTS

The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

Arrangements.—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for registration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

Hotels.—The Arrangements Committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large

enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

HOTELS AND RATES

Hotel Statler—Washington Blvd. and Park Blvd.

Single rooms with bath—\$3.00, \$3.50, \$5.00

Double rooms with bath—\$5.00, \$7.00 and up

Hotel Tuller—Park Blvd. and Adams Ave.

Single room with bath—\$3.00 and up

Double room with bath—\$5.00 and up

Large room, double bed, two single wall beds—\$2.50 per day per person

Hotel Wolverine—Witherall and Elizabeth Sts.

Single rooms with bath—\$3.00 to \$6.00

Double rooms with bath—\$5.00 to 8.00

Hotel Fort Shelby—525 Lafayette Blvd.

Single rooms with bath—\$3.00 to \$5.00

Double rooms with bath—\$4.50 to \$7.00

Hotel Dixieland—John R. St. and Farmer St.

Single rooms with running water—\$2.00

Single rooms with bath—\$3.00

Double rooms with running water—\$2.50

Double rooms with bath—\$4.00

Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite

Hotel Madison and Lennox—Madison St. and John R. St.

Double room with bath—\$3.50 and \$4.00

NAME

ADDRESS

HOTEL PREFERRED

ROOM SINGLE

DOUBLE

DATE OF ARRIVAL

APPROXIMATE HOUR OF ARRIVAL

NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE

Living room, bedroom, bath, for three persons—\$7.50

Living room, bedroom, bath, for two persons—\$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.

Single rooms with bath—\$2.50 to \$4.00

Double rooms with bath—\$5.00, \$6.00 and \$7.00

FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.

Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day

Same as above with bedroom, to accommodate 4—\$5.00

Harding—129 Charlotte Ave.

Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day

Same as above with bedroom, to accommodate four—\$6.00 day

Willis Arms—675 Willis Ave. West

Rooms—\$1.50, \$2.00 and \$2.50 day

Apartment, living room, bedroom, kitchen, to accommodate two or three people—\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—\$18-\$25 week

Parmento—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people
1 room and bath, to accommodate two—\$5.00

2 rooms and bath, to accommodate four—\$7.00 and \$8.00

OFFICIAL INSTRUCTIONS TO DELEGATES TO THE AMERICAN NURSES' ASSOCIATION

Headquarters.—The Statler Hotel will be the headquarters, and registration will be at the Woodward Avenue Baptist Church. Registration will begin on Monday, June 16, as soon after 8 a. m. as possible.

Representation.—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards will be sent to each state secretary in April, for the number of delegates

to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

Advisory Council.—State Presidents should plan to reach Detroit not later than 2 p. m., Saturday, June 14, in time to attend the meeting of the Advisory Council, of which they are members.

There will be no badges. All who attend the convention will be provided with an identification card at the time of registration.

PROPOSED AMENDMENTS TO THE BY-LAWS

1. Amend Article IV, Section 5 by striking out last three lines "but by accepting, etc."
2. Amend Article VII, Section 1, (a) by substituting "Membership" for "Eligibility."
3. Amend Article VII, Section 6, by substituting "September" for "October" in the fourth line.
4. Amend by adding another Section to Article III to provide for a "president-elect."

AGNES G. DEANS, *Secretary.*

TICKET OF NOMINATIONS FOR 1924 AMERICAN NURSES' ASSOCIATION

For President

Adda Eldredge, Madison, Wis.

S. Lillian Clayton, Philadelphia, Pa.

For First Vice-President

Elnora Thomson, San Francisco, Calif.

M. Helena McMillan, Chicago, Ill.

Mary C. Wheeler, Chicago, Ill.

For Second Vice-President

Jane Van De Vrede, Atlanta, Ga.

Carolyn E. Grey, Cleveland, O.

Anna C. Jamme, San Francisco, Calif.

For Secretary

Agnes G. Deans, New York, N. Y.

For Treasurer

V. Lota Lorimer, Cleveland, O.

Louise Sherwood, Syracuse, N. Y.

For Directors (Three to be elected)

Louise M. Powell, Minneapolis, Minn.

Helen Scott Hay, Savanna, Ill.
Elizabeth E. Golding, New York, N. Y.
Julia C. Stimson, Washington, D. C.
Lulu F. Abbott, Lincoln, Neb.
Carrie M. Hall, Boston, Mass.
Elsie M. Lawler, Baltimore, Md.
Mrs. Chas. C. Bailey, Topeka, Kansas.
Mrs. Janette F. Peterson, Pasadena, Calif.

MRS. CHAS. C. BAILEY, *Chairman*.
MRS. EDA PINE,
ALICE S. GILMAN,
SALLY JOHNSON,
ADA BELLE MCCLEERY,

Nominating Committee.

THE PRIVATE DUTY SECTION

All state associations having Private Duty
Sections are asked to communicate that fact

to the Secretary of the national Private Duty
Section, Minnie Hollingsworth, 37 Franklin
Street, Watertown, 72, Mass.

TICKET OF NOMINATIONS

NATIONAL LEAGUE OF NURSING EDUCATION

For president, Laura R. Logan; for first
vice-president, Carrie M. Hall; for second vice-
president, Mary M. Pickering; for secretary,
Ada Belle McCleery; for treasurer, Marion
Rothman; for directors, Annie W. Goodrich,
Bena M. Henderson, Mary M. Roberts, S.
Lillian Clayton.

ETHEL P. CLARKE, *Chairman*.

JESSIE E. CATTON,

GRACE PHELPS,

Nominating Committee.

A FORECAST OF THE CONVENTION PROGRAM

(Subject to change for all but joint sessions)

Monday, June 16

9-11—Business Session of the National League of Nursing Education.

12:15-12:45—Business Session of the National Organization for Public Health Nursing.

2:30-4:30—Business Session of the American Nurses' Association.

8:10—Formal Evening Opening Session—Joint Meeting—A. N. A. presiding.

The American Red Cross Nursing Service, Clara D. Noyes.

Woman's Relation to World Peace, The Hon. John H. Clarke, former Asso-
ciate Justice, U. S. Supreme Court.

Tuesday, June 17

9-11—Joint Session, A. N. A. presiding.

The Role of the Physician in the Education of the Nurse, Charles D. Lock-
wood, M.D.

2:30-4:30—Joint Session, N. O. P. H. N. presiding.

Communicable Disease, Charles P. Emerson, M.D., Dean, Indiana University
School of Medicine, and Elizabeth F. Miller, Superintendent of Nurses, Phila-
delphia Hospital for Contagious Diseases.

N. L. N. E. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table: Publicity in Schools of Nursing. Chairman, Elnora Thomson.

A. N. A. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table: A Useful Tool When Skilfully Used,—*The American Journal of
Nursing*, Chairman, Mary M. Roberts.

4:40-6—Round Table, Postgraduate Courses for Nurses, Chairman, Mary C. Wheeler.

4:40-6—Round Table: What Women Need to Know Before Voting, Mrs. Charles Novak.

4:40-6—Round Table: State and Local Committees on Red Cross Nursing Service,
Chairman, Clara D. Noyes.

N. O. P. H. N. Sessions—

11:15-12:45—Discussion.

12:45- 2:30—Luncheon Round Table: Legislation, Chairman, Janet Geister.

4:40-6—Round Table: Visiting Nurse Study Report, Chairman, Katherine Tucker.

Wednesday, June 18

9-11—Joint Session, N. L. N. E. presiding.

A Study on Budgets for Schools of Nursing, Elizabeth A. Greener, Superintendent of Nurses and Principal School of Nursing, Mt. Sinai Hospital, New York City.

2:30-4:30—Government Nursing Service Session.

8-10—Joint Session, N. L. N. E. presiding.

The Responsibility of the Community and the Hospital in the Establishment of Schools of Nursing, Christopher G. Parnall, M.D.

The Responsibility of a University School of Nursing toward the Hospital and the Community, Mrs. Chester C. Bolton.

N. L. N. E. Sessions—

11:15-12:45—Discussion, A Study on Budgets for Schools of Nursing. Chairman, Elizabeth A. Greener.

4:40-6—Round Table, Adjuncts to Teaching, Chairman, Susie A. Watson.

A. N. A. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table, Getting Young Graduates Interested in Organization, Particularly with Respect to Building up School of Nursing Endowments. Chairman, E. M. Lawler.

4:40-6—Round Table: Milestones in the Progress of Social Hygiene.

4:40-6—Meeting of the National Committee on Red Cross Nursing Service.

N. O. P. H. N. Sessions—

11:15-12:45—Discussion, Communicable Disease Nursing. Chairman, Alta Elizabeth Dines.

12:45- 2:30—Luncheon Round Table: Rural Nursing.

12:55- 2:20—Luncheon Round Table: Responsibilities, Privileges and Rewards of Directors.

(Closed Session of Boards of Directors of Public Health Nursing Association),
Chairman, Gertrude W. Peabody, Boston, Mass.

Round Table: Publicity, Charles Stelzle, New York City.

4:40-6—Round Table: Affiliations for Schools of Nursing with Public Health Nursing Associations. Chairman, Gertrude Hodgman.

Thursday, June 19

9-12:45—Section meetings of the three organizations. (See Organization Sessions, below.)

12:55-6—Boat ride for delegates and guests, Michigan nurses hostesses.

N. L. N. E. Sessions—

Instructors' Section, Chairman, Nellie G. Brown, Changing Demand in the Training of Teachers, Isabel M. Stewart.

A. N. A. Sessions—

Mental Hygiene Section, Chairman, May Kennedy.

Private Duty Section, Chairman, Frances M. Ott.

Legislative Section, Chairman, Roberta M. West.

N. O. P. H. N. Sessions—

9-11:30—School Section, School Health—Progress and Promise, Chairman, Alice Dalbey.

9:30-12—Industrial Section, Social Hygiene in Industry, Chairman, Mrs. Marion T. Brockway.

10-12:30—Child Welfare, Routines in Child Care, Chairman, Abbie Gilbert, (The film, "Well Born," will be shown).

10-12:45—Tuberculosis, Chairman, Anna M. Drake.

Tuberculosis and Nursing Education, Dr. H. A. Pattison.

New Theories, Methods, Treatment in Tuberculosis Nursing, Alice Stewart.

Friday, June 20

9-11—Joint Session, N. O. P. H. N. presiding.

Meeting the Demands of Community Health Work, Dr. Haven Emerson, Prof. of Public Health Administration, Columbia University; Ella Phillips Crandall, Associate General Executive, American Child Health Association; William J. Norton, Secretary of Detroit Community Fund, Detroit, Mich.

2:30-4:30—Joint Session, N. L. N. E. presiding.

Some Outstanding Activities in the Nursing Field.

8-10—Joint Session, N. O. P. H. N. presiding.

The Public and the Nurse, Dr. George Vincent, President of the Rockefeller Foundation.

N. L. N. E. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table, Pediatric Nursing, Chairman, Gladys Sellew.

A. N. A. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table: Mental Hygiene Section, Chairman, May Kennedy.

4:40-6—Round Table: Home Hygiene and Care of the Sick, Chairman, Isabelle W. Baker.

4:40-6—Round Table: Chairman, Florence Patterson, Value of the Public Health Nurse Magazine to All Nurses, Ada M. Carr.

N. O. P. H. N. Sessions—

11:15-12:45—Discussion, What Are Voluntary Organizations Going to Do Toward Meeting the Demand with the Funds that Are Available, Chairman, Mary S. Gardner.

12:45- 2:30—Luncheon Round Table (closed session), Discussion of the Content and Method of Instruction in Principles of Public Health Nursing, Chairman, Katherine Tucker.

4:40-6—Round Table: Vocational Work.

Saturday, June 21

9-11—Business Session of the National League of Nursing Education.

11:15-12:45—Business Session of the National Organization for Public Health Nursing.

2:30- 4:30—Business Session of the American Nurses' Association.

TRANSPORTATION FOR WESTERN NURSES

The Transportation Committee of the California State Nurses' Association is offering an opportunity to members and friends to attend the Biennial Convention in Detroit, Michigan, June 16-21. The Southern Pacific Route has been chosen and the itinerary planned as follows:

Leave San Francisco	at 11:00 a. m. on Tuesday, June 10
Leave Sacramento	at 2:35 p. m. on Tuesday, June 10
Arrive Salt Lake City	at 4:25 p. m. on Wednesday, June 11
Arrive Royal Gorge	at 2:00 p. m. on Thursday, June 12
Arrive Denver	at 8:30 p. m. on Thursday, June 12
Arrive Omaha	at 3:40 p. m. on Friday, June 13
Arrive Chicago	at 7:00 a. m. on Saturday, June 14
Arrive Detroit	at 3:35 p. m. on Saturday, June 14

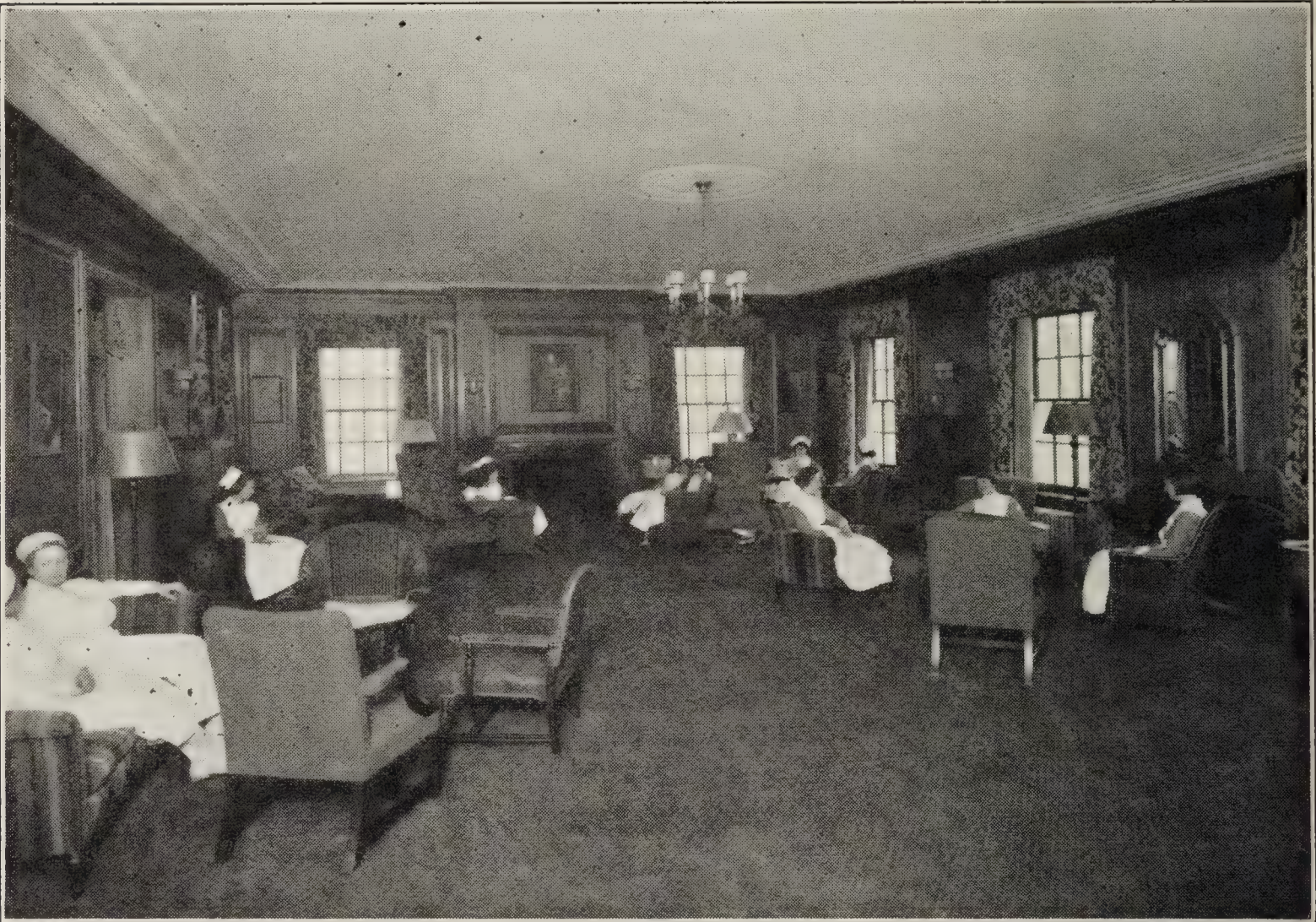
The cost of the trip from San Francisco will be: Round trip to Detroit, \$105.62; lower

Pullman berth to Detroit, \$27; upper berth, \$21.60. Meals may be obtained on the train. A special train will be provided if we have a party of 125, or special cars of 25 persons each. Special cars may be added to the train at any point for a party of 25 or more persons. Members of the party may return at any time within three months. Applications should be made to the Transportation Committee not later than April 15.

Mary H. Taylor, 1995 Kearney Ave., San Diego.

Mrs. F. J. Conzelmann, Chairman, Stockton State Hospital, Stockton, Calif.

Committee on Transportation.



LOUNGE, NURSES' RESIDENCE, CHILDREN'S HOSPITAL OF MICHIGAN, DETROIT

NURSES' RELIEF FUND			
REPORT FOR FEBRUARY, 1924			
Receipts			
Balance on hand, February, 1924	\$16,181.06	Massachusetts: Worcester City Hospital Nurses' Alumnae Assn.	25.00
Interest on bonds	191.25	Michigan: Dist. 3, Battle Creek Alum., \$51; Dist. 4, Individual members, Muskegon, \$10; Dist. 5, \$50; Dist. 8, Individual members, \$7	118.00
California: District 5, \$76; Dist. 9, \$29; Dist. 12, \$11	116.00	Minnesota: Dist. 2, Individual members, \$9; Dist. 3, Individual members, \$7.50; Dist. 4, St. John's Alum. Assn., Red Wing, \$10	26.50
Connecticut: Litchfield County Hospital Alumnae, Winsted	39.75	Missouri: Dist. 6	10.00
Iowa: Iowa State Nurses' Association	54.50	Nebraska: Dist. 1, \$9; Dist. 2, \$15	24.00
Kansas: Kansas State Nurses' Association	84.00	New Hampshire: Community Hospital Alum., Keene, \$12; Individual members of State Assn., \$2	14.00
Louisiana: Alexandria District	31.50	New Jersey: Dist. 5, Individual	1.00
Maryland: Maryland State Nurses' Association	4.00		

New York: Dist. 1, Buffalo General Hospital Nurses' Alum., \$25; Dist. 9, Albany Hospital Nurses' Alum., \$100; Dist. 13, Bellevue Hospital Alum., \$30; Fifth Ave. Hospital Alum., \$5; Yonkers Homeopathic Hospital Nurses' Alum., \$15; St. Mary's Free Hospital Alum., \$25; Park Hospital Nurses' Alum. (100%), \$35; White Plains Hospital Alum., \$10; Presbyterian Hospital Alum., \$100; Roosevelt Hospital Nurses' Alum. (7 members), \$8; Bloomingdale Hospital Nurses' Alum., White Plains, \$15; five individuals, \$18; Dist. 14, Norwegian Lutheran Hospital, Brooklyn, \$25 -----	411.00
Ohio: Dist. 9, Robinwood Hospital Alum., \$25; Lucas County Hospital Alum., \$10; Flower Hospital Alum., \$10; St. Vincent's Hospital Alum., \$50; District members, \$50 -----	145.00
Rhode Island: Rhode Island State Nurses' Assn. (Collected at meeting of Executive Board) -----	25.00
Texas: Bell County Graduate Nurses' Association -----	12.00
Wisconsin: Dist. 6, \$75; Dist. 10, \$40; one individual, Beloit, \$1--	116.00
Total receipts -----	\$71,629.56

Disbursements

Paid to 44 applicants-----	\$650.00	
Stationery -----	9.00	
Postage -----	13.06	
Farmers' Loan & Trust Company, exchange on checks -----	.23	
Money order returned-----	1.50	673.79
Balance, February 29-----	\$16,955.77	
Invested Funds -----	17,951.57	
		\$88,907.34

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the

Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York. In response to the request published in these columns before Christmas, subscriptions to the *American Journal of Nursing* have been sent in for 32 of the Relief Fund nurses.

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

Since the last report in regard to the reclassification of nurses, one member has been added to the Committee, Gertrude H. Bowling, who represents the National Organization for Public Health Nursing. The application for membership in the Joint Congressional Committee has not yet been acted upon, but the Secretary of the Joint Congressional Committee has been furnished with copies of three bills which the American Nurses' Association would support as members of this Committee. These bills are the "Amendment to the Reclassification Bill," which abolishes the existing Personnel Reclassification Board and makes the Civil Service Commission the classifying agency. The others are the "Educational Bill" and the "Child Labor Amendment." The reasons for the selection of these two bills were: First, the Educational Bill, by which a Department of Education is created with a Cabinet Officer in charge, should be a matter of great interest to nurses; Second, the Department of Education should be a great help to the National League of Nursing Education as all matters concerning education could be referred to this department; Third, higher education and more general education will naturally affect student nurses and give better material for training schools; Fourth, for graduate nurses the wiping out of illiteracy and increase in education cannot fail to be a matter of paramount importance. It is believed, in regard to child labor, that all nurses are interested in the protection of the health of the child and in the prevention of the exploitation of children of pre-school and school age by industrial organizations. The opportunity for education and development is the right of every child. At the present time hearings are being conducted on the Amendment to the Reclassification Bill. The Chairman of your Committee has attended these

hearings and she will continue to do so. They will probably extend over a long period of time, and while it is not believed that our struggle for proper recognition would be ended with the abolition of the Personnel Board and the placing of the classification in the Civil Service Commission, we should at least have this advantage, that there would be one agency to contend with, rather than three, and that this agency has shown during past years that the welfare of the government employee is a matter of importance in so far as it does not conflict with the best interest of the people as a whole. Justice can more safely be left to the Civil Service Commission than to the Personnel Reclassification Board as evidenced by our past experience with that Board.

LUCY MINNIGERODE, *Chairman.*

REPORT OF THE ISABEL HAMPTON
ROBB MEMORIAL FUND TO
MARCH 10, 1924

Previously acknowledged	\$27,933.84
Minnesota State Registered Nurses' Association	50.00
Class of 1923, Hartford Hospital Training School for Nurses.....	25.00
Wisconsin State Nurses' Association	25.00
Illinois Training School Alumnae....	50.00
Superintendent of Nurses, Massillon City Hospital, Massillon, Ohio....	10.00
Anna C. Maxwell.....	5.00
District No. 5, California.....	10.00
Alumnae Association, Johns Hopkins Training School	25.00
Rochester Homeopathic Hospital Alumnae, Rochester, N. Y.....	10.00
Jefferson County Graduate Nurses' Association, Louisville, Ky.....	10.00
Western District of Kentucky State Association of Graduate Nurses...	25.00
Newton Hospital Alumnae, Newton, Mass.	25.00
Noble Hospital Alumnae Association, Westfield, Mass.....	5.00
Total	\$28,208.84

MARY M. RIDDLE, *Treasurer.*

REPORT OF THE McISAAC LOAN FUND
TO MARCH 10, 1924

Jan. 1, 1924, Bank balance.....	\$147.00
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Feb. 1, 1924, Loan repaid with interest	208.00
March 1, Loan repaid with interest..	208.00

Contributions

Feb. 21, Dist. No. 5, California.....	10.00
March 4, Rochester Homeopathic Hospital Alumnae, Rochester, N. Y.	10.00
March 5, Newton Hospital Alumnae, Newton, Mass.....	10.00
March 8, Noble Hospital Alumnae, Westfield, Mass.	5.00
	\$598.00
March 1, Loan made.....	200.00
March 10, Balance on hand.....	\$398.00

MARY M. RIDDLE, *Treasurer.*

Contributions to the Isabel Hampton Robb Memorial Fund or to the McIsaac Loan Fund should be sent to Mary M. Riddle, 36 Fairfield Street, Boston, 17, Mass. Checks should be made payable to the Illinois Merchants Trust Company.

ARMY NURSE CORPS

During the month of February, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 1st Lieut. Alice D. Agnew, Chief Nurse, 2nd Lieut. Catherine G. Sinnott; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Anne Williamson, Chief Nurse, 2nd Lieutenants Mary E. Cardwell, Florence I. Lee, Kathryn M. Morgan, Alvine L. Schmidt, Sarah E. Holden, Anna L. Barry, Ruth C. Anderson, Kathryn C. Hopkins, Grace Newcomer; to Station Hospital, Camp Meade, Md., 2nd Lieut. Sara E. Tiddy; to Station Hospital, Fort Sam Houston, Texas, 1st Lieut. Margaret Knierim, Chief Nurse; to Station Hospital, Fort Sheridan, Ill., 2nd Lieutenants Frances M. Poole, Clara L. Bemis; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Margaret J. Bakken, Karen M. Swarva; to Hawaiian Department, 2nd Lieut. May V. Greenlees; to Philippine Department, 1st Lieutenants Nellie V. Close, Grace E. Hill, Chief Nurses, 2nd Lieutenants Elsie Schwaeble, Nell Suggs, Caroline Hutcheck, Mildred P. Carter, Alice H. Gallagher, Myrtle Huhner; to Philippine Department, 2nd Lieutenants Anna C.

Keifer, Mary K. Sackville, Jane E. Wilson; to Tientsin, China, 2nd Lieutenants Josephine Heffernan, Minnie E. Newell.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants Isabel H. Armstrong, Anna Coffey, Aline M. Conrad, Christy A. Dalrymple, Nellie Donovan, Florence G. Gerhart, Minnie M. Kirkpatrick, Mary B. Lyons, Grace M. Nestle, Helen L. Shepherd, Nell A. Speegle, Jessie Wright.

JULIA C. STIMSON,
*Major, Superintendent,
Army Nurse Corps.*

During the World War eight hundred members of the United States Army Nurse Corps were on duty in France with the British Expeditionary Forces. They went over with the first six Base Hospital units which were sent to France in the late spring of 1917. The nurses of these units came under the direct supervision of the Matron-in-Chief of the British Nursing Forces in France, E. Maud McCarthy, upon whom, in the summer of 1918, the King conferred the title of "Dame of the Order of the British Empire." At the invitation of the nurses who served under her in France, Dame McCarthy has been brought to this country for a short visit. The War Office in London has granted her two months' leave in order that she may avail herself of this invitation. She is visiting some of the parent hospitals of the units who served under her. She arrived on the *Berengaria* on February 13, and made her first visits to Helen Young, Presbyterian Hospital, New York; Margaret Dunlop, Pennsylvania Hospital, Philadelphia; Carrie M. Hall, Peter Bent Brigham Hospital, Boston; Major Julia C. Stimson, Army Nurse Corps, Washington; Annie W. Goodrich, Yale School of Nursing, New Haven, and Laura M. Grant, Lakeside Hospital, Cleveland.

The funds necessary for this trip of Dame McCarthy's has been given by her friends among the American nurses. The management of her trip is in the hands of Major Julia C. Stimson, Superintendent of the United States Army Nurse Corps, who during the war had close coöperative relations with her. In August, 1919, Dame McCarthy was recalled to England, and soon thereafter she retired,

but a short time later she was appointed to fill the vacancy caused by the retirement of the former Matron-in-Chief of the Territorial Nursing Service, which position she now holds.

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Elise Flippen and Janet C. McAdie; to Brooklyn, N. Y., Grace L. Goodwin, Esther L. Klein, Ina B. Wilson; to Chelsea, Mass., Annie Bovaird, Lucy H. Russell; to League Island, Pa., Emily J. Cunningham, Thomasina Libbey, Eva B. Moss (Chief Nurse), Florence R. Partridge, Josephine A. Phelps, Caroline W. Spofford; to Mare Island, Calif., Rosa C. Wertz; to New London, Conn., Submarine Base, Inga J. Qually; to Newport, R. I., Nellie J. Macleod; to Pensacola, Fla., Eleanor B. O'Grady; to *U. S. S. Relief*, Carrie S. Albright, Kathryn M. Bonner.

Resignations: Christine J. Bourgeois, Pearl L. Christy, Ellen L. Penna, Helen M. Schuveiller, Mary R. Woods.

Discharged from inactive status: Elizabeth E. Buxton.

Recently the members of the Navy Nurse Corps have been issued a uniform outfit, which has given much pleasure to the nurses and will be of great material benefit. This uniform is issued to all nurses, Regular or Reserve, after they have completed their first six months and have proved their aptitude and fitness for the Service. Reserve Nurses must, upon applying for the uniform outfit, give a written statement as to their intention of remaining in the Corps for two years, or until the emergency no longer requires their services. The outfit consists of six white indoor uniforms, made of light weight drill, a navy blue sweater of Spaulding make, a blue broadcloth cape lined with maroon, and two hats, a blue silk veleur and a white rough straw—Knox sailors. All chief nurses and all nurses on Hospital Ships are issued blue serge, and white drill outdoor uniforms; these with the capes conform in style with those of the commissioned officers of the United States Navy. The material in these uniforms is of a very high grade, and because of their most attractive style, they have been the subject of much agreeable comment by the nurses themselves as well as by all others who have seen them.

Upon leaving the Service, nurses are allowed to retain their uniforms.

THE PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: To Boston, Mass., Esther Gibson; to Key West, Fla. Minnie L. Hayes; to Mobile, Ala., Alsie Chambless; to New Orleans, La., Georgiana Selby; to Pt. Townsend, Wash., Laura Zwanzig, Mary Williams.

Reinstatements: Mary Flynn, Mary McDonald, Margaret O'Gara.

It is with great regret that we report the death on February 27, 1924, of Alice Baird, Head Nurse at U. S. Marine Hospital No. 82, Norfolk, Va., from general peritonitis. Miss Baird had been with the Service since January, 1920, and had proven in many ways her value to the Service. Her death is a distinct loss both officially and personally.

LUCY MINNIGERODE,
Supt. Nurses, U. S. P. H. S.

UNITED STATES VETERANS' BUREAU

HOSPITAL SERVICE. *Transfers:* Mata A. Schmidt, Lura M. Collins, Helen P. McCall, Edna Hill, to Whipple Barracks, Ariz.; Catherine Crew, C.N., Helen Waldron, Molly Hennessey, Abby L. Lee, Clara M. Spielman, to Bronx, New York; Sarah E. Albers, Mildred E. Furst, to Maywood, Ill.; Mrs. Katherine J. Kelly, Asst. C.N., to Walla Walla, Wash.; Josephine Segerson, to Camp Kearney, Calif.; Hildred Van Amburg, Telva T. Moore, Lucy Harmon, Martha Harmon, to Fort Bayard, N. M.

Reinstatements: Helen F. Addis, Minnie A. MacDonald, Eleanor Wilson, Mary E. Bowen, Margaret M. Roach, Daisy F. Meachan.

DISTRICT MEDICAL SERVICE. *Transfers:* Elizabeth Kolb, Rose E. Dunn, to Minneapolis, Minn.

Reinstatements: Elsie McI. Safford.

Mlle. Cazaly and Mlle. Guibaud, graduates of the Bordeaux School, who are working with the American Committee for Devastated France and who have been in this country for several months studying nursing methods, have visited the Presbyterian Hospital, New York City; Walter Reed Hospital, Washington, D. C.; Massachusetts General Hospital, Boston, Mass., and have had two months of

field work with the Visiting Nurse Association of New Haven, Conn. They rounded out their observation by a series of conferences at National Nursing Headquarters and sailed on March 22. They feel that the six months in this country has been most profitably spent.

TEACHERS COLLEGE: The Alumni Conference has been set for April 25 and 26. On April 24, the Department of Nursing Education will give a reception to Miss Goodrich, who resigned at the close of the year 1922-23 to become Dean of the School of Nursing at Yale University. A movement has been inaugurated to raise an "Annie Goodrich Fund" as a tribute to Miss Goodrich, the exact use of the fund to be determined by the size of the fund and by Miss Goodrich's wishes in the matter. Contributions to the fund are now being received and should be made payable to Helen Redfern, 106 Morningside Drive, New York City.

THE HOSPITAL LIBRARY AND SERVICE BUREAU, Chicago, of which Donelda R. Hamlin is director, has compiled a bibliography of National Hospital Day. This includes material of all kinds published in hospital and nursing journals, and a number of articles among other features. The National Hospital Day Committee, of which Matthew O. Foley, 537 South Dearborn Street, Chicago, is executive secretary, urges all hospitals to study this bibliography carefully, since many of the articles are illustrated and all of them contain ideas and suggestions suitable for a program for almost any institution.

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its 1924 meeting in Toronto, June 25-July 2. Nurses attending the convention in Detroit may plan to attend these meetings on their return trip.

THE AMERICAN HOSPITAL ASSOCIATION will meet in Buffalo, N. Y., at the 106th Armory, the week beginning October 6.

THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its annual meeting in Atlanta, Ga., May 5-12.

INSTITUTES OR SUMMER COURSES

California: STANFORD UNIVERSITY.—June 24-July 30. Course for Administrators and Instructors in Schools of Nursing under the

direction of Maude Landis, Professor of Nursing, Stanford University and Laura R. Logan, Professor of Nursing and Health, University of Cincinnati. For information, address The Registrar, Stanford University, California.

Minnesota: Minneapolis.—UNIVERSITY OF MINNESOTA. *Week of May 19.* An institute for Instructors and Administrators in Schools of Nursing. For information, address Louise M. Powell, Millard Hall, State University, Minneapolis.

New York: Albany.—STATE EDUCATION BUILDING. *May 5-9.* An Institute held under the auspices of the Hudson Valley League of Nursing Education and the State Education Department. An excellent program is being prepared with special emphasis on Teaching of Practical Nursing. This should be of special interest and profit to teachers of this subject as well as to all others engaged in nursing education. In order to defray the expenses, a small fee of \$10 will be charged for the entire course. Programs will be issued by April 1. For information, address Room 442, State Education Department, Albany, N. Y.

Oregon: UNIVERSITY OF OREGON.—Course in General Public Health Nursing. This course is designed for nurses with public health nursing experience, and requires that all taking the course be registered, and have done some practical public health nursing. The course will last six weeks and will carry three credits. For information, address State Board of Health, Portland, Oregon.

Pennsylvania: Philadelphia. — THE PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK. *July 7-August 16.* The following courses are offered: Public Health Nursing (24 hours), Public Hygiene and Sanitation (12 hours), Child Hygiene (12 hours), School Health Education (12 hours), Nutrition (12 hours), The Social Handicaps of Childhood (12 hours), Public Discussion and Public Speaking (24 hours). Each course of 12 hours constitutes a unit. The student may take the entire series or may elect separate courses. For information, address The Pennsylvania School of Social and Health Work, 339 South Broad Street, Philadelphia.

Washington: Seattle.—UNIVERSITY OF

WASHINGTON. *Week of July 7.* An Institute for Graduate Nurses. Instructors,—Edna L. Foley of Chicago, Carol Martin, formerly of Chicago; Elnora Thomson of San Francisco. These lectures will be supplemented with lectures by some of the regular faculty of the University. The subjects to be presented are: Nutrition, Sociology, and Heredity and Eugenics. There will also be time for round table discussions and conference periods with the instructors. It is the aim of the committee to make the program of interest to every nurse, whatever her field of endeavor may be. Tickets for the entire course, including incidental entertainment such as a banquet, will be sold for \$15 each. Graduate nurses regularly enrolled in the Department of Nursing for the summer quarter will be privileged to attend these lectures as a part of their course. For information, address Mrs. Elizabeth S. Soule, University of Washington, Seattle.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting in Tucson, at St. Mary's Hospital, April 1.

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its annual meeting in the Senate Chamber of the State Capitol in Little Rock, May 6-7, 1924, for the purpose of examining applicants. Applications must be made fifteen days before that date to the Secretary, Eva Atwood, St. John's Hospital, Ft. Smith, Arkansas.

California: Camp Kearney.—*The Optimist* for January 24 contains pungent comments on the Reclassification Bill. Disabled veterans of Lonnie Boyd Post 238, American Legion, have sent a strong protest to the President, believing that he will act upon his own publicly expressed opinion that "Veterans deserve the best."

Colorado: THE STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, May 20, 21, 22, 1924, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colorado. THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its twentieth annual meeting, and the State League held its sixth annual meeting in Colorado Springs, February 13, 14 and 15.

Through the courtesy of the Chamber of Commerce, all meetings of the associations were held in the Auditorium, a fine new building which is an ideal place for holding conventions. The associations were also indebted to the Chamber of Commerce for the assistance of their secretary, who gave her entire time to the nurses during the meetings. The Colorado Springs Registry Association was instrumental in the meeting being held in Colorado Springs and through their efforts the Convention was the most successful one in the history of the association. Over one hundred nurses attended the banquet at the Antlers Hotel on February 14. Place cards, favors and decorations were suggestive of Valentine's Day. All visiting nurses were guests at a delightful luncheon served at Elizabeth Inn, Friday noon. Several musical numbers added to the pleasure of all. Automobiles were provided each day to take the visiting nurses for rides over the city and to the near-by mountains. The fine weather made these trips most enjoyable. All papers read were most interesting and instructive. Frances Rule, Instructor of Nurses, St. Luke's Hospital, Denver, gave a splendid talk on Educational Problems. This talk brought forth much discussion and many went home with new ideas as to the kind of education that is most needed in the nursing profession. This discussion was led by Sister Maria Gerald, Glockner Sanitorium, Colorado Springs. Mrs. Mable Lee, Dean of Women, Colorado College, Colorado Springs, gave a very interesting talk on The Best Way to Teach Young Women To Accept Responsibility. The problem of Nursing Records was very ably presented by Mrs. Lafferty, Instructor, Minnequa Hospital, Pueblo. Father Higgins gave a talk in which all were interested on Nursing as a Profession. He gave many reasons why it depends on the nurse as to whether nursing is to be classed as a profession or as a labor. He stated that nurses as individuals are responsible for our rating. The Public Health Section gave the program on Friday morning. Lena Pecover told about Maternity and Infancy in Colorado under the Shepard-Towner Act. Miss Pecover is connected with the State Child Welfare Bureau. Jennie Walker, Denver, Tuberculosis Supervisor, gave a paper

on Growing Healthy Children. This was illustrated by slides showing the children before and after treatment given by the workers. The Progress charts were also shown. Charlotte Steinbach, teacher at the State Home for Mental Defectives, told of Mental Defectives as a Public Health Problem. Miss Steinbach told many things about these defectives which the members did not know and provided a display of work done by these charges. Matilda Harris, Red Cross Advisory Nurse for Colorado gave a paper on Health Education. Dr. G. O. Giese, Colorado Springs, gave a paper, The Nurse and Public Health. This was illustrated by slides. Colorado Springs has a Nutrition Camp for children who need special attention. Mrs. Wright, Board Member of the Colorado Springs V. N. A., gave a paper on The Work of the V. N. A. Mrs. Chas. Auld, president of the Colorado Springs Women's Club, told of Club Activities. Among other things she spoke of the Equal Rights Bill, which the Colorado clubs are not supporting. Dr. Etta Watters, Washington, D. C., Director of Hygiene, Maternity and Infancy, told about teaching the value of hygiene to mothers and how to take care of their children. Her work extends all over the United States. Helen Beckman, a student nurse, Glockner Sanitorium, Colorado Springs, gave a very interesting paper on, What the Association Should Mean to the Graduate. Instructive Round Tables were held by the Public Health Section, Private Duty Section and the League of Nursing Education which were also very interesting. In the discussions of the Advisory Council at the last annual meeting it was suggested that each hospital send a Senior nurse to each annual meeting, hoping to stimulate interest of the young graduate in organization work. It was very gratifying to note that nearly every school was represented. Most of the Alumnae Associations have started their classes in Parliamentary Law. Two delegates were elected to attend the National meeting at Detroit. The following officers were elected: President, Jessie D. Stewart; secretary, Mrs. May M. Carpenter; treasurer, Mrs. E. Livsey Maguinness. Matilda Harris is Chairman of Public Health Section and Ruth Grey, Chairman of Private Duty Section. The League of Nursing

Education elected Loretto Mulherin president and E. Luella Morrison, secretary-treasurer.

Colorado Springs.—THE BETH-EL HOSPITAL ALUMNAE ASSOCIATION has the following officers: President, Mrs. George Bancroft; vice-president, Ivah Shellenburger; secretary and treasurer, Mary Stewart; corresponding secretary, Mrs. Milton J. Strong. Graduates of the hospital are reported as follows: Millicent Fuller, after taking a course in Deaconess training, is doing Settlement work in a mining community in West Virginia; Fannie Titsworth is a Red Cross Public Health nurse in Kinsley, Kas.; Freda Morris is doing similar work in Brooklyn, N. Y. **Denver.**—The general Education Board of the Rockefeller Foundation has announced a gift of \$180,000 to the University of Colorado to be applied to the equipment of the new Medical School and Hospital, and Mrs. Mary D. Reed of Denver, has given \$120,000. These gifts assure the completion of the plant now under construction and the inclusion of a well equipped Home for the School of Nursing.

Connecticut: THE CONNECTICUT LEAGUE OF NURSING EDUCATION held its annual meeting in connection with the other state organizations, in New Haven, January 23. Dr. W. C. Rappleye, Superintendent of the New Haven Hospital and Professor of Hospital Administration in the Yale University School of Nursing, gave the address of welcome. He spoke of the important part the nurse plays in the public health work, the awakening of the public to their responsibility to the nursing profession and the growing need for trained personnel. Nursing is at the threshold where medicine was fifteen years ago. We must look closely to medical education. One reason of failure would be the present tendency to split up into specialized groups. He spoke briefly of the work at the new Yale School of Nursing and paid a high tribute to Dean Goodrich and her staff and the nursing profession in general. Robina Stewart, Principal of the Hartford Training School, in her usual pleasing manner, responded for the League. The regular business was then taken up and the various reports given. One of special interest was that of the Educational Committee. During the year they presented to the League the educational equivalent of one year of

High School, which was adopted at the December meeting and recommended to the State Board of Examination and Registration for Nurses. The principal speaker for the morning session was Effie J. Taylor, Superintendent of Nurses, New Haven Hospital and Associate Professor, Yale School of Nursing. She spoke on Work at National Headquarters, giving very interesting information concerning the different activities at Headquarters, spoke of the importance of the Bureau of Information and said there should be such a bureau at every State Headquarters. At noon, luncheon was served at the Business and Professional Women's Club. In the afternoon after a brief business session and the president's annual address, Dr. Edwards A. Park, Professor of Pediatrics, Yale University School of Medicine, gave an address on Practical Observation concerning the Feeding of Infants, which was very interesting and instructive. Following was an address by Isabel M. Stewart, Associate Professor of Nursing and Health, Teachers College, Columbia University, on European Nursing Conditions. Miss Stewart gave interesting information concerning the nursing profession and hospitals abroad. At the close of the afternoon session tea was served by the Grace Hospital Alumnae Association. The evening session was a combined meeting of the three organizations. One feature of the convention very much enjoyed by all was the community singing. **THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING** held its annual meeting in New Haven, January 25. The program included addresses by Dr. John L. Rice, Health Officer of New Haven; Janet Geister of the National Organization, and Alta E. Dines of the A. I. C. P., New York. The following officers were elected: President, Margaret Barret, New Haven; vice-presidents, Mabel Macdonnell, Stamford, and Abbie Gilbert, New Haven; secretary and treasurer, K. M. MacKenzie, Norwich. Councilors, Grace Merritt, Ruby Vose, Margaret K. Stack, Mildred Gray, Margaret Dornheim. **New Haven.**—AN INSTITUTE FOR PUBLIC HEALTH NURSING SUPERVISORS was held February 25-29 at the Visiting Nurse Association headquarters. Mrs. C. E. A. Winslow acted as hostess and Mary Grace Hills as chairman. The address

of welcome was given by Lillian E. Prudden, President of the Visiting Nurse Association. There were many interesting speakers and discussions, round tables were held and the Institute closed with an address by Professor C. E. A. Winslow, Department of Public Health, Yale University.

Delaware: THE DELAWARE STATE BOARD OF EXAMINERS OF NURSES will hold the next examination at the Delaware Hospital on Monday, June 2, beginning at 9 a. m. Refer all applications to Mary A. Moran, Secretary, 911 Delaware Avenue, Wilmington. At the recent meeting of the STATE ASSOCIATION, the following officers were elected: President, Mary A. Moran; vice-president, Amy E. Wood; secretary, Iona Ludwig, 122 East 43rd Street, Wilmington; treasurer, Eva B. Hayes.

District of Columbia: THE NURSES' EXAMINING BOARD of the District of Columbia will hold an examination for the registration of nurses on Wednesday, May 7, 1924. Applications may be obtained from Mary E. Graham, Secretary, 1337 K Street, N. W., Washington, D. C. Applications to be at this office not later than April 23, 1924. THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION met in the Nurses' Home at Garfield Hospital, February 28. Mrs. Mina Van Winkle addressed the meeting on the Women's Police Bureau and its relation to health and social work, giving an outline of the work that is being accomplished by this bureau, in Washington. The regular business of the meeting followed, after which a delightful luncheon was enjoyed. The Emergency Hospital has recently taken over the Casualty Hospital, including the Training School for Nurses; a campaign for funds to meet the urgent needs of these hospitals is being generously responded to by the citizens of the District.

Georgia: Savannah.—THE FOURTH DISTRICT ASSOCIATION recently gave a successful card party. The members are now planning a boat ride for the month of May.

Hawaii: THE NURSES' ASSOCIATION TERRITORY OF HAWAII held its annual meeting at the Colonial Hotel, Honolulu, January 7. The Secretary reported eighty-five members in good standing. Two deaths have occurred during 1923,—Mrs. E. C. Waterhouse, a char-

ter member, and Elda Culp. Educational and social activities planned for the coming months are: *March*, Dr. Larsen, The Newer Development of Laboratory Diagnosis in Blood Chemistry and Basal Metabolism; *April*, Carey B. Miller, Vitamin; *April 11*, Odd Fellows' Hall, Card Party for the benefit of Mrs. Pferdner, an ex-nurse, at Kings Daughters' Home; *May*, Mr. Baker, Illustrated lecture on Palmyra Island; *June 19*, Palama Settlement, Rummage Sale, to increase Margaret Jones Memorial Fund; *November 16*, Mah Jong and card party, home of Margaret Rasmussen, to increase American Nurses' Relief Fund. Janet Dewar represented the Nurses' Association at a meeting held by the Vigilance Committee, League of Women Voters, Territory of Hawaii, for the Protection of Women.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on March 4 in Boise. It was a very splendid meeting, the afternoon session being devoted to business. Several changes in the constitution and by-laws being under discussion, and the election of officers and delegates to the Biennial Convention, with the usual business of an annual meeting keeping everyone very busy. The association is growing in numbers (53 members in good standing at the present time), and the increase in interest is very apparent and most gratifying. There have been requests for information regarding the forming of two new district associations; one in Pocatello (southeastern Idaho), and one in Lewiston (northern Idaho); it is hoped that these districts will be organized within the year. Tea was served during a recess in the afternoon session. The following officers were elected: President, Mrs. Barbara Williams, St. Luke's Hospital, Boise; vice-presidents, Beatrice Reichert, Florence Anderson; secretary, Helen A. Smith, St. Luke's Hospital, Boise; treasurer, Mrs. Emma A. Meier. Beatrice Reichert was elected delegate to the Biennial Convention. Louise W. Gerrish, St. Luke's Hospital, Boise, has received the state appointment as Inspector of Training Schools. In the evening there was a banquet at the Commercial Club, with forty present. The Association invited as its guests the members of the Senior class of each training school in

Idaho, and thirteen students were able to accept the invitation. Marie T. Phelan, of the Children's Bureau, Washington, D. C., gave a most interesting talk on the work of the Bureau, and Janet Worden, the Jane Delano nurse recently appointed to this district, gave an outline of some of the things she hopes to accomplish. There were hospital executives and public health and child welfare nurses present from Pocatello, Idaho Falls, Twin Falls, Caldwell, Nampa and Boise, many of whom spoke briefly of the various phases of the work. The president made a short address, thanking her officers and committees for their support during the year, and urging each member to try to bring in at least one new member during the coming year.

Illinois: Chicago.—THE FIRST DISTRICT ASSOCIATION recently elected officers as follows: First vice-president, Harriet Fulmer; third vice-president, Florence Olmstead; secretary, Martha Gatzka. The president and treasurer remain the same as last year,—Nellie M. Crissy, Anna Willenborg. THE CENTRAL COUNCIL FOR NURSING EDUCATION held its fourth annual meeting at the Woman's Athletic Club, March 6. Addresses were given by Malcolm T. MacEachern, M.D., President American Hospital Association, and by Sophonisba P. Breckenridge, University of Chicago. THE CHICAGO TUBERCULOSIS INSTITUTE is offering a health book as a prize to any school in Cook County, outside of Chicago, that reports 100 per cent vaccination. There have been some cases of smallpox in Cook County and vicinity, and all public health officers are strongly emphasizing the vaccination campaign. The Chicago Tuberculosis Institute nurses have helped recently with hundreds of vaccinations and report a very high percentage of success. THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on January 8 and elected: Vice-presidents, Louise Hostman, Mrs. C. D. Westcott; recording secretary, Ethel Christie; treasurer, Jessie Christie. Gratitude was expressed to Mrs. C. D. Westcott for her faithful work as treasurer for twelve years. At the February meeting, a play, *The Seven Keys*, was given by a group of school children under the direction of

Frances Cook of the Tuberculosis Association. Ruth Wendell told of her trip to Labrador. **Jacksonville.**—DISTRICT 13 held its regular meeting in the Chapel at the State School for the Deaf. The principal address was by Col. O. C. Smith, Supervising Officer, who gave a brief resumé on *The Education of Deaf Children*. The members and guests then visited the School, including the Vocational Department and the Hospital. With the conclusion of this itinerary and the close of the regular business session, the Association was entertained by music and a social hour. Fifty members were present with a good representation from Decatur, Shelbyville and Springfield. **Macomb.**—THE EIGHTH DISTRICT held a meeting on February 12, in the Commercial Club rooms. There were twenty in attendance. Dr. Mildred Van Cleve gave a very interesting and instructive lecture on Goiter. After the business was transacted a plate-lunch was much enjoyed. **Peoria.**—THE SEVENTH DISTRICT held its annual meeting on February 1, with a luncheon. Officers were elected at the business meeting following, and addresses were given by Mabel Dunlop, President of the State Association, on *The Nightingale Pledge*, and by Dr. George Palmer, on *Tuberculosis*.

Indiana: Indianapolis.—THE ALUMNAE OF THE DR. W. B. FLETCHER TRAINING SCHOOL met on February 16 and elected: President, Bessie Leswing; vice-president, Hazel Hancock; secretary, Katherine Donnelly; treasurer, Gladys McNinch. **Muncie.**—THE FIRST DISTRICT held its twenty-fourth regular meeting at the Home Hospital, on March 8. Hannah Stevens gave a very interesting talk on *Insulin Treatment of Diabetes*. Ruth Dean read a paper on *The Relation of the Hospital to the Community*. The next meeting will be held at St. Joseph's Hospital, Fort Wayne, on May 10.

Iowa: Council Bluffs.—THE DIRECTORS OF DISTRICT 9 met with the Secretary, Helen Minear Price, February 27. Committees were arranged and appointed. **Des Moines.**—THE SEVENTH DISTRICT at its March meeting had a dinner followed by a business meeting conducted by the new President, Dora Bunch. In the program that followed, the development of nursing from the very earliest times

and the heritage of the present day nurse were vividly portrayed when nurses impersonating characters well known in nursing history were presented, Anna Drake and Ruth Green, executive secretary of the County Red Cross, acting as pages. The modest but self contained Phoebe whom St. Paul admonished the Romans to receive and to assist, the Roman Matron, the Sister of Mercy, Elizabeth, Queen of Hungary, the Deaconess of Kaiserswerth, Florence Nightingale, Linda Richards, the modern trained nurse, and the Red Cross nurse were each enthusiastically received. After this impressive presentation various phases of Red Cross nursing were discussed by Mrs. A. H. Marshall, Estella Van Horn, and Lucy McMichel. Miss Price told of the required qualifications for Red Cross nurses and enrollment in the Red Cross service was urged. At the next meeting the program will be provided by the Des Moines School nurses.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration May 27 and 28, 1924, at the State House, Topeka. Applications for this examination should be made at least two weeks before the examination to M. Helena Hailey, Secretary, 961 Brooks Avenue, Topeka.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination in Frankfort, State Capitol Building, May 20-21, 1924. Applications and information may be procured from the secretary, Flora E. Keen, 115 N. Main Street, Somerset, Ky.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION met at the Hotel Roosevelt, New Orleans, February 28 and 29. About three hundred were in attendance. Because of the illness of the President, Mrs. Breaux, the address of welcome was given by Minnie Mimms; the response was made by Emma Perry. The first day's program included a talk on Cancer by C. Jeff Miller, M.D.; one on Legislative matters by J. T. Crebbin, M.D.; Experiences of a Student Nurse by Mrs. R. W. O'Donnell; one by Dora Barnes, on Public Health Nursing; and one by Marie T. Phelan of the Children's Bureau. On the second day, Dr. Davis Fishman spoke on The Mission of the Public Health Nurse;

Dr. I. Lemann on Insulin; Elizabeth Howell on Rural Nursing. A luncheon and an automobile ride were enjoyed. It was decided to change the time of annual meeting to October. Officers elected are: President, Mrs. Lydia Breaux; vice-presidents, Maude Mimms and Melissa de Laughter; secretary, Mrs. Clara McDonald; treasurer, Mrs. Caroline Elliott.

New Orleans.—THE ORLEANS DISTRICT held its quarterly meeting, January 31, at the Elks' Home. Officers elected are: President, Helen Manffrey; secretary, Ethel Darrington Hariss; treasurer, Martha McKendrick. The vacancies on the Board of the Central Directory were filled by Celeste Janvier, M. P. Little, and Juanita Bahyi.

Maryland: THE MARYLAND STATE NURSES' ASSOCIATION held its twenty-first annual meeting in Baltimore, January 10 and 11, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association. The business session of the State Association was held in Osler Hall Thursday morning, and was opened with prayer by the Rev. Romilly F. Humphries, D.D., Archdeacon of Baltimore. Reports were read by the presidents of the Maryland State Board of Examiners of Nurses and of the Central Directory of Registered Nurses, Inc. Treasurer's report showed that the increase in dues to the American Nurses' Association for 1923 had been met, without asking for increase of dues from the Alumnae Association or the individual members. The meeting of the Maryland State Public Health Nurses' Association was held in Osler Hall, on Thursday, at 3 p. m., and after a short business session Dr. John F. Hogan, Director Communicable Disease Bureau, Baltimore Health Department, gave a most interesting address on Leprosy and with the aid of lantern and microscopical slides impressed upon the nurses that much is being done for this unfortunate class of patients. Officers for 1924 of the State Public Health Nurses' Association were elected at this session as follows: President, Marie Dandridge; vice-presidents, Lillian McDaniel, Etta Pascault; secretary, Constance Jacobs; treasurer, Mrs. Anne Wright; Board, Jane Newman, Ellen Hellier, M. Evelyn Walker, Mildred Baer, Erma Hoshall. The social feature of the

meeting consisted of supper served at 6:30 p. m., that same afternoon, followed by community singing led by Fisher's Orchestra. This social hour has been a great help in bringing the younger nurses in closer touch with the work of the State Organization and there is an increased attendance each year. The public meeting on Thursday evening called the largest attendance at any time during the sessions. Mary M. Riddle of Boston was the speaker and in her address, Nurses' Responsibilities to Nursing Organizations, brought home to each nurse the advantages and privileges awaiting her as a member of her Alumnae, State and National Associations. Miss Riddle was the guest of the Association for the two days' session and was most helpful to the nurses of Maryland, for which they are deeply grateful. On Friday morning, a meeting was held at the Union Memorial Hospital, under the auspices of the State League and after a short business session, the nurses were invited to inspect this modern, up-to-date hospital, opened last fall. Members are indebted to Miss Ball and Miss Snow for making the arrangements to have the nurses shown over the hospital in such a satisfactory way. State League officers for 1924 elected at this session were as follows: President, Hester K. Frederick, Johns Hopkins Hospital; vice-president, Frances M. Branley, St. Joseph's Hospital; secretary, Edna S. Calvert, Woman's Hospital; treasurer, Mary A. Hammar, Woman's Hospital; Executive Committee, Maude Gardner, Jane E. Nash, Sister Anna. The session on Friday afternoon was a business meeting of the State Association and the following officers were elected to serve for 1924: President, Elsie M. Lawler; vice-presidents, Charlotte M. Snow, Harriet Fort; secretary, Sarah F. Martin; treasurer, Mrs. Isabelle Griffith Fleck; directors, Sara Maynard, Martha E. Friend. The Board also includes Jane B. Newman, Annie Crighton, Laurinne Stevens, Jane E. Nash. Hazel Wedgwood, Chief Nurse, Bureau of Child Hygiene, was one of the speakers at this session. Her subject was, Progress of the Work of the Maryland Bureau of Child Hygiene. Miss Wedgwood said that more than 12,000 people had been reached in the State through the 180 addresses that had been given on the work

of the Bureau. She also spoke of the health-mobile used last summer, in carrying the message of health to perhaps 1000 children who were examined by the doctors and nurses connected with the Bureau. Mrs. Raymond Hawss, Secretary of the Consumers' League, spoke about the Child Labor Problem in Maryland. At the close of these addresses the film *Well Born* was shown. This film is the latest pre-natal film produced by the Children's Bureau, Washington, D. C., and it carries a message to every mother and father whether they live in the city or the country. Miss Wedgwood stated that it would be used by the Bureau in its work throughout the counties. The closing meeting was held at the Johns Hopkins Hospital on Friday evening and was largely attended. A series of tableaux was arranged under the title "Time and Times," and "Father Time" himself displayed the scenes which depicted some of the outstanding periods and characters of the nursing world from ancient to modern times. The program was as follows: 1, The Herb Gatherer—Ancient; 2, Nurse and Patient—Egyptian; 3, Mme. de Chantel of Dijon—French, 1625; 4, Friedricke Fliedner—German, 1838; 5, Sairey Gamp—(All of the above being reproduced from illustrations in *The History of Nursing*,—Nutting and Dock); 6, Florence Nightingale (posed as the familiar statue, "The Lady of the Lamp"); 7, The Nurse, Isabel Hampton (as illustrated in *Century Magazine*, 1882); 8, A member of the first and last classes of the University of Maryland School for Nurses; 9, A member of the first and last classes of the Johns Hopkins Hospital School for Nurses. (Both of No. 8 and No. 9 posed by original members); 10, Medieval and Modern Isolation Attendants in Costume; 11, The Red Cross Nurse; 12, The Public Health Nurse. (Both No. 11 and No. 12 reproduced from familiar posters.) The pictures were posed by student and graduate nurses from several different schools, and explanatory abstracts and poems were read as each tableau was shown. The Nightingale hymn and appropriate songs were sung during the evening by about eighty members of the preparatory class of the Johns Hopkins School, who made an attractive picture in their fresh pink uniforms; much enthusiasm was

expressed by the audience. **THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES** will hold an examination for State Registration, May 13, 14, 15, 16. All applications must be filed not later than April 19 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore. **Baltimore.**—**THE JOHNS HOPKINS SCHOOL OF NURSING ENDOWMENT FUND** now stands \$75,658. Ophelia Sawtell, class of 1917, is instructor in the Training School for Nurses at Saranac Lake, N. Y. Elizabeth Smellie, class of 1909, has been appointed Chief Superintendent of the Victorian Order of Nurses of Canada.

Massachusetts: **THE BOARD OF REGISTRATION OF NURSES** will hold an examination April 8 and 9. Application must be filed seven days before the examination date. Charles E. Prior, M.D., Secretary, State House, Boston. **Boston.**—**THE NORFOLK AND SUFFOLK COUNTY BRANCHES** held a meeting on March 27; Dr. Elliott P. Joslin spoke on Insulin. The April meeting will be held on the 24th at the Central Directory, when Dr. Walter E. Fernald will speak on The Care of the Mentally Deficient. **THE BOSTON CITY HOSPITAL ALUMNAE** heard an address at their meeting, March 4, on Is Psychology Necessary for Nurses, by Rev. James F. Mellyn. Boston. At the meeting held on April 1, the subject was Cancer Research, by Anna L. Gibson. **THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE** met on March 3 and heard an address on The Red Cross Nursing Service by Mary K. Nelson. **Springfield.**—**THE ALUMNAE OF MERCY HOSPITAL** held a dance at Hotel Kimball on February 8 which was much enjoyed. **THE WESSON MEMORIAL HOSPITAL ALUMNAE** gave a dance at Hotel Kimball on February 25 for the benefit of their Free Bed Fund. **Worcester.**—**THE WORCESTER STATE HOSPITAL ALUMNAE** met at Hale House January 8 and elected: President, Olive F. Estey; vice-president, Ethel Oliver; secretary, Elizabeth Brown; treasurer, Clara Hardy; councilor, Grace Rielly. Chairman of committees are: Visiting, Winifred Erickson; Program, Elizabeth Brown; Nominating, Kathrine Fitch. A social hour followed.

Michigan: **THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION** held its annual meeting in Flint, February 13-15. There were 51

members in attendance and 93 visitors. The nurses of all the State of Michigan were invited as visitors this year. The officers elected for the ensuing year are: President, Mrs. Mary S. Foy, Battle Creek Sanitarium, Battle Creek; vice-president, Alice Lake, University of Michigan Hospital, Ann Arbor; secretary, Helen M. Pollock, Hurley Hospital, Flint; treasurer, Annie Coleman, 501 Washington Apt., South Washington Ave., Lansing; Chairman Credential Committee, Margaret Rogers, Children's Hospital, Detroit. **Battle Creek.**—**THE THIRD DISTRICT ASSOCIATION** held its annual meeting, January 17, at Nichols Hospital; the following officers were elected: President, L. Winifred Seckinger; vice-presidents, Mrs. Elizabeth Nichols, Nietta King; secretary, Mrs. Edythe Merritt; assistant secretary, Virginia Dryden; treasurer, Aline Sleeper; directors, Mrs. Mary Foy, Mrs. Effie Tyrell, Mrs. Gertrude Pulling. Mrs. Effie Tyrell, retiring president, read an interesting report of the work showing that much had been accomplished during the year. Dr. Caroline Bartlett Crane of Kalamazoo was the speaker for the afternoon and gave an inspiring talk on Alice's Houses. After the meeting a luncheon was served by Nichols Hospital Alumnae. **Detroit.**—Two interesting buildings are under erection at the Ford Hospital in preparation for the school of nursing which will be opened in the autumn. The Clara Ford Nurses' Home is planned for 325 students and will have many unique features. Every student will have a single room and bath. The School of Nursing and Hygiene building will contain class rooms, laboratories, a swimming pool, hand-ball courts and an auditorium-gymnasium. Officers of the **LOCAL LEAGUE OF NURSING EDUCATION**, elected March 7, are: President, Mrs. Louise E. Feist, Children's Hospital; vice-president, Kate Wallace, Detroit Tuberculosis Sanitarium; secretary, Helen B. North, Harper Hospital; treasurer, Ada M. Sweet, Woman's Hospital. Officers of the **FIRST DISTRICT ASSOCIATION** are: President, Katherine Kimmick; vice-presidents, Golda St. Leon, Grace Ross; secretary, Abbie Bayne; treasurer, Ethel Jardine. Directors, Adah Sweet, O. West, Edith C. Wright, Mrs. L. E. Gretter, Rosella Maynes, L. B. Durkee, Theresa Martin, M. J. Dorey. Chairman

Public Health Section, Elfreda Brugger; Chairman of Private Duty Section, Mrs. Marian Paddock. The Farrand Training School Alumnae has elected President, Mary J. Dorey; vice-presidents, Mary E. Smith, Helen McDonald; recording secretary, Ruth Knapp; corresponding secretary, Ethel Henry; treasurer, M. M. Kirkpatrick. **Ishpeming.**

—DISTRICT 14 held its January meeting at the Ishpeming Hospital. The large attendance showed appreciation of the hospitality of the Superintendent, Victoria White. The Program Committee was fortunate in securing Dr. Harte of the Hospital staff to lecture on Insulin.

Marquette.—DISTRICT 14 held the February meeting at St. Luke's Hospital. Mrs. A. L. Johnson, County Red Cross Nurse, gave reports of 1923 on the successful work accomplished in her department. When one thinks of the cold winters and long distance between towns our nurses should be complimented on their large attendance. The ST. LUKE'S ALUMNAE ASSOCIATION and student nurses of the hospital held a successful pantry sale, February 16. Proceeds to go to the Biennial Fund.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for registration at 9 a. m., April 24, 25, and 26, 1924, at three places,—New State Capitol, St. Paul; St. Mary's Hospital, Rochester; Administration Building, Dept. of Education, 220 North First Avenue, East, Duluth. Nurses who complete their course on or before July 1, 1924, may take the examination. Applications must be in the hands of the Secretary, Dora M. Cornelisen, Old State Capitol, St. Paul, two weeks before the date of examination. Money order for \$15, registration fee, must accompany the application.

Minneapolis.—ST. MARY'S ALUMNAE elected officers as follows: President, Agnes Krinbring; secretary, Ellen Connor; treasurer, Prudence Vergote. **Red Wing.**—ST. JOHN'S ALUMNAE held their annual meeting on March 3 at the home of Mrs. Arthur A. Johnson, and elected; President, Olive Bolum; vice-president, Mrs. Mayme J. Risse; secretary and treasurer, Marie Gihlstorff. Chairman of committees are: Relief Fund and Sick, Anna Jensson; Program, Mrs. Bernie Johnson; Nominating, Alice Evans; Flower, Mrs. Ed-

win Sandberg. It was decided to give \$10 to German children, and to set aside \$50 toward a rest room in the hospital for special nurses. A bazaar will be held in April.

St. Paul.—THE MOUNDS PARK HOSPITAL ALUMNAE at their annual meeting elected the following officers: President, Anna Friedsburg; vice-president, Mrs. E. J. Engburg; secretary, Olga Bergstrom; treasurer, Esther Larson. Augusta Parchman is night supervisor at the Midway Hospital; Gertrude Johnson has joined the U. S. Public Health Service Nurse Corps and is stationed at Maywood, Ill.; Lillian Bolvig is superintendent of Merriam Park Hospital. St. Luke's Alumnae have elected: President, Mae Leeds; secretary, Mabel Baer; treasurer, Frances Grininger.

Mississippi: THE PUBLIC HEALTH NURSES OF MISSISSIPPI held a meeting in Jackson, February 25-28 which proved of great value,—a short postgraduate course of intensive training. One day was spent in a conference conducted by Dr. Hardie R. Hays, Director, Bureau of Venereal Diseases, relative to venereal disease control. Dr. A. K. Barrier, County Health Officer of Sharkey County, gave an interesting description of his county and the work. Dr. Hays gave some most instructive talks with practical demonstrations. Marie T. Phelan of the Children's Bureau discussed the development of maternal and infant hygiene work in county nursing programs. Dr. W. S. Leathers, Executive Officer of the State Board of Health, addressed the meeting on the morning of the second day. Dr. Noel C. Womack spoke on the pre-school child. Dr. G. W. F. Rembert gave a practical demonstration on urinalysis and the significance of findings in pregnancy, also demonstrations in blood pressure readings. Dr. R. N. Whitfield of the Bureau of Vital Statistics talked on Birth Registration. Dr. C. M. Shipp, epidemiologist of the State Board of Health spoke on malaria control. Addresses and demonstrations were given by Mrs. Mary L. Gregory of Washington County, Carrie B. Clark of Jackson County, Helen T. Regan, District 2, Violet Crook of District 1, and Bowden Hudson, Supervisor of Mouth Hygiene, State Board of Health. Miss Crook's demonstration in which the audience of nurses played the part of the class of midwives to whom she gave

lectures, as she would to midwives, and in which the midwives sang songs and conversed in the pure negro dialect was not only amusing and entertaining, but highly instructive, in that the questions propounded by the midwives brought out clearly the stupendous task which confronts those nurses who are training them. The nurses convened in the office of the Bureau of Child Welfare and Public Health Nursing on February 28, where a round table discussion was held relative to equipment, supplies, records, reports, and practical details of the work. On Tuesday evening, the nurses were the guests of the Mississippi Welfare Association at dinner at the Mecca. Dr. Felix J. Underwood, vice-president of the Mississippi Welfare Association, acted as toastmaster and several of the members and guests responded to toasts. Dr. John L. Sutton, Superintendent of the Mississippi Children's Home Finding Society, discussed the Society's program and made helpful suggestions to the nurses with reference to their coöperation in the work. Dr. J. R. Carter also spoke. The nurses were invited to visit the State Tuberculosis Sanatorium on the afternoon of the 28th. Mary D. Osborne, Supervisor of Nurses and Maternal and Infant Hygiene, who arranged the program was well pleased with the attendance and the interest shown. Dr. Felix J. Underwood, Director, Bureau of Child Welfare and Public Health Nursing presided over the meetings and feels that Mississippi has good reason to be proud of her public health nurses.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis, May 5 and 6. Janett Flanagan, Secretary, 620 Chemical Building, St. Louis. **Kansas City.**—Mae Busch, class of 1915, Grace Hospital, has been in India for the past three years and is proving very successful in her work as a missionary. **St. Louis.**—ST. LOUIS NURSES enjoyed meeting Anna C. Maxwell the evening of March 5 at the Central Club. Grace Lieurance of St. Luke's Hospital was hostess.

Montana: Glasgow.—THE FRANCES MAHON DEACONESS HOSPITAL, with a capacity of thirty beds, serves northwestern Montana between Havre and Williston, North Dakota, also territory to the north and south. There

are eight student nurses. Agnes M. Johnson is Superintendent.

Nebraska: McCook.—ST. CATHERINE OF SIENNA HOSPITAL has been accredited and is prepared to receive students who meet its requirements. The staff has been organized for more efficient work. Sister Mary Pius, Sister Mary Zita and Sister Odilla are on the Executive Committee. **Omaha.**—THE OMAHA LEAGUE OF NURSING EDUCATION held its regular meeting January 26 at the Nebraska Methodist Hospital. Dr. Cutter, Dean of Nebraska University School of Medicine, gave a most interesting talk about hospitals in England and Scotland. DISTRICT 2 held its annual meeting January 31. The following officers were elected: President, Florence McCabe; vice-presidents, Leita Holdrege, Abolone Winthers; secretary, Emma Holmgren; treasurer, Grace Pinckney; directors, Charlotte Burgess, Laura Allen. THE NICHOLAS SENN HOSPITAL ALUMNAE held their annual meeting January 14, in the Nurses' Home of the hospital. A business meeting was held at which the officers for the year were elected. \$25 was contributed by the Alumnae to the Nurses' Relief Fund and \$25 was donated by Dr. A. P. Condon for Nicholas Senn Hospital student nurses for the Relief Fund. Following the meeting, a banquet was given in the nurses dining room which was attended by forty members of the Alumnae. A most enjoyable evening was spent.

New Jersey: One of the most interesting and profitable nurses' conferences of the year is promised by the NEW JERSEY STATE NURSES' ASSOCIATION for its twenty-second annual meeting, to be held in the Municipal Building, Plainfield, on Friday, April 4. An excellent program has been planned, and the regular session will be followed in the evening by a banquet at Sheridan's Restaurant, 245 West Front Street, in which the State Association will be joined by the New Jersey State League of Nursing Education and the New Jersey Public Health Nurses' Organization. On the following morning, Saturday, April 5, the Public Health Nurses will hold their business session, and in the afternoon there will be a joint meeting of all three organizations, with addresses by prominent speakers. This will

therefore be an unusual opportunity for the nurses of the state to meet their fellow-workers, and to broaden their horizon by getting a new view of the constantly widening nursing field. Reservations for rooms should be made at the Queen City and Park Hotels. Single rooms with bath will be \$3 per day; without bath, \$2 and up. **Newark.**—DISTRICT 1 held its annual meeting on January 28 at the Homeopathic Hospital of Essex County. Officers elected are: President, Margaret Bennett; vice-president, Mrs. George Varley; secretary, Florence Grove; treasurer, Elizabeth Wilson; directors, Ida Stitt, A. R. Creech, E. Slorah. The Association met on March 11 at St. Mary's Hospital, Orange, when Mary M. Roberts gave a splendid address on the *Journal*. Miss Deans and Miss Ehrenfeld of Headquarters were also present. THE HOMEOPATHIC HOSPITAL ALUMNAE have elected officers for the year: President, Carrie Harrison; vice-president, Mrs. Queenie Roberts; secretary, Emilie Willms; corresponding secretary, Bertha Jones; treasurer, Margaret Durie. THE NEWARK CITY HOSPITAL ALUMNAE held its annual meeting on February 26, and elected: President, Florence E. Grove; vice-presidents, Sara Van Gelder, Mary Nagle; secretary, Esther Larner; treasurer, Alina Gordon. **Orange.**—A meeting of the GRADUATE NURSES OF THE ORANGE MEMORIAL HOSPITAL is under consideration. All nurses graduated from that school are asked to send their correct addresses to Helen M. Stewart, 39 Valley Way, West Orange, N. J., by April 8, 1924. **Trenton.**—THE THIRD DISTRICT ASSOCIATION held a meeting on March 6 in the City Hall. Virginia Chetwood was the guest and gave a very interesting talk. She spoke of the necessity of increasing the Relief Fund and of the good being done by it.

New York: Albany.—ST. PETER'S ALUMNAE ASSOCIATION has elected officers for the present year: President, Helen Murphy; vice-president, Mary Dempsey; secretary, Mary E. DeVillars; treasurer, Mary Hickey. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 25 and elected: President, Mrs. Chas. Whipple; vice-presidents, Frances Jacobs, Jessie Bolenius; secretary, Martha Phillips; treasurer,

Adeline Lauer. At the meeting held February 29, it was decided to coöperate with the other alumnae associations of the District in entertaining the State convention. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE NORWEGIAN LUTHERAN DEACONESSES' HOME AND HOSPITAL held its annual meeting in February and elected the following officers: President, Alette Berge; vice-presidents, Josephine Tellefsen, Kristi Offerdahl; secretary, Sr. Mathilde Gradvohl; treasurer, Helvig Larsen. The Alumnae commemorated the hospital's fortieth anniversary by signing their Articles of Incorporation. Other Alumnae activities have shown marked progress. **Elmira.**—February 1 was moving-up day at the ARNOT OGDEN MEMORIAL HOSPITAL. With appropriate exercises, twenty probationers were given their caps by the president of the Senior class. An address was given by M. Emily McCreight, Superintendent of the Hospital, dwelling principally on the advantages of a training school and the opportunities offered to the present-day registered nurse. The members of the Senior class served refreshments to about 75 friends and relatives of the new class. THE ARNOT OGDEN MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its meeting March 5 in the Nurses' Home. Anna Stuart, M.D., gave a talk on the treatment of diabetes with Insulin. A social hour followed. Helen Linburger, B.S., who for the past two years has been dietitian and instructor in dietetics in the Hospital has resigned to accept a position in the Flushing Hospital, Flushing, L. I. Sibyl Jones, former supervisor in the Hospital has accepted a position as supervisor in the Montefiore Hospital, New York City. **New York City.**—NEW YORK COUNTIES REGISTERED NURSES' ASSOCIATION held its annual meeting on March 4 and elected: President, Beatrice Bamber; vice-president, Elizabeth C. Burgess; recording secretary, Mary Rust; corresponding secretary, Annie McDougall, 418 East 51st Street, New York City; director, Elizabeth Brackett. THE NEW YORK INDUSTRIAL NURSES' CLUB at the February meeting, held on the 14th, had the usual dinner and short business meeting and then the members were addressed by Dr. Bessie B. Wolbarst, of the American Social Hygiene Association, on Sex Hygiene in Industry. THE ALUMNAE OF

ST. MARY'S FREE HOSPITAL FOR CHILDREN held a Benefit Theater Party January 28. Financially and socially the party was a success. Delia G. Dowling has resigned the position of Superintendent of Nurses at the Fifth Avenue Hospital which opened about two years ago and which is an amalgamation of the Hahnemann and Laura Franklin Hospitals. Miss Dowling was for many years Superintendent of Nurses at Hahnemann and saw the school through the difficult period of readjustment and establishment in the new hospital. MOUNT SINAI SCHOOL OF NURSING held commencement exercises for a class of seventy-five on March 20 in the Blumenthal Auditorium. Carolyn C. Van Blarcom has accepted an invitation to address the third English Speaking Conference on Infant Welfare which meets in London, Eng., July 1-5. Her subject will be Available Measures for Securing Healthy Pregnancies and Safe Deliveries in the United States. *M. T. S. Anesthesia* is the clever little mimeographed weekly published by the Mills School for Men Nurses at Bellevue. References to the Student Council and the activities of the school raise a question as to why so dynamic a publication should be called *Anesthesia*. ST. LUKE'S ALUMNAE are reported as follows: Christine M. Nuno has been made Chief Nurse of the Near East Relief; she is stationed at Athens. Helen Thirrott, class of 1923, has accepted a position at the Cornell Infirmary, Ithaca. **Poughkeepsie.**—THE VASSAR BROTHERS HOSPITAL ALUMNAE met on March 5 and heard Agnes Deans, secretary of the American Nurses' Association, speak on The Advantages of Belonging to Your Alumnae. It was voted to revise the constitution and by-laws according to Miss Deans' suggestions. It was decided to send a yearly subscription to the *Journal* to the chairman of the Literary and Program Committee. A social hour followed. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION met on the evening of March 6 in the new Nurses' Home of St. Mary's Hospital. After the business meeting, an interesting one-act play was given by alumnae and students of the hospital. The guests were shown the beautiful and convenient Home. **Saranac Lake.**—THE GRADUATE NURSES' ASSOCIATION held its regular meeting

on March 4 at the home of Bertha Pickett. The Nominating Committee was appointed with Mrs. E. W. Drews as chairman. It was decided to give \$10 to the upkeep fund of the Saranac Lake Day Nursery. **Troy.**—Eliza P. Reid, who has been Instructor in joint nursing courses in both Rochester and Utica, has been appointed Superintendent of Nurses, Samaritan Hospital. **Utica.**—Senior nurses from the four training schools are meeting once a week for a course in Professional Problems arranged by Mary E. Morris of the Utica Homeopathic Hospital. Such topics as Banking, Legal Problems, Social and Civic Status, the Value of Good Reading, Mental Hygiene, Training of the Voice, and Recreation, have been discussed by well qualified speakers. **White Plains.**—THE BURKE FOUNDATION is establishing separate sections for pay convalescence for both men and women. This will meet the insistent demand for care of patients after the acute stage of illness has passed.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION will convene in Winston-Salem, May 27-29, with headquarters at the Robert E. Lee Hotel. THE BOARD OF NURSE EXAMINERS will meet in Raleigh the preceding week. Publication of The History of Nursing in North Carolina, which is being prepared by Mary L. Wyche, will be delayed until late summer or early fall. **Asheville.**—Four alumnae associations, those of Biltmore, Mission, Merriwether and Ruthersfordton sent their annual reports to District 1 for the February meeting. Biltmore has the largest active membership.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its twelfth annual meeting at Jamestown, April 23-25. The State League will meet at the same time. Louise M. Powell of Minneapolis is the speaker. All nurses in the state are urged to attend. The next EXAMINATION FOR CERTIFICATE OF REGISTERED NURSE will be held in Fargo, April 22 and 23, 1924. For further information address Ethel Stanford, Secretary, 703 Fourth Street South, Fargo.

Ohio: THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Columbus, April 15-17, at Memorial

Hall. Hotels suggested are the Seneca, Deshler, Chittenden, Southern, and Virginia. A most interesting program has been prepared covering all branches of nursing. **Mansfield.**—Helen F. Boyd, Director of Nursing, Child Health Demonstration, has resigned. She is succeeded by Frances Cleave.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold the mid-year examination, June 4 and 5, at the State Capitol, Oklahoma City. Bess Ross, Secretary, U. S. Veterans' Hospital, Muskogee, Okla.

Oregon: Portland.—THE OREGON ORGANIZATION FOR PUBLIC HEALTH NURSING held its annual meeting on February 27 at the Central Library. Some of the subjects discussed were: Incidents of Heart Defects in School Children, Dr. T. Homer Coffen; Evaluation of Public Health Nursing, Mozelle Hair; (a) Physical Defects and Retardation, Margery Mulheron, Bertha G. Wilson; (b) Infant Clinics, Elizabeth Campbell, Lillie Helgeland; (c) General Nursing, Charlotte Beckett, Lulu Johnson; Goitre Prevention, Dr. J. Earl Else; Some Phases of Public Health Education, Dr. William Levin. THE OREGON TUBERCULOSIS ASSOCIATION held its annual meeting on the two days following, February 28 and 29. Some of the topics discussed by nurses at these meetings were: Selling Health Through Sanatoria, Mary C. Campbell; Selling Health Through Clinic and Dispensary, L. Grace Holmes, Cecil L. Shreyer; Selling Health Through the Public Health Nurse, Marion G. Crowe, Mary A. Brownell, Bertha G. Wilson, Lydia Fricke; Selling Health Through Education in the Schools, Esther E. Unis, Mabel Eisaman. Florence Grundy and Mrs. Ellen Post have been appointed Public Health nurses in Douglas County, Della Pearson in Clackamas County, Mrs. Florence Paterson in Clatsop County.

Pennsylvania: Allentown.—THE HOMEOPATHIC STATE HOSPITAL celebrated Washington's Birthday by an entertainment in which the nurses' chorus took part. **Clearfield.**—THE ALUMNAE ASSOCIATION OF THE CLEARFIELD HOSPITAL held a food sale which cleared \$53 for the Endowment Fund. **Oil City.**—Clara Peck has resigned her position at the Oil City Hospital. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE

WOMAN'S HOSPITAL held its annual meeting on January 14. The officers for the year were elected as follows: President, Mrs. Sara S. Entwisle; vice-presidents, Edna M. Buck, Mrs. Emma P. Vollers; recording secretary, Mary C. Schabinger; corresponding secretary, Daisy L. Helman; treasurer, Anna M. Peters. During the past year the association contributed fifty dollars to the Legislative Fund, ten dollars to the Japanese Relief Fund, one hundred and five dollars to the Nurses' Relief Fund. A tea was given to the graduating class and twelve new members were admitted during the year. A delegate was sent to the State Convention. THE ALUMNAE ASSOCIATION OF THE PRESBYTERIAN HOSPITAL at its February meeting voted to give a musicale in March in Witherspoon Hall, the proceeds to go to the Endowment Fund of the Association. THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL held a meeting in February at which Margaret Breslin Thompson spoke on Christmas Seals. **Pittsburgh.**—THE ALUMNAE OF ST. FRANCIS' HOSPITAL met at the Hospital February 28, and were entertained by the students, who gave a minstrel show. **Wilkes-Barre.**—MERCY HOSPITAL ALUMNAE, at their meeting, March 3, had a real treat in the form of a lecture on Insulin given by Dr. W. J. Davis. Many visiting nurses were present.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State House, Providence, May 7 and 8, at 9 a. m. Application blanks and information may be obtained from the Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket. **Providence.**—THE STATE LEAGUE OF NURSING EDUCATION entertained the Freshman and Sophomore classes of the high schools on February 27. Moving pictures showed the life of one day of a nurse in training. ST. BARNABAS GUILD held a service in Grace Church, February 28. Rev. Dr. Sturgis preached the sermon; six members were received. ST. JOSEPH'S HOSPITAL SENIORS were treated to a turkey dinner on February 14 by the lower classes. THE ST. CAMILLUS GUILD OF CATHOLIC NURSES gave a card party on February 16 to raise funds toward the new hostel for professional women. **Woonsocket.**—THE WOONSOCKET HOSPITAL NURSES' ALUMNAE

ASSOCIATION held its third annual meeting on January 15, the following officers being elected: President, Kathryn Roddy; vice-presidents, Mary Mee, Mrs. C. A. Lambert; recording secretary, Hortense Daignault; corresponding secretary, Rose Donaldson; assistant secretary, Beatrice Cassidy; treasurer, Mrs. Carleton Scott. The dance given by the Alumnae on January 24 was successful both socially and financially. The proceeds will go toward the Sick Benefit Fund. A whist party was held at the St. Charles Clinic on March 4.

Texas: Houston.—THE YEAR BOOK OF THE NINTH DISTRICT (the Graduate Nurses' Association of Houston), although small, contains much interesting material. It properly opens with the Nightingale Pledge, a Collect for Graduate Nurses, and the Order of Business for meetings. In addition to a Program for a meeting with each Alumnae in Houston, there are Programs for President's Day, Radium Day, Graduating Classes' Day, Registry Day and *American Journal of Nursing* Day. The little booklet closes with Information for the members of the Association and Registry. At the March meeting of District 9, held at the Norsworthy Hospital, Dr. McDeed spoke on Heliotherapy; Dr. Norsworthy on Radium; Mrs. Guy M. Brown, President of the Federation of Women's Clubs, on Plans in Connection with the Art Museum.

Washington: Seattle.—SISTER CALLISTA, for many years the beloved directress of nurses at Providence Hospital, has been transferred to the new Mt. St. Vincent's Home for the Aged, where her administrative ability will be utilized in furnishing and organizing the institution. Sister Callista is succeeded by Sister Mary Magna, a graduate of the Northwestern Hospital of Minneapolis, who has been directress of St. Joseph's Hospital, Vancouver.

West Virginia: THE WEST VIRGINIA STATE BOARD EXAMINATION FOR NURSES will be held at Bluefield, Keyser, Charleston, and Wheeling, April 23, at 8 a. m. All applications to be sent to the Secretary by April 13. Jessie A. Clarke, Secretary, Wheeling, W. Va.

Wisconsin: Milwaukee.—At the regular monthly meeting of the FOURTH AND FIFTH DISTRICT, held at the Wisconsin Nurses' Club, February 12, Mrs. Clinton M. Barr, who had

recently returned from the Women's Democratic convention at Cleveland, gave a very live talk on Woman's Participation in Politics. The individual members were the hostesses of the evening.

MARRIAGES

Helen Louise Bare (class of 1920, Lankenau Hospital, Philadelphia), to Martin B. Shellenberger, February 21. At home, York, Pa.

Mrs. Carroll (class of 1922, Minor Private Hospital, Seattle, Wash.), to Andrew Fuller, February 2. At home, Seattle.

Violet M. Colbert (class of 1918, Park Hospital, Wabash, Ind.), to Myrle Alexander, February 21. At home, Silver Lake, Ind.

Christie Dalrymple (class of 1921, Army School of Nursing), to Joseph S. Brown, February 9. At home, Takoma Park, Md.

Eleanor Rolf Erwin, to Charles Frederick Erck, February 20, in New York City. At home, Honolulu, H. I.

Blanche A. Filla (class of 1921, Winona General Hospital, Winona, Minn.), to Earl Bingham, January 26.

Mary Ellen Funston (class of 1920, Lankenau Hospital, Philadelphia), to John Bohm, March 8. At home, Philadelphia.

Mary E. Gorevin (City Hospital, Haverhill, Mass.), to Clem D. Gilliland, March 1. At home, Jacksonville, Fla.

Margaret E. Kerr (class of 1920, Union Hospital, Fall River, Mass.), to Daniel Sullivan, February 25.

Leone McAllister (class of 1923, Seattle General Hospital, Seattle, Wash.), to William E. Lambert, February 10.

Beatrice Mary Matthews (class of 1917, Sherman Hospital, Elgin, Ill.), to Robert Virgil Titus, March 4. At home, New York.

Louise Dorothy Payne (class of 1922, F. F. Thompson Hospital, Canandaigua, N. Y.), to Royal S. Purdy, February 23. At home, Canandaigua.

Sophia Dorothea Roess (Presbyterian Hospital, Philadelphia, Pa.), to David Wallace Duncan, February 5.

Maury Schwarz (Army School of Nursing), to A. Ray Smith, February 13. At home, Tonkawa, Okla.

Vina O. Stenroden (class of 1921, St. John's Hospital, Red Wing, Minn.), to Clarence Ulvin, January 9. At home, Spring Grove, Minn.

Esther Ellen Westman (class of 1914, Research Hospital, Kansas City, Mo.), to C. P. Campbell, January 24. At home, Ancon, Canal Zone.

Georgia Helena Yates (class of 1913, J. C. Proctor Hospital, Peoria, Ill.), to Clarence E. Tennis, February 27. At home, Peoria, Ill.

DEATHS

Lazalle Aylward (class of 1906, Staten Island Hospital, Staten Island, N. Y.), on February 15, of pneumonia. Burial was at her home in Canada.

Anna C. H. Christensen (class of 1895, Methodist Episcopal Hospital, Brooklyn, N. Y.), suddenly, on February 15, at Hotel Driscoll, Washington, D. C., of hemorrhage of the brain. Miss Christensen practiced her profession in Brooklyn for a few years after her graduation and later settled in Montana, where she lived for fourteen years. During the World War Miss Christensen served in the Army Nurse Corps, having organized a Red Cross Unit of fifteen nurses from Montana, which was stationed at Fort Riley, Kansas, during the epidemic of meningitis and influenza. It was during her work at this place that she contracted pneumonia with serious heart complications, from which she never fully recovered. The last three years of her life were full of suffering, borne with courage and fortitude. At the time of her death she was engaged in the Public Health Service in Washington, D. C. She was buried in Red Cross uniform, with full military honors, at Arlington National Cemetery, members of the American Legion acting as escort.

Sue Conroy (class of 1920, St. Joseph's Hospital, Pittsburgh, Pa.), in Knoxville, on February 2, of tuberculosis.

Violet D. Eddy (student in the Army School of Nursing, class of 1924), at her home in Cortland, N. Y., February 27. Miss Eddy was on leave and her death was unexpected. She was an attractive and gifted young

woman who did excellent work as a nurse. She will be greatly missed.

Mrs. C. L. Holmes (Eliza Egbert), class of 1895, Presbyterian Hospital, Philadelphia), on January 1, at Waterbury, Conn.

Mrs. Tillie (Ray A. Everingham), class of 1894, Jewish Hospital, Philadelphia), on December 12, 1923.

Virginia S. Field (class of 1883, Bellevue Hospital, New York), in February, at the Clifton Springs Sanitarium, Clifton Springs, N. Y. Miss Field was at one time assistant superintendent of her own school and she was, in 1889-1890, Superintendent of the Illinois Training School, Chicago. She was Matron of the Bellevue Nurses' Home and she had done private duty nursing. She was faithful and conscientious in all her work, having high ideals of character and service.

Louise Riggs Follis (class of 1902, Johns Hopkins Hospital, Baltimore, Md.), suddenly, on November 30, 1923. Mrs. Follis had a bright and cheerful disposition, combined with efficient and faithful performance of her duties, which endeared her to all with whom she came in contact.

Frances A. Groves (class of 1895, Massachusetts Homeopathic Hospital), on February 24, at Brimfield, Mass. Miss Groves served during the Spanish-American War, at Ponce, Porto Rico. She was ill but one week.

Carrie Hall (class of 1881, Bellevue Hospital, New York City), recently, at her home in Syracuse, N. Y.

Josephine Howey (class of 1924, Mary Miller Hayes Training School, Fremont, Ohio), on September 1, 1923. Miss Howey was a splendid type of woman with high ideals, and an excellent nurse who was very much loved by her co-workers and her patients. She contracted tubercular meningitis and after a three weeks' illness passed away, in spite of unexcelled medical attention. Her loss is mourned by her associates.

Susan Husband (class of 1914, West Penn Hospital, Pittsburgh, Pa.), suddenly, in January, in West Penn Hospital, following an operation. Burial was at Donegal, Pa.

Sadie Johnson (class of 1922, Touro Infirmary, New Orleans, La.), February 2, at Shreveport, of tuberculosis.

Mrs. Gladys Buckley King (class of 1920, Minor Hospital, Seattle, Wash.), on February 16, at Denver, Colo.

Katherine McKinley (class of 1913, St. Mary's Hospital, Brooklyn, N. Y.), on January 18, in Los Angeles, Calif.

Mary O'Connor (class of 1909, Bellevue Hospital, New York), in February. Miss O'Connor was a private duty nurse who considered her patient's interest first. She will be greatly missed.

Elizabeth V. Read (class of 1896, Union Hospital, Fall River, Mass.), on February 6. Miss Read has held positions at the Parker Hill Hospital, Boston, Mass., and with the District Nursing Association of Boston. For the past year she has been in Exeter, N. H., where she died of cerebral hemorrhage. She was a true friend and loyal to her profession. Burial was at Pawtucket, R. I.

Margaret Saunders (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), on July 23, 1923, at the home of her mother in Chattanooga, Tenn. Miss Saunders devoted herself with untiring effort to her profession. Soon after graduation she held the position of Night Supervisor at "The Kunball Cottage," Boston, Mass., and later was in charge of the department of pediatrics in the Tennessee Coal and Iron Hospital, Fairfield, Ala. Her sudden death was a shock to her family and friends.

Anne Adams Taylor (class of 1902, Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases), at Sewickley Valley Hospital, Sewickley, Pa., February 15, after

an illness of eight weeks. Miss Taylor at the time of her death held the position of Assistant Superintendent of the Hospital and Training School for Nurses at the Sewickley Valley Hospital where she had been for the past five years. She will be remembered by those who knew her as a woman of high principles whose mentality and ability were above the average. Our profession has suffered the loss of one of its most valuable members. A service was held at Sewickley. Burial was in Philadelphia.

Edith Godfrey Thompson (class of 1918, Reading Hospital, Reading, Pa.), on November 9, 1923, after a short illness. Miss Thompson was a member of the Visiting Nurse Association in Reading until the time of her illness. She was devoted to her work and kind to all.

Mary Blanche Walter (class of 1921, Ohio Valley Hospital, Steubenville, O.), on January 30, at Saranac Lake, N. Y., of pulmonary tuberculosis. Miss Walter had been ill for several months, but her death came as a great shock to her many friends. After graduation, she was awarded the scarlet seal for high grades, in the Ohio State Board examination. She was then appointed Surgical Supervisor at Ohio Valley Hospital, Steubenville, where her quiet ways and capable work were appreciated by all those with whom she came in contact. She gave the full measure of service with a fine spirit. Burial was at Kittanning, Pa.

M. M. Wheeler, a missionary nurse in China, died in the Hospital for Women and Children, Chengtu, November 2, 1923.

"Who would recall his friend?
Not I. Mine be his end!
Here tumult reigns, here crowds increase;
With him is peace."

—P. A. Barnett.

BOOK REVIEWS

LAUNDERING, (Home-Institution). By Lydia Ray Balderston, A.M. 389 pages. 188 illustrations in text. J. B. Lippincott Company, Philadelphia. Price, \$2.50.

Fifty years ago, when meager attention was paid to child culture, the classic Mother Goose told of a Pussy-cat who went to London to visit the Queen; another nursery adage was in effect that a Cat might look at a King. It is in such a spirit that this reviewer approaches this book.

Between its covers of blue and tan probably there are more things pertaining to laundering than Horatio ever dreamt of in his philosophy. One seldom sees a subject so thoroughly, convincingly and interestingly presented. In the first chapter the writer emphasizes clothing as one of the three essentials of life, which we admit it to be, in this climate. She then proceeds to demonstrate that clothing, in a large sense, includes all fabrics used in the family life and the renewal or renovation of them by cleansing methods. We are introduced to the vegetable fibers, cotton and linen, also to the animal fibers, wool and silk, which require different cleansing methods. The wearing and washing qualities of each are discussed and we are convinced that the solution of many laundry problems begins with the buyer. We learn that the type of soil, whether organic or inorganic, influences the choice of cleansing agents. A valuable list of stain removers for each class follows. Some of the wash we should mend, all of it we should mark and sort, before committing it to

water. There is a chapter on soap, one on blue, another on starch; fumigation and disinfection are also dealt with.

Home laundry methods are given in detail with supplies and equipment needed. Seventy pages are devoted to the institutional laundry, with attention to size, location, layout, routing, machinery and its care, safety rules, etc. The administration of the institutional laundry deals with the personnel including a welfare room, with labor laws, insurance, and with waste and its elimination. All with a liberal number of illustrations which total 188.

The book goes on to explain not only how to wash but how to iron and how to fold. Then follows a chapter on how to teach, with suggested outlines for those who are teaching the Art of Laundering, and a most interesting as well as useful art it is.

The concluding chapter is on the development of laundering from the time of the early Egyptians who trod their clothes in the water to the last word in the equipment of the modern steam laundry of today. Twenty-five chapters in all, every chapter, as an educational supply, worth the price of the book.

MARY L. KEITH, R.N.,
Rochester, N. Y.

CHILDREN'S DISEASES FOR NURSES. By William Palmer Lucas, A.B., M.D. The Macmillan Company, New York. Price, \$3.50.

In the past few months, those of us who are working with children have been able to make several valuable additions to our libraries. The *Journals* of

October and November carried reviews of six volumes devoted to the care and needs of infants and children in health and sickness and now comes perhaps the most notable volume of all in Dr. Lucas' *Children's Diseases for Nurses*.

In this book, Dr. Lucas, whose wide experience both in this country and overseas gives him a position of unquestioned authority, has made to nursing literature an unusual contribution. First of all he discusses the fundamental principles in pediatric nursing with the need of knowing the differences between adult and child. He takes up his subject from the modern viewpoint of the normal and healthy, laying the background for this in a chapter on the importance of pre-natal and postpartum care of the mother to the welfare of the baby. He tells what normal growth and development in the infant should mean and the points essential in the hygiene of infancy from birth on.

The section on malformations and disease conditions in the newborn child is especially well illustrated, though indeed the whole book is excellent in this respect, containing as it does some 155 photographs and 17 charts. The plates are large and clear and seem particularly relevant. Breast feeding, milk and artificial feeding are considered in detail and then in the last quarter of Part I, feeding disturbances, malnutrition, prematurity and rickets, tetany, eczema and scurvy are fully discussed.

Part II, entitled "Childhood," again starts out with normal growth and development. "I think," says Dr. Lucas, "for the nursing care of children, a study of a normal background is of incalculable value in meeting the child's diseased condition, be it acute or

chronic." The relation of nutrition to health with a detailed account of the right feeding of the well child, before coming to the right feeding of the sick child, malnutrition and the diseases of the digestive system, follows. The remainder of the book takes up the diseases of the other systems with additional chapters on infectious diseases, tuberculosis, syphilis and other special diseases, such as those of the internal glands and skin.

This book should serve as a reliable and valuable reference to student and graduate alike with its logical and interesting treatment of children's conditions. The bibliographies at the ends of the chapters, giving page references, not only to standard pediatric text books, but also to articles in the current periodicals should facilitate and stimulate further study. The descriptions of special nursing procedures emphasize principles rather than technical details. The reader is throughout encouraged to think things through from causes to effects, not asked to accept didactic information to be learned by rote. The broad point of view of the author also demands consideration of the family and social problems that may arise as well as of those relating strictly to medicine and nursing.

As one finishes the book, one feels that in writing it for the nursing profession Dr. Lucas has given us a real aid toward meeting the challenge with which he concludes his introduction. To quote in part:

The world knows that its future rests
* * * upon millions of children who must
be developed into strong men and women.
This great challenge comes to all of us whose
special interest and skill is in the care of little

children everywhere and it means new and greater efforts for the pediatrician, and more devoted and intelligent service for every nurse who cares for children, sick or well.

MARGARET VICKERY, B.S., R.N.,
Boston, Mass.

GERIATRICS. A Treatise on the Prevention and Treatment of Diseases of Old Age and the Care of the Aged. By Malford W. Thewlis, M.D. 401 pages. C. V. Mosby Co., St. Louis, Mo. Price, \$4.50.

This is the second edition of Dr. Thewlis' book, revised and enlarged, with introductions by Dr. A. Jacobi and Dr. I. L. Nascher. It is illustrated and followed by a bibliography.

The name Geriatrics was coined in 1914 by Dr. I. L. Nascher. The word comes from the Greek. This new branch of medical science includes the treatment of senile diseases, the care of the aged, the causes of ageing and the study of ways to lengthen life.

The book is not a text book, but a series of brief clinical histories of cases, with treatment given and a short discussion. There are no statistics, as the number of cases studied was insufficient to give statistical data of value. The author has studied his patients closely. He is scientifically interested and at the same time he seems to have a real feeling and great sympathy for the aged.

It is usually agreed that old age begins at the traditional three score years and ten, but senile changes begin normally after the age of forty-five, although senile changes are sometimes found in persons many years younger and with no apparent cause. The distinction must be made between normal

senile degeneration, due to old age, and that due to disease. High blood pressure and arterial sclerosis in the aged are not diseases, but normal processes in a person growing old. Diseases present different symptoms and complications when they occur in old age from what they do when they occur in adult life. Hence, diseases of old age require different treatment. They constitute a separate study, as do those of childhood or those of adult life.

Dr. Thewlis puts great emphasis on keeping aged patients up and about. He believes encouragement and attention are better than medicine for the old people. Work is important for them, as they are better physically, if employed, and they are happier if they can earn and be independent.

The aged are valuable to society and have achieved much. Edward Everett Hale published his *Memories* when he was nearly eighty, and was elected chaplain of the United States Senate at eighty-two. Elihu Root was seventy-two when he was sent on a mission to Russia by our government. Older people often have a wealth of experience and knowledge that they can give to the young. In working together, both profit.

There are chapters in Dr. Thewlis's book covering nearly all common diseases of the aged, and also chapters on diet, mentality and therapeutics. The chapter entitled Functional Recuperation for Senile Paralysis was most interesting and gave a brief sketch of the method of Dr. Bidou in Paris. Because the subject of old age has been given comparatively little attention in modern health programs, this book is

recommended to nurses, who should meet all age groups with understanding and sympathy.

JOSEPHINE TUELL, R.N.,
New York, N. Y.

THE LITTLE BLUE BOOKS.—This is a series of sixteen exceedingly practical

and interesting little monographs by Dr. Helen Macmurchy, which may be obtained from the Department of Health, Ottawa, Canada. Every phase of home making is considered, from "How to Take Care of the Baby" and "Beginning a Home in Canada," up to "Household Cost Accounting in Canada."

OUR CONTRIBUTORS

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Ella G. Dietrich, R.N., was married soon after her graduation from the Illinois Training School, Chicago, and has been exceedingly busy in bringing up her four children, yet she exemplifies "What a Married Nurse Can Do," since she is President of the Los Angeles Nurses' Club and a member of the Nursing Commission of the City of Los Angeles.

Sister M. Domitilla, R.N., B.S. (See Our Contributors, *Journal* for October, 1923.

Susan C. Francis, R.N., Superintendent of the Children's Hospital, Philadelphia, is a graduate of the School of Nursing, Reading Hospital, Reading, Pa. She was Superintendent of Nurses, Jewish Hospital, Philadelphia, for eight years. She was Director Department of Nursing, Pennsylvania-Delaware Division, American Red Cross from the time of its organization until its merging with the Atlantic Division.

Abigail Hayden, R.N., a graduate of St. Joseph's Training School, Kansas City, Mo., has done both private duty and executive work. Most of her time has been given to private nursing, but she spent five months as Superintendent of the Hospital and Training School, West Side Hospital, Independence, Kansas, and she is now in charge of the Receiving Ward of the Children's Mercy Hospital, Kansas City, Mo.

Mrs. Nan H. Ewing, R.N., is Principal of the School of Nursing, Ravenswood Hospital Association, Chicago. She has made a special study of the subject on which she writes.

Isabel M. Stewart, R.N., graduate of the Winnipeg General Hospital, is best known for her work at Teachers College in the Department of Nursing and Health, where she is now Assistant Professor of Nursing.

The announcement that Drs. George H. and Gladys Henry Dick, of the John McCormick Institute for Infectious Diseases, have been successful in inoculating healthy persons with scarlet fever, and that they have produced a skin test for use in scarlet fever which shows whether or not a person is susceptible * * * to the disease, was the significant factor in the *Health News* for the month. * * * It appears that the Dick skin test may assume the same importance in scarlet fever as does the Schick test in diphtheria, and that the discoveries recently made may lead to specific methods for the prevention and cure of the disease.

—*Hygeia* for March.

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CONVENTION HEADQUARTERS, DETROIT

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

MAY, 1924

No. 8

A GREETING FROM MICHIGAN

NURSES of America, your Michigan sisters are busily preparing for your visit to the convention city, Detroit, June 16th to 21st. You may remember with what insistence we urged your acceptance of "The Land of the Wolverine, the flivver, the roadster, and the limousine" for the 1924 meeting and with characteristic enthusiasm we expect you all to come. You will want value received from the investment of your time, energy and money in the Biennial Convention. We promise that your dividends will be: renewed inspiration, strengthened purpose, increased professional knowledge, a fresh outlook, the joy of meeting old friends and making new ones, a needed change from routine duties, yea—a good time.

Our big industrial city may seem strangely cold and unresponsive to those of you who so pleasantly remember Atlanta, and Seattle, yet despite the barriers of space and congestion our community spirit is very strong. You will find evidence of it in the coöperation of the social and medical agencies, both private and public. There are seventy-one private federated agencies that are members of the Detroit Community Union, 316 Jefferson Ave. East.

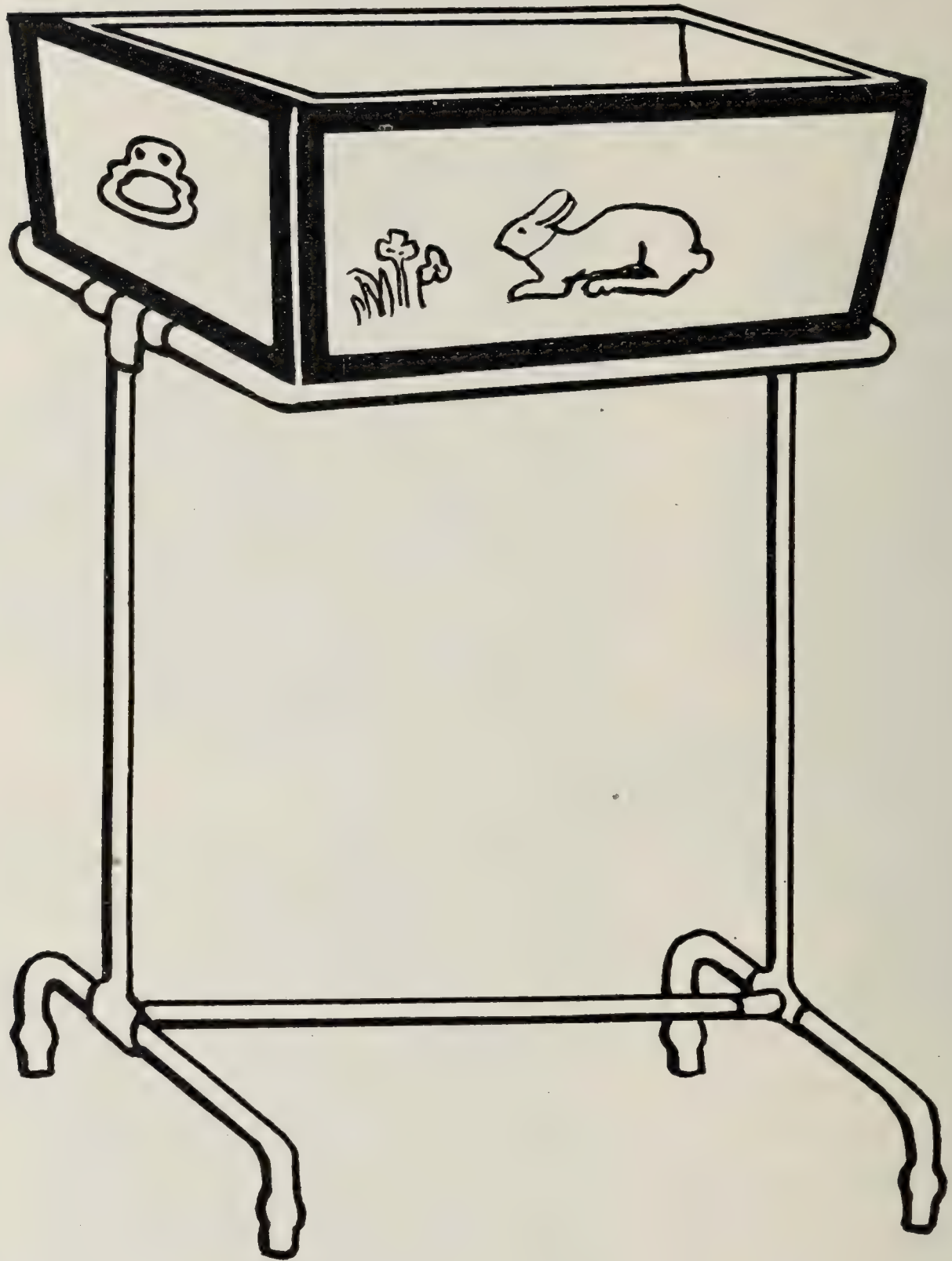
You will want to know something about our hospitals; the training schools

for nurses with their central plan for teaching certain theoretical subjects; and to visit two of the newest and "homiest" residences for nurses. The Nurses' Central Directory maintained by the First District of Michigan State Nurses' Association deserves your attention for the manner in which it serves the public. It is located in the Central Bureau of Nursing Building, 4708 Brush Street; the Central Bureau of Nursing itself may interest you, as it provides headquarters for the Visiting Nurse Association and Visiting Housekeeper Association and is administered by a committee, the members of which are selected from the organizations of the city that are interested in nursing.

There will be an Information Booth at the Convention Headquarters from which you may obtain data and directions concerning the places of interest which you may wish to visit.

The Michigan nurses bid you welcome to the good fellowship of the Convention, the fruits of the fine program with such speakers as Dr. George Vincent, Dr. Charles P. Emerson, Dr. Haven Emerson and many of the foremost leaders of our own profession and to the opportunities which our state and city may afford for your recreation and further education.

AN UNUSUAL BASSINETTE



This bassinette is in use at the Fifth Avenue Hospital, New York City.

The baskets are made of fibre and varnished.

The standards are of enamelled metal.

The bottom of the basket is perforated, to permit ventilation.

They are easily isolated and cleaned.

They are light, easily lifted by the brass handles, and can be taken, three at a time on an ordinary stretcher, to the mothers' rooms.

The baskets are attractively decorated and each one carries a number to correspond with that of the mother's room.

BLOOD GROUPING

BY FLORENCE K. WILSON, B.A., R.N.

VERY early in the study of blood transfusion, it was found that the blood of one species of animals agglutinated or clumped the cells of the blood from an animal of a different species. Later it was found that this might occur when the blood of one man was mixed with the blood of another man. These agglutinins in man are called isohemagglutinins or iso-agglutinins.

It has been found in blood transfusions that if the cells of the donor are agglutinated by the serum of the recipient very serious reactions, even death, may result. These reactions are due to the formation of emboli which lodge in the heart or the brain. It is very important then that we know what iso-agglutinins are present in the blood of both the recipient and the donor.

Jansky made the first complete group of individuals according to the iso-agglutinins present. He found that all individuals may be divided into four groups. Group characteristics develop during the first year of life and with very few exceptions are retained throughout life.

In Group I the serum contains both agglutinins A and B. It clumps the cells from Group II, III and IV so a recipient in Group I should receive Group I blood.

In Group II the serum contains an agglutinin known as agglutinin A. It will cause the clumping of cells from individuals in Group III and IV. Therefore a recipient in Group II should receive blood from Group I or II.

In Group III the serum contains an agglutinin termed agglutinin B. It will

agglutinate cells from Groups II and IV. So a recipient in Group III should receive Group I or III blood.

Group IV serum contains no iso-agglutinins and therefore does not agglutinate the corpuscles of the individuals from the same or any other group. This makes him a universal recipient. He can receive blood from any group.

In studying these groups it is evident that individuals in any group can safely receive the blood of individuals in Group I. This makes Group I individuals the universal donors. Although Groups I, II, III and IV may take Group I blood, Karsner believes that Group II individuals should have blood from Group II and Group III from a Group III individual whenever possible.

The group division among the population is approximately as follows:

Group I comprises 43%

Group II comprises 40%

Group III comprises 10%

Group IV comprises 7%

The Moss grouping differs from the Jansky in that Groups I and IV are interchanged. Because of the danger of confusion in using two groupings, it has been recommended that the Jansky grouping be adopted because of priority.

The group of an individual may be very quickly ascertained by Lee's method. One drop of blood from the ear lobe of the individual being grouped is allowed to drop into a test tube containing 1.0 c.c. of sterile normal saline solution. One drop of this suspension is mixed on a hanging drop slide with a drop of known Group II serum, one

drop with a known Group III serum and one drop with Group I serum as a control. A platinum loop may be used for measuring the drops and for careful and gentle mixing. The results are observed under the low power of the microscope or with a hand lens at the end of five minutes. When agglutination is present, the cells will be seen closely clumped; while separation of the cells through the major portion of the drop is absence of agglutination.

The group may be determined with the aid of this chart, a plus sign representing the clumping of corpuscles, a minus sign representing the reverse:

	Group I Serum (Control)	Group II Serum	Group III Serum
Effect upon cells of Group I -----	—	—	—
Effect upon cells of Group II -----	+	—	+
Effect upon cells of Group III -----	+	+	—
Effect upon cells of Group IV -----	+	+	+

Normally the cells of the blood are constantly being destroyed and new ones made, the dissolved parts of the serum are constantly being used and

replaced. The blood which is given in transfusions does not long remain unchanged in the body of the recipient. In a short time it would be entirely replaced by new blood elements from the body cells.

When transfusions were first used in hospitals the tendency was to use another member of the same family as donor. Subsequent experience has shown that blood grouping does not follow family lines. Neither does it seem to follow racial lines. At Lakeside Hospital the donor for a colored patient is sometimes a white man. Colored people are not used as donors for white people because of the high frequency of blood infections in the colored race.

Although loosely we speak of colored blood, or Indian blood, experience seems to indicate that a classification of bloods must be along lines of biology. Biologically the blood of a colored man may not be like that of another colored man, but like that of a white man. It seems unlikely that there can be any change in racial characteristics of the recipient due to blood transfusion.

BIBLIOGRAPHY.—Manual of Clinical Laboratory Methods, C. L. Cummer, M.D.

WHO IS THE STUDENT NURSE?

She is the person who is going to carry on what you have started.

She is to sit right where you are sitting and attend to those things you think are so important when you are gone.

You may adopt all the policies you please, but how they will be carried out depends on her.

All your work is going to be judged and praised or condemned by her.

Your reputation and your future are in her hands.

So why not consider her point of view now?

Adapted from "What Is a Boy?"

THE NURSE'S PART IN THE CONTROL OF CANCER¹

BY J. S. HORSLEY, JR., M.D.

CANCER was written of as early as 1500 B. C. Herodotus, the historian, wrote that in 520 B. C. Democedes, the great Greek physician, cured the daughter of the King of Persia, of cancer. From this you may see that the cancer problem is by no means a new one. In 1800 A. D., Buchan, a distinguished physician of Edinburgh stated:

One misfortune attending the disease (cancer) is, that the unhappy patient often conceals it too long. Were proper means used in due time, a cancer might be cured; but after the disorder has arrived at a certain height it generally sets all medicine at defiance.

This statement of a hundred and twenty-four years ago is still true, as the vast majority of patients with cancer will not come for treatment until the disease is well advanced and the chance for cure is accordingly greatly diminished. Realizing the great prevalence of cancer and the profound ignorance concerning the cancer problem, about ten years ago a few men and women organized themselves into a society with the purpose of teaching plain facts about cancer to the public. The American Society for the Control of Cancer, which began in this small way, is now one of the largest and most influential public health agencies in the world.

It behooves all physicians, nurses and other persons trained in medicine to inform themselves of the truths concern-

ing cancer and to take advantage of all opportunities to help educate the people and thus to aid in the control of this partially unnecessary cause of death. With this aim in view, I wish to state briefly some of the points which seem to me to be most important in the nurse's part in the control of cancer:

Prevalence of Cancer.—Cancer is one of the most important causes of death. During the great war the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in the United States. Cancer is now killing one out of every ten persons over forty years of age,—about one in eight among women and one in fourteen among men of this age. Between the ages of thirty-five and forty-five, three times as many women as men die of cancer, between forty-five and fifty-five, twice as many. Eighty-five per cent of deaths from cancer occur after the age of forty-five,—the most valuable period of life, when men and women have reached their highest degree of usefulness and responsibility. The disease is on the increase. It attacks the rich and the poor, and no protection against it can be had by any mode of living. Cancer is not alone confined to the human race, but is common among many forms of animals. It is a common cause of death in dogs and other domestic animals.

What Is Cancer?—Cancer is not a "blood disease," but always starts as a local lesion. The body is made up of

¹ Address before The Nurses' Club, Richmond, Va., February 7, 1924.

many cells similar to the way in which a building is made up of bricks. The normal destiny of our body cells is the formation of some form of man or woman, and you might say that the normal destiny of the brick is some form of house or other organized structure. Cancer is a lawless growth and formation of body cells which destroys life if allowed to run its course. Practically any group of cells in the body may take up this lawless growth and develop cancer. A cancerous condition of a house would then be a lawless growth and formation of the bricks, if they could continue growth as cancer cells do. Bricks of different sizes and consistency would develop and would soon destroy the building by their encroachment upon and the destruction of vital parts of the construction. There is as much difference between cancers as there is between trees,—some are large, others small; some grow rapidly, others slowly. Some mild skin cancers may exist for years without giving any serious trouble; other virulent cancers may destroy life in a few months.

Cause of Cancer.—The direct cause of cancer, like the direct cause of life, is unknown. There is considerable discussion about cancer being inherited. The latest opinions seem to indicate that cancer may have an *inherited tendency*. It is not caused by a germ, it is not contagious, and it cannot be “caught” by associating with a cancer patient. It is certain that constant irritation, especially in the mouth, is a contributing cause. Cancer should not be looked upon as a disgrace. Typhoid fever, which is caused by the pollution of food or drink, might be called disgraceful, or it might be a disgrace to

complain of being “nervous,” because this shows one’s inability to control one’s self. Cancer, however, may come to any of us without any shameful cause.

Danger Signals.—One naturally asks how so serious a malady as cancer can be successfully combatted. The answer to this question is well expressed in one of the slogans of the American Society for the Control of Cancer, “*Act in time!*” This may be done by knowing the *danger signals* and seeking competent treatment when they are seen. Cancer is *not painful* in the early stages. Later when it becomes infected and extensive it often causes pain.

Be suspicious:

(1), Of any sore on the lips, tongue, or in the mouth that does not readily heal.

(2), Of any wart, mole, ulcer, bruise, or sore upon the body that either changes in appearance or does not heal.

(3), Of any constant irritation, particularly in the mouth, such as may be caused by use of tobacco, jagged teeth, poorly fitting plates, etc.

(4), Of any lump, especially in the breasts, which does not disappear shortly.

(5), Of any discharge of blood from the mouth, nose, vagina, bladder or rectum which is long continued and not satisfactorily explained.

(6), Of continued “indigestion” and loss of weight, of the development of constipation with or without an accompanying occurrence of hemorrhoids, especially in persons over thirty-five years of age.

Not all of these conditions are cancerous by any means, but some are and

others may belong to the so-called pre-cancerous stage, which is curable. After cancer has actually developed, it is in many cases still curable, but there must be no delay in treatment. It is the duty of every nurse to help doctors teach these facts and earnestly advise prompt and thorough examination.

Handling of Cancerous Patients.—The handling of cancerous patients is very important. It is a well established fact that cancer begins as a local lesion and later spreads to other parts of the body by way of the lymphatic channels, and to a less extent by the *veins* and arteries. These secondary cancerous growths are called metastases, and after they develop the disease is seldom curable, though life can often be prolonged. The most common site for secondary cancerous growths is in the lymph glands which drain the anatomical region affected, as with cancer of the breast in the glands of the axilla of the same side as the affected breast; with cancer of the lip or mouth, in the glands of the neck, etc. More remote metastases occur still later, thus cancer of the breast, thyroid and prostate glands commonly metastasize in the bones (vertebrae, long bones, skull, etc.); cancer of the breast metastasizes to the lung as well as the bones; cancers of the stomach, intestines, rectum, kidneys and other intraperitoneal structures metastasize to the retroperitoneal lymph glands and then to the liver. From this it is seen that the deaths and failures at cures for cancer are largely due to these secondary cancerous growths or metastases. Therefore, anything which tends to lessen the occurrence of metastases will benefit the patient. One of the essential points in

the management of a cancer patient is gentleness in handling the cancerous growth. Undue manipulation, massage, medicinal applications, blows and injuries of a malignant growth will often cause metastases and aggravate the original condition. For this reason great care must be taken not only by the surgeon, but also by the nurse and the patient, to avoid careless or rough handling of a cancer. Treat it as if it were a bomb and might explode if struck or handled roughly.

Treatment.—The best treatment for cancer is usually the *removal of the local growth* by a competent surgeon. Operations of varying severity may be necessary, depending upon the type and extent of the cancerous growth, x-ray and *radium* are of great help in many instances in the treatment of cancer, but it requires as much skill to use x-ray and radium successfully as it does to use the knife. Treatment without examination is wrong. There is no cancer that can be cured by internal medicines or serums. Paste may destroy a mild superficial cancer by causing a slough and a great deal of pain and leaves an extensive scar. This type of cancer can be usually entirely removed without pain by a local operation, leaving a very small scar and saving a great deal of time and suffering. More malignant types of cancer, such as cancer of the tongue, lip or breast, cannot be cured by paste and are usually made much worse by it. Massage of any form or the local application of medicines increases the growth and spread of cancer.

Summary.—The following points should be especially remembered:

(1), Cancer is not a "blood disease,"

but always starts as a local lesion. Hence it can be cured by removal, if discovered and treated early enough.

(2), Cancer in the *early stages* usually does *not cause pain*.

(3), Cancer is *not contagious*.

(4), In order to avoid the further development of secondary cancerous

growths or metastases, extreme care and gentleness should be used in handling malignant tumors.

(5), No up-to-date doctor will treat a condition that might be cancerous without a *thorough examination*.

(6), Heed the danger signals and "*act in time*."

FROM THE VIEWPOINT OF A PATIENT

BY A PATIENT

THE suggestion for this diatribe came to me during my recent convalescence from a minor malady in a hospital.

A visitor was present when an uncapped nurse, in hospital parlance, "a probationer," brought me afternoon nourishment. Scarcely had the door closed on the form of the nurse when my visitor in tones expressive of severe disapproval, almost horror, asked:

"Do you permit a probationer to wait upon you?"

"Why not? I'm sure this cup of chocolate and this delicious sandwich are just as nourishing as though served by the superintendent herself, and I'm equally sure that I could not have been more graciously waited upon. Did you not notice how careful she was to place my napkin, to set the tray at just the correct angle, and to bring me a glass of fresh water? What could you find to object to in her service? I've had graduate nurses attend my wants who were far less thoughtful and willing."

"Well," with a virtuous air, "I never permitted any but the regular nurses to wait upon me when I was a patient."

After my visitor had departed, I pondered over the "why" of many hos-

pital customs. Are they really principles or, in some instances, are they not unthinking adherence to tradition?

During the course of the afternoon another friend, herself a nurse, and an ex-superintendent of many years' experience, called and I turned upon her the battery of my Why's. She laughingly replied with: "Broadcast your questions and criticisms."

In response to my expression of surprise, she continued: "No, I don't mean over the radio, but what would be more effective, through the pages of the nurses' own publication, *The American Journal of Nursing*."

This, then, is my excuse for this paper embodying a criticism of hospital practices, some of which, to a layman, seem unwise, if not actually harmful. By that I mean handicapping the student nurse at a time when everything is new and trying and, to a sensitive being, increasing self-consciousness.

To qualify for the role of critic, presupposes a certain amount of personal knowledge of the subject under consideration. I herewith present my credentials to show that I may be permitted to speak "as one having authority" from the viewpoint of a patient.

I have twice been a surgical patient in a hospital, for major operations and have undergone as many minor surgical procedures. I have also been a medical "case." I have had "special" nurses and I have been on "floor" care. I number among my most valued friends many members of the nursing profession, superintendents, Red Cross nurses, private duty and student nurses and the source of my information is threefold: experience, observation, conversation, and because of my varied experience and opportunities, I am venturing to criticize some cherished traditions of the hospital and the profession.

To begin, take the conversation with my visitor who objected to a "probationer,"—I have heard many patients voice this same opinion. Many patients do not have confidence in a student who is permitted to wear only a part of the uniform and who has the stigma of the term "probationer" attached to her. They argue, not without cause it would seem to me, that the staff does not have confidence in such an one's ability, why should the patient accept her service when she is thus labeled, in effect, "We don't trust you yet" by the authorities?

Patients soon learn why a student wears only part of the uniform, it marks her as a beginner and even the most reasonable of patients (and how many are not reasonable!) do not have the confidence in her ministrations they would have were she in full uniform. Then, too, a nurse who is sensitive feels this lack of confidence even though she is not openly made aware of it (which

she frequently is) and she is placed at a disadvantage; she cannot get the results that could be obtained were this handicap removed. I understand some schools have a preliminary period during which the student receives theoretical instruction only and does not come in contact with the patients until she is fully uniformed, "capped" and "bibbed." An excellent plan,—but why not go a step further and remove the opprobrious term, "probationer," and use instead, "freshman"? Nursing is a profession (and I do not decry the use of the term) but, pray, what other "profession" applies the term "probationer" to those who seek to enter its ranks?

Quite recently the charming daughter of a charming friend wrote me enthusiastically that she had been pledged to a sorority in a woman's college,—does the nursing profession have a sorority? Other professions, medicine, law, journalism, etc., have Greek letter organizations,—could not the nursing profession establish such an organization? Could it not be made of real help to the student body by making membership rest on scholarship and a high standard of efficiency and conduct, the pledge to be made during her Junior year and initiation a feature of her advancement to Senior standing? Or better still, it might be an exclusive honorary organization conferred on or after graduation.

These are a few, just a few, of the questions that come to a patient. Some day, if you'll invite me, I'll come again and tell you about the Ideal Superintendent and the Ideal Nurse from the viewpoint of a patient.

PERTAINING TO BOOKS

BY MARY E. GLADWIN, R.N.

IT was once my fortune to spend four days, as a guest, in a tiny nurses' home in a very small place. Tired with much traveling in cold, unpleasant weather, the charming one-story house, built as a memorial, looked most inviting and restful. The first morning, in a big chair before an open fire, was utterly satisfying. It chanced, at that time, that my traveling companion was a new book on the French Revolution. To the tired nerves of a woman who thinks at all, the French Revolution, however fascinating and vividly portrayed, brings neither peace nor rest, so after luncheon, I began to look about for "something to read."

On either side of the fireplace were built-in bookcases, shelves bare except for two popular much-worn novels with broken backs and loosened leaves. On the second day, a desperate appeal to the nurses produced the only magazine in the place—*The Red Book*. The town had little to offer in the way of interest or amusement, so the nurses (the hospital had no school), spent the long winter evenings with a victrola and a deck of cards. Their talk showed all too plainly the dullness of their lives and the poverty of their thoughts. The sleet outside emphasized the intellectual dearth inside, so out of keeping with the gracious simple lines of the lovely little house that it was almost unbearable.

The superintendent confided in me that her greatest ambition was to become a superintendent of nurses and that, as there were several places open to her, she thought of taking a six-

weeks' course somewhere and then accepting one of them. Very gently it was urged that the nursing *Journal* and some of the recent publications on nursing subjects might be of interest during the winter and be of help in her preparation. She thought she wouldn't "bother" because "six weeks somewhere" would give her all she needed.

We all know that a hospital is a world in itself and that life within its walls may be and often is very narrow. The round of duties, the steady pointing in one direction, the constant association with sick people, the failure to realize that a sick body presupposes a greater or less degree of morbidity of mind, limit the mental horizon and create an atmosphere in which gossip and small faultfinding may flourish apace. No class of women have greater need of the stimulus of outside interests, the knowledge of what other people are thinking, suffering, and doing, than nurses. Fiction and the "movies" have their place in modern education, but there can be no two opinions as to the evil of a steady diet of novels and photoplays, largely because of their predominating sex motive. The tonic furnished by a story of endurance and heroism like Scott's "Last Expedition" or Shackleton's "South" is inestimable and makes us realize the pettiness of much of our mental attitude.

The obligation of superintendents and instructors, of all nurses who are engaged in educational work, cannot be overlooked. Their preparation for their work should obviously include

considerable knowledge of general literature and current events and, in addition to the knowledge, some training in methods of presenting these subjects.

In recent years there has been much improvement in the provision of reference books for student nurses and the improvement shows us clearly the need of greater efforts in this direction. To an inquiry about books of this nature in one school came the proud answer: "Oh! we have more than one hundred volumes." The answer seemed so out of keeping with the character of the school that a little investigation was made. The books were, beyond question, there, more than one hundred volumes, in a special bookcase as ancient and musty as the books themselves—the library of an old physician long since passed away whose descendents needed the attic space they occupied. They made me think of those dim dusty rows of old divinity that Hawthorne found on the attic shelves of the Old Manse.

Books to be of value must be easily accessible and they must tempt the student nurse. The book room may be plain and small, but the light should be good, by day and by night; the reading chairs should be comfortable and attractive. As one goes from school to school, one often wonders how pupil nurses can do any studying, so poor is the light in their rooms and very often no other study is provided. One of the best nurses' libraries known to me is kept locked and a would-be reader must make formal application for the key.

In many schools which possess the nucleus of a good library, the books are kept in the superintendent's office or room. One can think of no other ar-

rangement which would so surely insure their not being read. The most imposing array of magazines seen anywhere was in a superintendent's office, but an examination of the back numbers showed that they had been little read. The amount of printed trash avidly consumed every year in the United States is appalling and undoubtedly nurses do their share. The same amount of time spent on good literature and world happenings would have an enormous influence on the thought and the life of the people. A little guidance, a little pains, a little thought spent on the reading of each school of nursing would be productive of great good to our profession.

Student nurses should be made to realize that a knowledge of good books and current events adds materially to one's value as a nurse, fits one for better positions with higher salaries, but aside from its strictly utilitarian side, such knowledge gives one infinite resources within herself and affords help over many a stile and lightens many a dark place in her pathway.

Professor Kilpatrick in an old *Teachers College Record* says:

No nurse is merely a means of health to the patient, still less to the success of the physician. She is that and distinctly so, else she performs no service; but she is more than that, she is a person with hopes and aspirations, with lines of life stretching out before her; while she serves, she should also find expression—and growth.

A little further down, he says:

The school must recognize that neither nursing nor preparation for nursing, nor both together can make the whole of life.

I know of no statements which could be more profitably studied and pondered over by all those who have to do with the teaching of nurses.

In a recent survey of thirty-three schools, the question was asked: "What magazines are provided for the student nurses?" The following table was compiled from the answers:

Number of schools	33
<i>American Journal of Nursing</i>	27
<i>The Trained Nurse</i>	17
<i>Public Health Nurse</i>	7
<i>Hospital Progress</i>	8
<i>Modern Hospital</i>	16
<i>The Nation's Health</i>	3
<i>Social Service</i>	1
<i>The Survey</i>	1
<i>The Literary Digest</i>	5
<i>The Outlook</i>	1
<i>Review of Reviews</i>	1
<i>Geographic Magazine</i>	3
<i>Century</i>	1
<i>Scribner</i>	1
<i>Red Book</i>	1
<i>The American</i>	8
<i>Saturday Evening Post</i>	1
<i>Ladies' Home Journal</i>	4
<i>Woman's Home Companion</i>	4
<i>Cosmopolitan</i>	2
<i>Good Housekeeping</i>	2
<i>Pictorial Review</i>	2
<i>The Mentor</i>	1

<i>Vogue</i>	1
<i>Delineator</i>	1
No magazines of any kind	1

The table which follows was made from the answers given by a group of schools in another state:

Number of schools	23
<i>American Journal of Nursing</i>	14
<i>The Trained Nurse</i>	5
<i>Public Health Nurse</i>	1
<i>Social Service</i>	1
<i>Nation's Health</i>	1
<i>Saturday Evening Post</i>	2
<i>Geographic Magazine</i>	1
<i>Literary Digest</i>	3
<i>Ladies' Home Journal</i>	2
<i>Good Housekeeping</i>	1
<i>Mentor</i>	1
<i>House and Garden</i>	1
<i>Photoplay</i>	1
No magazines of any kind	7

In order to appreciate the real significance of the lists given above, one must realize that a large proportion of these magazines are subscribed to by the superintendent for her own use and are passed on to the pupils with more—or less—regularity.

"Of the things that make for happiness, the love of books comes first. No matter how the world may have used us, sure solace lies there. The weary, toilsome day drags to its disheartening close, and both love and friendship have proved powerless to appreciate or understand, but in the quiet corner consolation can always be found. A single shelf, perhaps, suffices for one's few treasures, but who shall say it is not enough?

"A book, unlike any other friend, will wait, not only upon the hour, but upon the mood. It asks nothing and gives much, when one comes in the right way. The volumes stand in serried ranks at attention, listening eagerly, one may fancy, for the command.

"Is your world a small one, made unendurable by a thousand petty cares? Are the heart and soul of you cast down by bitter disappointment? Would you leave it all, if only for an hour, and come back with a new point of view? Then open the cover of a book."

—*The Master's Violin*, Myrtle Reed.

WORLD GOODWILL DAY TO BE OBSERVED MONDAY, MAY 19, 1924

Before world courts, leagues of nations and associations of nations, peace treaties, and international agreements are able to function properly, we must await the longer processes of education to supply the spiritual values necessary to back up such agreements to a point of desired efficiency.



FLORENCE NIGHTINGALE
MAY 12, 1820—AUGUST 13, 1910

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A TYPICAL LESSON IN PEDIATRIC NURSING

BY MAUD KELLEY, R.N.

THE following is the fifth lesson in a series of fifteen. It is a typical plan for a lesson on treatments. Such lessons may be divided into the following steps:

1. Statement of the problem or the aim of our lesson. Our problem being to determine a method by which, with safety to the patient, we may secure the desired results.

2. Consideration of the pathological conditions existing in the patient.

3. The results which we wish to obtain by our treatment and what we want to avoid.

4. The material and equipment that we need to carry out the procedure.

5. The best procedure to use to get desired results.

6. Demonstration.

7. Checking up on the whole lesson to see if we have solved the problem.

8. Summary.

Throughout the plan, special effort is made to have the pupils, as far as possible, think out for themselves the reasons for all the steps, keeping the problem ever clearly in mind, with each step consciously contributing its part toward the solution. Having reached a conclusion, it is carefully tested to see if we have really accomplished what we set out to do.

PLAN

Subject—Pediatric Nursing

Class—Intermediate pupils

NOTE.—In the following plan only leading questions are given. Subject matter is merely sketched. For detailed subject matter, see above references. Italics indicate parts to be written on the blackboard.

Problem—How can we give lavage so as to run no danger of injuring the child and so as to produce the best therapeutic results?

Teacher's Aim—To teach the pupils to reason out the principles underlying the procedure first, going through the steps correctly, understanding the reasons for the various steps and their responsibility for getting good results and to describe and record results correctly.

Outline of Steps in Lesson:

- I. Introduction — Definition of term, etc.
- II. Solving of problem
 - A. Underlying sciences
 - B. Dangers in the procedure
 1. What they are
 2. How overcome
- III. Appliances needed
- IV. Demonstration of procedure
- V. Recording, etc.
- VI. Care of utensils
- VII. Summary of main points
- VIII. Illustrative material: Charts of the drawings shown in text.
- IX. References for the teacher: Principles and Practice of Nursing, Harmer, pages 405-411; Pope's Manual of Nursing Procedures, pages 323-327; Pediatric Nursing, Cutler, pages 292-293; Bellevue Nursing Procedures, Brink and Hill, pages 145-147
- X. Previous assignment: Study of the anatomy and physiology of the parts involved and making of solutions of various percentages

SUBJECT MATTER

METHOD OF TEACHING

I. Introduction

(Review and connection with previous lesson on infant feedings)

A. Statement of topic for today

1. *Meaning of the term, "lavage,"* derivation

2. *Purpose*

(a) With adults

(b) Compare with children, usually to get rid of fermentative residue

3. *Indications*

(a) Vomiting

(a') Character of vomitus, sour and curdled

(b') Time of, during or immediately after feeding

(c') Amount, often more than taken during present feeding

B. What is our problem?

To wash out a baby's stomach so that it will be clean and so that we run no danger of injuring the child

II. *Solving the problem—*A. *Some principles from science—*1. *Psychology*

Causes of noncoöperation in older children:

(a). Fear of pain

(b) Fear due to ignorance of just what is going to be done

2. *Physics*

Lavage is based on siphonage. In order to siphon fluid from a glass to a basin, the glass containing the fluid must be higher than the basin. The rubber tubing must be free from air. If all the fluid is to be siphoned out, the tubing must extend to the bottom of the glass. Let the glass represent the baby's stomach

From what language do we get the term "lavage"?

What is its meaning?

For what purposes have you known lavage to be given to adults?

For what purpose do we give lavage to a baby?

By what symptoms will you know that a baby needs lavage?

What do these symptoms indicate regarding the condition of the baby's stomach before he began his present feeding?

What should be the condition of a baby's stomach before he takes a feeding?

Are any dangers involved?

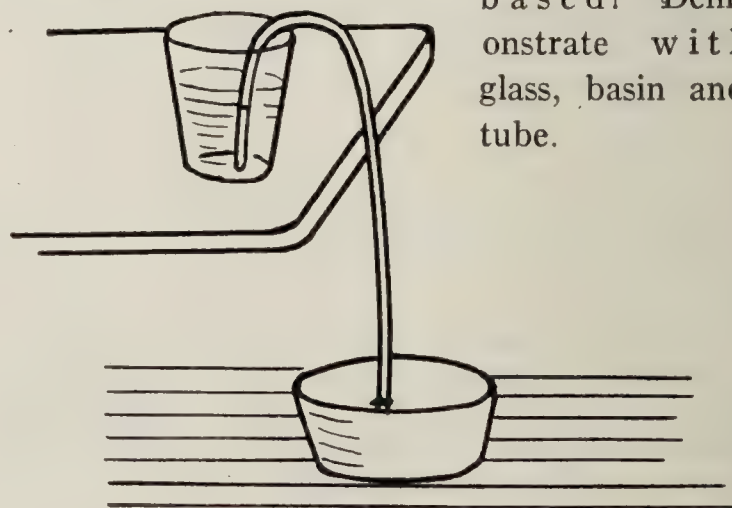
What do we want to learn to do during this lesson?

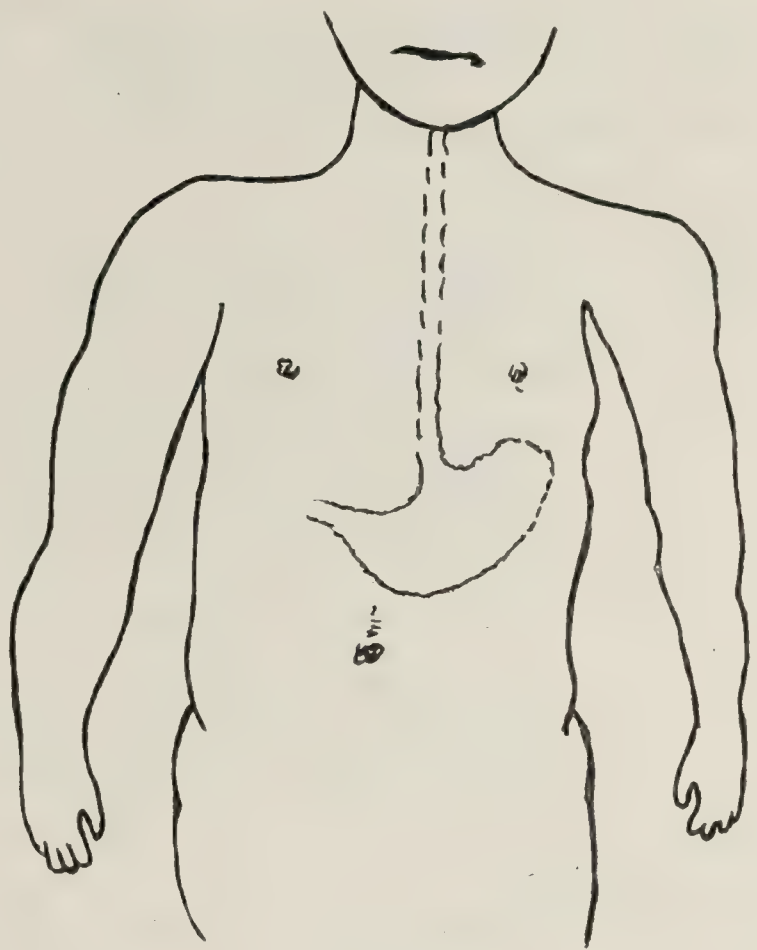
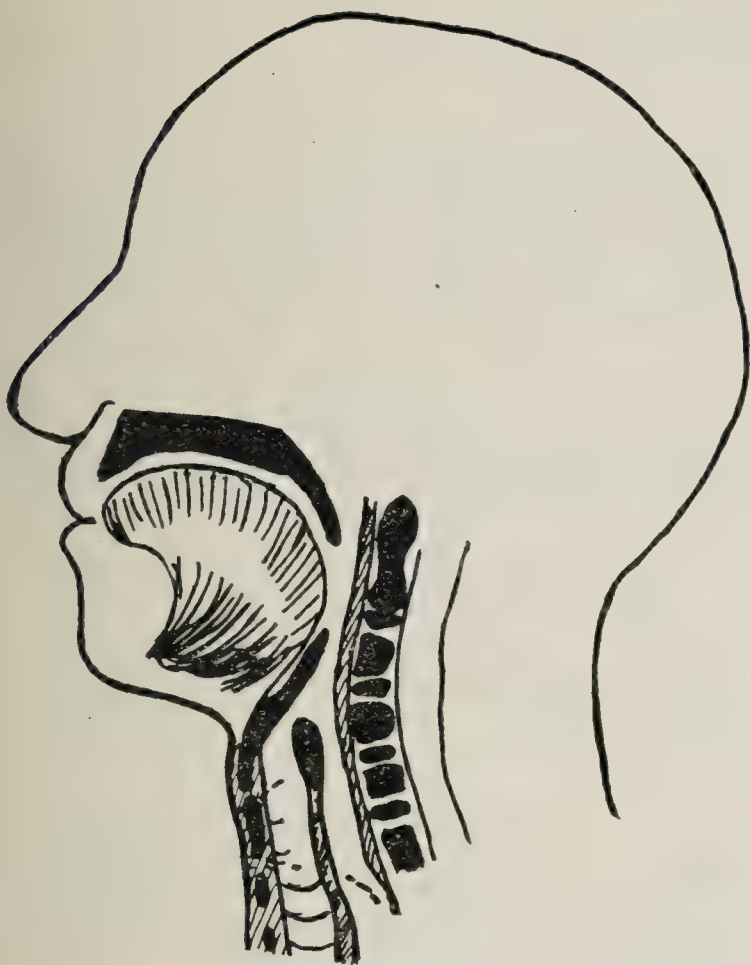
Have we studied any subjects which will help us in solving our problem?

What are they?

Why are children afraid?

On what principle of physics is siphonage based? Demonstrate with glass, basin and tube.





3. Anatomy and Physiology

Parts involved in the treatment

- (a) Position of trachea in relation to esophagus
- (b) Position of stomach in relation to nipples and umbilicus

Have pupils identify parts represented in accompanying illustrations.

(Charts used consist of pen drawings on window-shade material.)

B. Dangers involved

1. What they are

- (a) From teeth
- (b) Of entering windpipe
- (c) Of perforating stomach
- (d) Of inspiring drops when withdrawing tube

Looking at the chart, imagine yourself ready to pass the tube. Where will you meet the first danger?

The second? The third?

Can you see any danger that might arise when you withdraw the tube?

2. How overcome

- (a) By spool or mouth gag
- (b) By avoiding cyanosis and being sure that child is breathing naturally
- (c) Measuring distance from the bridge of the child's nose to a point a little more than three fourths of the way down from his nipples to his umbilicus. Mark this distance off on the catheter

How shall we avoid each of these dangers?

Note the position of the stomach on the chart with reference to his nipples and umbilicus. Compare the distance from the baby's mouth to his esophagus with the distance of the bridge of his nose from his mouth.

How can we feel that the tube extends to the bottom of the stomach and no farther?

- (d) By pinching the tube
when withdrawing it

III. Appliances and materials and their uses

A. Solution

1. Kind—plain water, boric acid solution, soda bicarbonate solution 2%-5%
2. Temperature—100-105 degrees
3. Amount—dependent on size of stomach and number of times it needs to be washed out. Amount of feeding usually equals stomach capacity
4. Receptacle for solution—glass graduate, (because one can easily see how much is poured in)

What is the first requisite for washing? What do we need to know about the solution? What kind of solution does the condition of the stomach indicate?

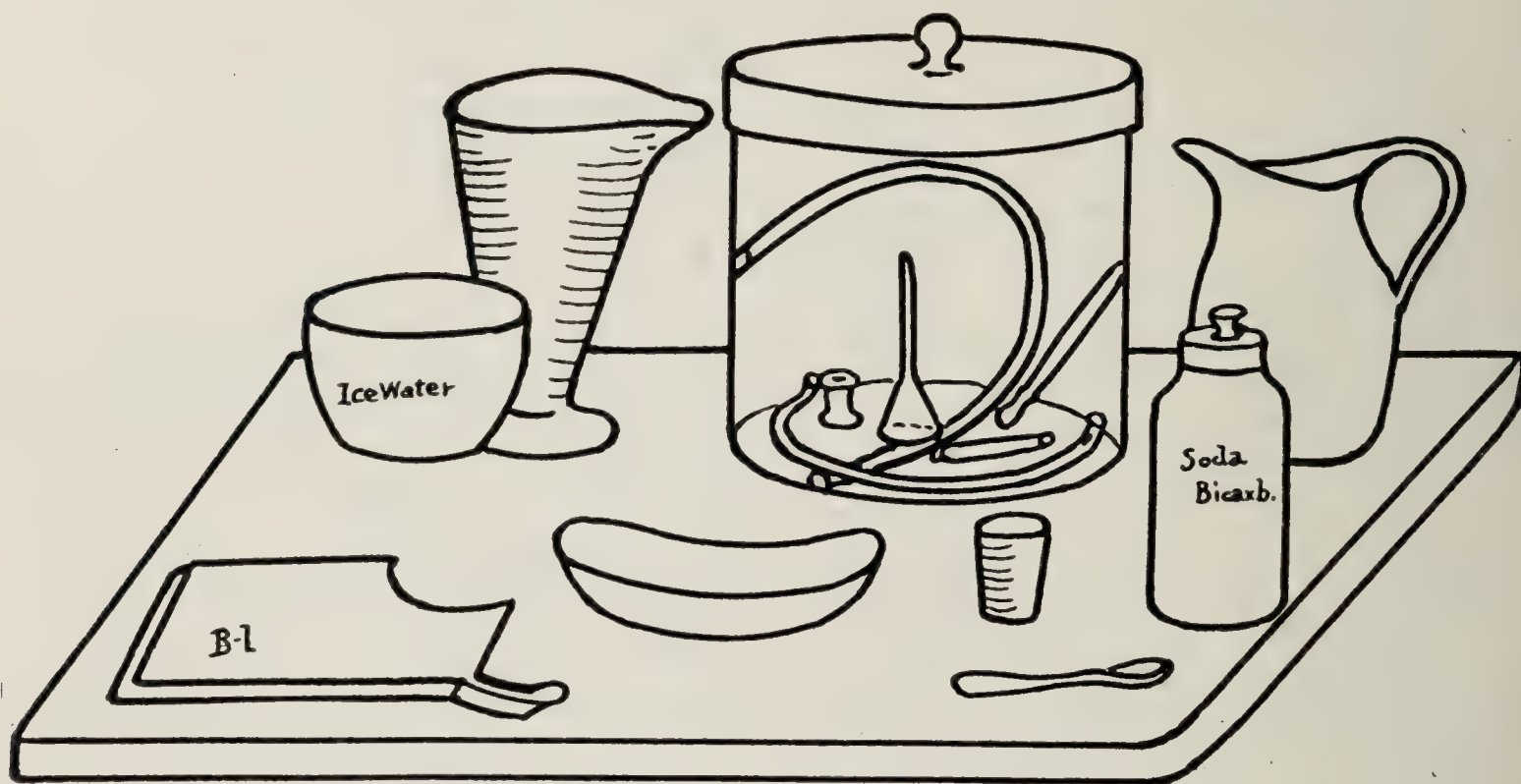
Do you know of anything which indicates the approximate capacity of a baby's stomach?

What kind of receptacle would you use? Why?

B. Apparatus

1. Catheter—stiff, number 10 French for a tiny baby, 16 French for a large baby, (18-20 lbs.)

Question as to uses of articles. As each is discussed have arranged in place convenient for work.



Articles for Lavage Tray

2. Connecting tube
3. Funnel, (glass because can see how full it is)
4. Marker for tube
5. Basin of ice water
6. Basin for return
7. Restraining sheet
8. Rubber bib
9. Thermometer

C. Arrangement

1. All articles ready before beginning
2. All articles within easy reach
(See illustration)

Prepare solution. (Prepare last so it will not get cold.)

IV. Demonstration

A. Steps

1. Bring out baby
2. Wash hands
3. Mark off distance on tube
4. Restrain baby
5. Expel air from tube
6. Pass tube, noting dangers "1," "2," and "3"
7. Pour in amount equal to about $\frac{3}{4}$ stomach capacity
8. Siphon off
9. Repeat until clear
10. Withdraw tube, (remembering danger "4")
11. Pour return back into graduate and compare with original as to amount and appearance

Question as to reason for steps to proceed and as to manner of performing.

What is your first step?

V. Recording, follow up and clearing away

A. Charting as to,—

1. Amount
2. Number of times washed stomach
3. Appearance

How would you chart the results?

VI. Care of utensils—wash and boil catheter one minute, dry and put in clean glass jar ready for use again. Boil measuring glass.

How shall we care for our utensils? What is a necessary characteristic of our catheter? How will that influence our care of it? Must our articles be sterile? Which articles shall we boil? How long?

VII. Summary of main points—

- A. Reasons for giving lavage
- B. Results to work for
- C. Dangers to avoid

What did we set out to do?

Did we get the stomach clean?

Is our patient safe?

How did we provide for his safety?

Be ready at the beginning of the next lesson to sum up the lesson, giving all the steps in the procedure and reasons for the same.

"Men continually forget that happiness is a condition of mind, and not a disposition of circumstances."

—Lecky.

WHAT TO OBSERVE WHEN ADMINISTERING DIGITALIS

BY JOHN WYCKOFF, M.D.

IT has been over one hundred years since Withering first discovered the value of Infusions of the Foxglove in the treatment of Dropsy. Withering studied the drug carefully and got wonderful results with his manner of giving it. At first, like any new thing, it was very popular, but then because other physicians using it did not study the indications for its use or the methods of giving it carefully, it fell into comparative disuse.

In order that any drug may be properly used in the treatment of disease, four things about it must be known. First, what the drug does. Second, the amount of the drug necessary to produce the proper effect. Third, absorbability (rate and amount). Fourth, excretion (rate). Until comparatively late years none of these facts were known concerning digitalis. The active principles of the drug are contained in the foxglove, but unfortunately they are not contained in the same amount in the foxglove grown in different localities nor even in the same locality in different years. For this reason alone, it was very difficult to know the dosage. Just how the drug acted was not carefully studied until the beginning of the present century and practically nothing was known of either its absorption or elimination until ten years ago.

Patients receiving digitalis for long periods of time were known to develop certain poisonous symptoms which were sometimes thought to be followed by death. It was naturally considered to

be a dangerous drug. Because the total amount needed to produce digitalis effect was unknown, and because these poisonous symptoms were not infrequently shown, the drug was given in very small doses by most physicians, in such a small dosage in fact, that we now know no effect could have been expected. This made it all the more difficult to know just what the drug was capable of doing in heart disease.

About the beginning of this century the action of the drug was carefully studied on animals and it was found that it increased the force of the heart beat and decreased its rate. A little later, methods of determining the amount of active drug in different preparations were determined by experiments on frogs and cats. When these facts had been determined, it was only another step to gauge the approximate amount of the standardized preparation that was necessary to produce digitalis effect and it was shown that there was a distinct relationship between the weight of the patient and the amount of drug needed to produce the desired effect.

Until ten years ago it was believed that the drug was slowly absorbed from the stomach and intestines, but when it was found possible to give the total amount in three or four doses it was shown that quite the contrary was true. The beginning of the absorption, we now know, usually takes place within two hours and the drug is usually fully absorbed in eight hours. The excretion of digitalis has been particularly

difficult to determine; no one knows exactly how it is excreted but it is believed to be excreted at the rate of from 1 cc. (15 mm.) to 2 cc. (30 mm.) per day. In the past it was believed that the poisonous effects of digitalis were due chiefly to a cumulative action which occurred because of the slow absorption of the drug. We now know that the toxic symptoms appear because the drug is being given at a rate faster than it is being excreted.

Digitalis is now usually ordered by physicians in two stages. During the first stage it is ordered in an amount that is greater than the amount of excretion, so that the patient will receive the full digitalis effect. After the patient receives the full digitalis effect, he is placed upon an amount which is just enough to replace the amount daily excreted. There is danger of digitalis poisoning in both stages, and a nurse should always be on guard for the symptoms of such poisoning and notify the physician when such symptoms appear. The symptoms of digitalis poisoning which a nurse should watch for are:

1. Nausea and Vomiting
2. Diarrhea
3. Marked slowing of the pulse rate
4. Irregularity in a pulse previously regular
5. The onset of an extremely rapid pulse rate

Nausea and vomiting.—When patients are given digitalis by mouth they may, within the course of from a few minutes to an hour, complain of nausea and vomiting. This is not a symptom of digitalis poisoning, but is due to the fact that digitalis by its local action sometimes produces nausea and vomiting. If, however, several hours after

taking digitalis the patient has persistent nausea and vomits, the physician should at once be notified and further digitalis not given without his order.

Diarrhea.—Some patients show as the first symptom of digitalis poisoning diarrhea. Should this occur in the patient, the physician should be notified and the drug discontinued pending the physician's directions.

Marked slowing of the pulse rate.—Whenever the patient's pulse rate becomes slower than 60 per minute, whether regular or irregular, the physician should be notified. This may be due simply to marked slowing of the heart or because certain contractions of the heart do not cause a pulse beat. Both of these conditions are frequently caused by too much digitalis.

Irregularity in a pulse previously regular.—A nurse should carefully note whether the pulse of a patient is regular or irregular when the patient is first seen. If the pulse was regular when first seen and it suddenly becomes irregular the physician should at once be notified and further digitalis not be given without the physician's order.

The onset of an extremely rapid pulse rate.—Very rarely, after too much digitalis a patient's pulse becomes extremely rapid. Sometimes this extremely rapid rate will persist and at other times it will last for a few seconds, suddenly slowing, and then suddenly again becoming rapid. This is an extremely dangerous condition and under no circumstances should further digitalis be given; every effort should be made to tell the physician the patient's condition. There is no First Aid treatment for digitalis poisoning. The majority of these patients vomit and frequently

have diarrhea. This automatically carries off such digitalis from the intestinal tract as has not already been absorbed. The patient should be advised to remain quiet and nearly always, if the toxic symptoms are recognized when they begin, no permanent harm

will be done and the symptoms of poison will disappear as the excess of digitalis is excreted. If, however, these symptoms of digitalis poisoning are not recognized and further digitalis is given, the consequence may be very serious and even result in death.

THE INFLUENCE OF COMMERCIALISM ON NURSING

BY CHARLES D. LOCKWOOD, A.B., M.D., F.A.C.S.

IT is difficult, of course, for one to estimate accurately the influence of commercial hospitals upon the profession of nursing, but I can at least point out some of the natural consequences that must result from contact with such institutions. What I have to say is based upon observation extending over a period of more than twenty years and a considerable familiarity with a number of commercial hospitals in California.

Up to within five years, the leading hospitals in Southern California, with one or two marked exceptions, have been what might be designated as commercial hospitals; that is, they were hospitals run for profit. In some instances this profit was as high as twenty per cent per annum to the stockholders. Any one who is familiar with hospital administration knows only too well that such profits can be earned only by exploiting either the patients or the nurses, or both. Every effort of the management is directed toward economy even at the expense of the patient's welfare, to say nothing of the nurses' training. On the other hand, the main purpose

of a well conducted hospital is to subserve the interests of the patient regardless of cost. Of course this does not mean that extravagance is practiced nor that rigid business methods are not employed to prevent unnecessary waste.

Now take into consideration these facts and imagine a young, impressionable woman thrust into the atmosphere of a hospital run strictly for profit. However ambitious she may be and however high her ideals on entering such an institution, it is a foregone conclusion that her ideals will soon be shattered and the edge of her ambition dulled. It is to their everlasting credit that many of the graduates of schools of nursing maintained by commercial hospitals have preserved the fine spirit of service which should be the dominating factor in the profession of nursing. However, the average young woman comes out imbued with the idea that her profession is rather a means of making a livelihood than one devoted to the high calling of humanitarian service.

To this blighting effect upon nursing ideals may be ascribed the failure on

the part of many nurses to understand and fully appreciate the aims and the purposes of scientific medicine. To this same cause, no doubt, may be ascribed much of the indifference of nurses to the organization work in their own profession and their lack of interest in the great social welfare movements related to their profession. The purpose of the true disciple of scientific medicine, whether doctor or nurse, is to bring to the sick and suffering the blessings that flow from a life consecrated to service, while the professional man or woman who looks only at the monetary side of his or her calling can contribute little to society. The nurse who is constantly in contact with commercializing influences during her training and who sees economies practiced which may retard a patient's recovery, comes out dominated by the thought that money making is the chief aim of the medical profession. Unfortunately, this commercial attitude is all too prevalent on the part of the medical profession and it is only natural that it should react upon the

nurse. The medical profession is forfeiting much public respect and prestige because of this tendency to demand "all the traffic will bear." No fair minded person knowing the present high cost of living can accuse nurses of this sin and let us hope that they will not even allow themselves to adopt a state of mind towards remuneration which will lower the traditional standards of their profession.

Perhaps the most baneful influence of the commercial hospital upon its graduates is the fact that many of them become embittered on learning that their diplomas are not recognized by boards of registration and nursing organizations which they may wish to join. It must not be forgotten that a great injustice is done by these inadequate and commercial schools not only to the nurse who has given her time and received poor training, but also to the sick whom the nurse serves. Nowhere should higher standards be set and maintained than in institutions which educate men and women to care for the sick.

HOW A PRIVATE NURSE CAN MAINTAIN HER ENTHUSIASM¹

BY HUGHJEAN E. MACAFEE, R.N.

ARE we supposed to enthuse over our work? Yes, we ought to. When we are sick or disabled in any way, we realize how thankful we ought to be just to be able to work, but when we are well, how soon we forget this, and we let all the little annoyances of

our every-day nursing life slip in and make us forget to appreciate our work.

The first thing to be considered in keeping up our enthusiasm is to keep from getting over-tired. Do not think no one can take your place when you know you should let up for a time. I find that when my work looks like a mountain to me, it is time to let up. Your patient and his friends may think

¹ Read at a meeting of the Middlesex County (Mass.) Association of Graduate Nurses, May, 1923.

nobody can take your place, but this is usually just dread of change, and after the change is made, the next nurse may even surpass you in their estimation. Do not expect the patient or the family to think of you. If you need more sleep or another nurse on the case, suggest it to them, and as a rule, people are very considerate.

They are so upset by the sickness itself and they have so many other things to think of that somehow we feel we are not considered. Also, I think the family rather expect suggestions from us in regard to the patient and what is necessary.

Some nurses seem to feel that the doctor on the case is supposed to see to it that they are looked after. I have usually found the doctors very good, but I feel we ought not to bother them. We ought to be able to take care of ourselves and make our arrangements with the family in those small details.

Sometimes we get on a case when we feel ourselves "round pegs in square holes." We cannot seem to fit in and we know we are not appreciated.

My idea is to leave. Tell them you feel you cannot do your best work for them and some other nurse may be better. It is much better to leave than to try to work when there is no harmony. We cannot expect everybody to like us, any more than we can expect to like everybody.

You cannot enthuse over your work

where you are a misfit. In fact, a week of this atmosphere takes away more enthusiasm than you can make up in a month. We feel instinctively when we are not appreciated. So the sooner we leave, the sooner the tension is relieved. It is much better for us to suggest a change than to wait for the family to suggest it to us.

This does not necessarily mean you are not a good nurse or that the patient is especially difficult, but that there are round holes and square ones, and we cannot fit into both. Your next patient may more than appreciate everything that you do and make you feel glad that everybody does not see things in the same way. The atmosphere in that home will be so different that you can accomplish much without a thought of self. Do not try to nurse all the time. Take occasional vacations and trips and keep in touch with the things of national and international importance, also in the progress that is being made in our national nursing education.

The nurse makes the profession what it is. Every individual nurse can do her part in lifting our profession in the very important part it is taking in the community life of today. We must always keep in mind the effect of our individual work on the profession.

If you could look back twenty years and see the progress we have made in the nursing profession, I think you would feel that we have every reason to enthuse.

Have a Health Examination on Your Birthday, is the slogan of the National Health Council; not a superficial examination, but a thorough overhauling. Could there possibly be a better birthday present to oneself than a certificate of health? Better begin with the examination of the eyes so as to be sure to be able to read the certificate!

NOTES ON NURSING SCHOOLS IN LATIN AMERICA¹

BY DR. RENE SAND

Secretary, League of Red Cross Societies

THERE are only four schools for nurses in Latin America which conform, more or less, to the type of the American, British or Scandinavian schools; Havana Rio (the Rockefeller School), the Montevideo Escuela de "Nurses" and the Escuela de "Nurses" at the Parameno Pinero Hospital, Buenos Aires. Each one of these is attached to a hospital managed by the State Board of Charities and is supported by the same governmental institution. In each case the pupils live in the school and the course is of three years' duration.

The Red Cross (*not American Red Cross*²) nursing schools, on the contrary, are more or less loosely organized, the pupils do not live in the school, they may come every day, but more often turn up only once or twice a week. Practically all these schools really teach only first aid and home nursing with, in some cases, a little training in operation theater nursing, about which all the pupils are very enthusiastic. The difference between the two kinds of schools is so apparent that they are distinguished by two different names: the Red Cross schools being called schools for "enfermern" (using the Spanish term), while the four schools above mentioned are called schools for "nurses" (the English term being used).

¹ From the Nursing Supplement to the Information Circular of the League of Red Cross Societies, March 1, 1924.

² Editorial note.

Public Health Nursing is taught nowhere on the American or English lines which, considering the scarcity of fully trained nurses, is hardly astonishing. What happens is that Red Cross nurses receive some scanty theoretical courses and then work in baby or anti-tuberculosis dispensaries, and do some home visiting.

The need for the Public Health Nurse is keenly felt, as well as the need for general nurses, but many doubt if the present status of women in Latin America makes it possible for women of a better type to be recruited.

At the Pan American Red Cross Conference at Buenos Aires it was admitted that the Nightingale school is the ideal, and Dr. Kerrer of Cuba insisted that it was the only type which gave satisfaction. Other speakers, however, advocated caution in the matter. The example of Miss Parsons, an American Red Cross nurse sent by the Rockefeller Foundation to Rio, who has been compelled to organize a transitory six months' course, proves that the difficulty is a real one.

It must be remarked, however, that the State *Escuela de Nurses in Montevideo* and the *Uruguayan Red Cross School of Nursing* are housed in the same building and maintain a real coöperation.

On the other hand, the *Red Cross School of Nursing* in Rio will be housed in the magnificent Red Cross building

which is being erected in a beautiful site in the center of the town, which, besides the Red Cross offices, museum, auditorium and library, will contain an out-patient service, a 50-bed complete hospital and a home for the pupil nurses. The school and hospital are at present housed in wooden barracks, but the pupil nurses do not live in the school. The course is of three years' duration. All the arrangements are placed in the hands of the Brazilian nurse who studied in our international course in London, and she seems to have quite decided to make the school conform as much as possible to modern ideas. The inauguration of the new building is expected to take place at the end of the year 1924.

I did not visit the Havana or the Rio schools, but can give some data on the Montevideo and Buenos Aires schools:

I. *Escuela de Nurses, Montevideo.*—This school was founded in 1913 as a school of the State Board of Charity and occupies a big private dwelling in the beautiful gardens in which wooden pavilions have been erected, constituting a complete 50-bed hospital for men and women, with operating theaters, x-ray and out-patient departments, pharmacy, etc.

The Nurses' Home has 25 beds with bath rooms, dining room, lecture room, assembly room, etc. No pupil is allowed to live outside of the school.

The staff consists of: Senorita Maria Magdalena Veiga, Superintendent; Dr. Ne'ry, Professor of the School and head of the hospital; four "instructoras," who, after completing their training, have remained with the school.

Admission age is from 20 to 30 years. The pupils are paid 10 pesos monthly

the first year, 15 pesos the second, 48 pesos the third. (The Uruguayan peso is at par with the American dollar.) The daily work consists of one hour's theory and seven hours' practice, no public health nursing is taught. After two years and three months of training, the pupils receive their diplomas and enter the bigger State hospitals. About 100 nurses have been trained since the foundation of the school ten years ago and all practice in the State hospitals.

The Red Cross Nursing School of Montevideo, which trains volunteer nurses, is housed in the same building; the lectures are common to both kinds of pupils and the length of the training is the same; the difference lies in the fact that the volunteers do not live in the home and have a reduced amount of practical work.

II. *Escuela de Nurses, Hospital Parmenio Pinero, Buenos Aires.*—This hospital, built by the State Board of Charities with donated funds, is the newest and best in Buenos Aires. Only the surgical and urinary blocks, as well as the Nursing School, are as yet in use.

The school is a separate building, with bedrooms, bathrooms, dining room, lecture room, etc. It is under the direction of the Director of the Hospital, who is a surgeon.

The immediate supervision of the pupils and the direction of the home are undertaken by a Head Nurse (Jefe de Nurse), who lives in the home, takes her meals with the pupils, etc. There is also a Secretariat with a personnel of two.

Admission conditions: age 17 to 35 years, certificate of good character, medical examination, school certificates

(or examination in Spanish, arithmetic, geometry, physics, chemistry, history and civics). Salary: 60 Argentine pesos monthly (about 20 dollars). If the number of girls who fulfill the conditions be greater than the number which the school can accommodate, the sur-

plus number is permitted to live outside the school. The teaching staff is composed of physicians and surgeons of the hospital; the nurses of the hospital act as instructors.

The nurses who graduate enter the State Hospitals.

OUR CONTRIBUTORS

Florence K. Wilson, B.A., R.N., is a graduate of the University of Michigan, Ann Arbor, and of the City Hospital Training School for Nurses, New York. Since graduation she has done private duty and public health nursing, serving at Henry Street, New York. She is now Teaching Supervisor of Medical Nursing at Lakeside Hospital, Cleveland, Ohio.

J. Shelton Horsley, Jr., M.D., is Assistant Attending Surgeon at St. Elizabeth's Hospital, Richmond, Va.

Maud Kelley, R.N., is a graduate of Bellevue, New York, and has held various positions there since graduation. At present she is Instructor in Pediatric Nursing. She has studied at Teachers College, but has not yet received a degree.

Mary E. Gladwin, Ph.B., R.N., L.L.D. (See Our Contributors, October *Journal*, page 46.)

John Wyckoff, M.D. (See Our Contributors, April *Journal*.)

Charles D. Lockwood, M.D., is a leading surgeon of southern California and one of Pasadena's most public-spirited citizens.

Hughjean E. MacAfee, R.N., a graduate of the Newton Hospital, Newton Lower Falls, Mass., has been doing private nursing for years and has a fine reputation for the work she has done.

Susan C. Francis, R.N. (See April *Journal*.)

Virginia Gibbs, R.N. (See *Journal* for January, 1923.)

Pictorial Review announces an annual award of \$5000 to the American woman who makes the most distinctive achievement through individual effort in the field of art, industry, literature, music, the drama, education, science, or sociology.

Recommendations for this award may be made by organizations or by individuals and must be made by September first of each year.

A few nurses are doing genuinely creative work in science, education and sociology. Why not recommend them for consideration?

All communications should be addressed to *The Pictorial Review* Achievement Award Committee, *Pictorial Review* Building, New York City.



CENTRAL BUREAU OF NURSING, DETROIT

EDITORIALS

AGAIN—THE CONVENTION

ON the opposite page is shown a little building that symbolizes the spirit of Detroit nursing. It houses the Visiting Nurse Association, which was organized and is still served in an advisory capacity by the beloved Dean of Michigan nurses, Mrs. Lystra E. Gretter. Here may be found the offices of the Central Registry—a registry which broadly interprets the function of service to the community by maintaining a list of attendants as well as of registered nurses. And here, too, may be found the offices of the visiting housekeepers. In other words, Detroit nurses have learned something of the meaning of the word Coöperation which Franklin K. Lane described as “the watchword of the twentieth century even though we do not yet know what it means.” The seal of the Community Fund symbolizes the interest in and support of a part at least of these activities, by the community which is served.

It was in Detroit that the first brilliant Community Commencement for Nurses was held, an example now followed in a number of cities. It was in Detroit, too, that one of the first experiments in the centralization of teaching was tried out by a group of schools of nursing. They know how to work together in Detroit, and to us no finer evidence of liberal mindedness could be desired.

Nursing is in good repute in Detroit, else the ex-Mayor of the city would not have presented two beautiful nurses' residences,—McLaughlin Hall to the Farrand Training School, and the recently opened one for the nurses of the

Children's Hospital of Michigan. In this Mr. Couzens followed a precedent established long ago by Mrs. Newberry, donor of the Helen Newberry Home of Grace Hospital.

In Detroit, too, there is an absolutely unique institution, a hospital which has deliberately waited until it could really provide all of the necessary services before opening a school of nursing, and which is undertaking the education of nurses as an educational project and not as a means to an economic end. When the School of Nursing and Hygiene of the Henry Ford Hospital admits its first class in January, 1925, it will have the clinical resources and the carefully developed services of an efficiently organized hospital for its laboratories. As announced in our last issue, the buildings now under construction for the school will provide in generous fashion for both the educational and social needs of the students.

Says Mrs. Gretter, “There are many complex and serious problems before us in the adjustment of nursing education and community needs.” It is these very complexities that make attendance at our national conventions so valuable. We shall do well to gather, in the liberal atmosphere of Detroit and of the middle west, for consideration of the pressing professional problems of our times. Let us make it a banner meeting with a record-breaking attendance and then, after a week of hard but inspiring work at meetings, round tables, and conferences, let us take a Lake trip and return to our duties refreshed in body and in mind and with renewed belief in the achievements and the potentialities of our profession.

IN 1925

THE nurses of Finland are making preparation to entertain hundreds of nurses from all over the world when the International Council of Nurses meets in Helsingfors in July of 1925. Not since the 1912 meeting at Cologne has it been possible to have a meeting of this important body of nurses, and already nurses from China, from South Africa and from other countries have indicated their intention to attend.

Special incidental trips are being planned. We are told that, if a sufficient number of American nurses reach an early decision to attend, surprisingly low trans-Atlantic rates may be obtained. Says the Secretary of the Council, "Do start nurses to thinking about the meeting so they will begin saving money for it!"

A Finnish nurse, now on leave of absence for postgraduate study in this country, writes with restrained enthusiasm of her own country. Her letter, breathing a spirit of real cordiality, may be found on page 666 of this issue. We hope it will rouse in many a nurse an eagerness to visit the "Land of a Thousand Lakes" in 1925.

SUMMER INSTITUTES FOR RED CROSS INSTRUCTORS

"IN the past we were opportunists, but today we are building for the future" well expresses the aim of those who teach Red Cross classes in Home Hygiene and Care of the Sick. "In 1923, 1,162 such instructors were appointed and many of them are members of the faculties of the High Schools in which they teach. In such positions, nurses exert a widespread influence. They help to form the health habits of

the "future mothers of the race" who take the course. Many of them have the added responsibility of supervising first-aid rooms and the general health conditions of the schools. The effect of these courses on community health can not easily be evaluated. A nurse in Oregon reports her conviction that one community, at least, was saved from an epidemic last Winter because her classes "were so successful in using and spreading information concerning the recognition of symptoms and the proper measures to be taken in fighting contagion."

Principals of schools of nursing have come to recognize the vocational value of the courses as a considerable number of young women gain their first comprehension of the professional possibilities in nursing through these classes.

Not all the classes are held in High Schools or Colleges, however. Classes for industrial workers and for housewives have met with genuine success. The latter groups possess an appealing eagerness to learn how better to care for their families. Such classes require teaching of no mean order. It is, therefore, quite in line with other constructive Red Cross policies that the Institutes described on pages 654-657 have been offered to those who are teaching or who wish to prepare to teach classes in Home Hygiene and Care of the Sick. We commend them to the nurses to whom such opportunities have come.

NURSING SCHOOL LIBRARIES

THE article by Mary S. Gladwin on page 624 of this issue is a severe arraignment of some of our schools. In effect she is saying, "How can we expect to produce happy, thoughtful, resourceful women if we do not help them to

search outside their own experience for information, stimulation and inspiration?" There is much to be said on this whole question of libraries. The topic could be elaborated from many angles. We are here concerned with the reports on the two professional nursing magazines, the *American Journal of Nursing* and the *Public Health Nurse*. We cannot refrain, however, from reminding those most concerned with developing reference libraries that the National League of Nursing Education¹ and the National Health Library² are both prepared to give valuable advice. Furthermore, the American Library Association³ is prepared to give sound advice in building up general libraries.

It is disconcerting to publish, though we have long known it to be true, that not every accredited school of nursing makes the *Journal* available to its students. But it is little less than appalling, in this era of health teaching, to find the *Public Health Nurse* so little in evidence. These two magazines should certainly head the periodical list of every school. If they are not obtainable in any other way, the Alumnae Association could well make itself responsible for their regular appearance on library shelves. Furthermore, the volumes

should be bound at the end of each year. Quite recently a newly appointed instructor in an important school asked for the file of back numbers of the *Journal* for use as reference material in some of her classes, only to be told that "they ought to be in the sun parlor," investigation, alas, proving that only stray numbers could be found. These magazines are perfect gold mines of reference material. We make our point by citing the value, as collateral reading for students of Personal Hygiene, of Dr. Caroline Hedger's articles in the *Journal* on Positive Health and the Health of Student Nurses and that by Dr. Jesse F. Williams, Prevailing Fallacies in Health Education, in the *Public Health Nurse*.

Why overlook such teaching helps by failing to provide the magazines? Having subscribed, why waste a part of the expenditure by making only temporary and superficial use of the magazines? There is much to be said in favor of some of the other periodicals included in Miss Gladwin's list, but it is well to begin thinking along these lines by careful consideration of the official organs of our profession.

¹ 370 Seventh Avenue, New York City.

² 370 Seventh Avenue, New York City.

³ 78 East Washington Street, Chicago, Ill.

JUNE FIRST IS THE DATE

The competition for prizes for articles on Nursing Small Hospitals closes June first. If you have real ideas on this subject and are hoping for a prize of \$100, \$75, or \$50, be sure your manuscript is mailed in time to reach the editor by June first. Address the *American Journal of Nursing*, 370 7th Ave., New York City.

WHO'S WHO IN THE NURSING WORLD



XXXIV. SARAH J. GRAHAM, R.N.

BIRTHPLACE: Allentown, N. J. PARENTAGE: Irish. EDUCATION: Public schools. PROFESSIONAL EDUCATION: Graduate of the first class of the New York Post Graduate Medical School and Hospital. POSITIONS HELD: In charge of the Babies' Hospital, New York City; organized Mercer Hospital and Training School, Trenton, N. J., charge positions at the State Hospital, Trenton, and the New

Jersey State Village for Epileptics, Skillman. Did private nursing for six and a half years; managing housekeeper for large households. Has been a director of both State and District associations; is Relief Fund chairman for New York State; member of State and District Revision committees. Received a special Red Cross medal for home war, and influenza work. ADDRESS: 132 East 45th St., New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE VALUE OF AFFILIATIONS¹

BY SUSAN C. FRANCIS, R.N.

A SEARCH in the dictionary gives us the information that the word "affiliation" means "adoption, association in the same family or society." In our present-day nursing language we are using this term when we speak of the association of one hospital or school of nursing with another for the purpose of complementing the education of the student nurses.

Few if any nurses need to be informed as to the reasons which have brought about the demand for such affiliation; but it might be well at this time to review them briefly.

First: We have the amazing addition to the number of hospitals from 149 in 1873, to 7,054 in 1921, an increase of 4,634 per cent. The bed capacity of these hospitals shows an increase of 2,076 per cent in the same length of time. The patients in all of these hospital beds must be nursed; and the student nurse, for a number of reasons, has been found to be the most satisfactory person to render this service.

Second: These students, the types and standards of their nursing education varying as greatly as the numbers of the hospitals from which they graduated, have served their respective communities and have certainly contributed toward bringing about everywhere in the city and in the country a rapidly

growing demand for an increased number of the members of their profession. The public is not limiting its demands on the profession to a mere increase in numbers; but in the hospital, in the home, in the school, in the industrial plant or wherever this worker goes, she finds new and varied types of service for which she must be prepared; and she is now joining that public whom she serves in demanding that she receive a professional education that will qualify her to keep pace with the need.

Third: The number of those who have argued that the hospital is not a necessary factor in the education of the nurse have been very few; so in all hospitals, with but few exceptions, whether they belong to that group of 61 per cent of the whole having a bed capacity of 40 or under, or whether they care for but a special type of individual or of disease, we find the student nurse being prepared in one way or another to go out to serve this public which is beginning to realize what it should expect of the individual who has received a nursing education.

Here then lie the reasons for the demand for affiliation. To summarize:

First: The existence of and the need for an increased number of hospitals, many of which are limited in bed capacity and in types of service, which therefore, while serving the patient well, are not equipped to prepare the student

¹ Discussion at a Round Table, National League of Nursing Education, Swampscott, Mass., June, 1923.

to fully meet her obligations after graduation.

Second: The need of these hospitals for a nursing body.

Third: The increasing demands for more nurses and for nurses who have received a liberal education in the various types of service which the community has learned it may expect of the nurse, and lastly the growing inclination on the part of the prospective student of nursing to seek the school that will best prepare her to meet these needs.

The women at the heads of the student nursing bodies in these various hospitals, the women in whose hands mainly lies the formation and direction of the policy of the education of the nurse, have long recognized the need in many instances for affiliation for their students; but they say, "Yes, I know my students would be better prepared if I could secure affiliation for them in this, that or the other branch of nursing service, but how am I to do it?"

Now just what are the difficulties which lie in the way of the superintendent who believes she should secure affiliation, but who thinks it is not possible for her to do so? Undoubtedly the chief reason is an economic one, one that will be covered by the Hospital Board, the Medical Staff and even by the Superintendent herself with the query: "But how will the nursing of this hospital be done if we send our students away for a period of from two to eight months each during their three years' service?"

Granted that the superintendent believes in affiliation, her first job is an educational one, and involves the education of herself, her board and her medical staff.

Frequently the superintendent functions as superintendent of the hospital, as superintendent of nurses and as principal of the school of nursing. In her first capacity, one of her foremost problems is to make ends meet, and she hesitates to assume any obligation which will tend to make more difficult its accomplishment. As superintendent of nurses, her chief responsibility is the care of the patients under her charge, and her natural tendency is not to do anything to reduce her nursing force. As principal of the training school, however, her function is the education of her student nurses; and having undertaken this contract she cannot afford to permit her other two selves to forget that the student nurse is in the hospital for educational and not for economic reasons. Furthermore, her conscience will hardly permit her to admit students to the school promising them a general nursing education, knowing all the while that there are certain phases of that obligation which she will be unable to meet.

Let us conclude then that the superintendent believes actively, not passively, that it is due her students that they receive sound and broad experience in the fundamentals of nursing education, which today are commonly interpreted to include medical, surgical, obstetric and pediatric nursing and, by many, communicable disease and mental and nervous disease nursing as well; and let us say for the purpose of illustration that her hospital has a service of which surgical and obstetrical patients constitute a large majority. The superintendent has educated herself; she has taken stock of the opportunities her own hospital affords toward a well

rounded education for her students and she has accounted for what is lacking.

She then approaches her board. What reasons does she give its members for this seemingly mad desire on her part to send her students away for a period of several months each in the face of the very evident need for them in her own hospital?

First: She sets forth the responsibility which the hospital assumed toward the young women in accepting them as students, the promises, tacit or otherwise, that were made to give them a well balanced nursing education. As business men, the board members will all recognize the necessity of keeping to an agreement. If, on the other hand, the members of the board do not wish to carry all the responsibilities of an educational program, then the hospital should not announce itself as conducting a school of nursing, but should have it clearly understood that theirs is an institution solely for the care of the sick, and that it promises to no one a nursing education.

Second: Having assumed these responsibilities the superintendent further points out that the students must be educated to care not only for the patients in that particular hospital, but to meet the needs of the whole community whether represented by the individual, the family, or by the town or county unit and that they, the members of the board, have a responsibility to the community in this respect which they cannot afford to disregard.

Third: The superintendent points out that the school giving a sound, broad education soon becomes known and attracts to itself an increased number and higher grade of students.

Fourth: A graduate body proud of the education they have received and finding themselves well prepared to meet the needs of the public they serve, are good "rooters" for their school and are therefore a far more valuable asset to the hospital than the disgruntled, disappointed graduates who, desiring to undertake various phases of nursing work, find themselves frustrated because of inadequate preparation.

Fifth: The boards of most hospitals have recognized the necessity for comfortable living conditions for the student nurses; and many boards have found the means to provide even luxuriously for them in this respect. Surely if the matter is earnestly and clearly presented to them the board will realize that the student nurse, if she be a sound thinking woman, will look for an equally high standard in the educational features of her school.

Sixth: The fact that the State Board of Examiners for Registration of Nurses demands certain standards for the registration of graduate nurses, while a potent argument in many instances, would seem to be the final point to be presented; for the reason that the coöperation of the board will be far more whole-hearted if it can be brought to authorize the seeking of affiliation for the students because of a realization of the need for it, rather than because of a possible penalty following the lack of it.

The arguments to win the coöperation of the medical staff will follow much the same lines, certainly those members of the staff who are specialists,—the Pediatrician, the Psychiatrist, the Obstetrician, the man interested in Public Health and in the Prevention of Disease

will be eager to have the student nurses who will later help them in their efforts to better the health of the community, adequately prepared to undertake this work. It must be remembered, however, that only will the superintendent succeed in her efforts who believes sincerely and ardently in the matter and who is firmly convinced that it must be done because it is right. No half-hearted measures will prevail.

How will she get the nursing done in her own hospital? By the same means that she will use when her students decrease in numbers, as they surely will when they learn that elsewhere they might have obtained in the same length of time the broad nursing education which would have qualified them to undertake the piece of work they may desire to do, and having realized this fact, divert their friends interested in nursing to those other schools rather than to their own.

These means will be supplementing the student body with graduate nurses and with nursing aides or attendants.

Then the superintendent will probably ask how the required theoretical instruction for the students may be covered with one or more members of the class away for affiliated work and at such a distance as to make it impractical for the students to return to the home school for theoretical work with their own class.

As a matter of fact, the student who is away from her school for affiliated work should not be required to return to her hospital during that time for theoretical instruction. If the affiliated hospital is doing justice to her in this respect and is giving her the theory which should correlate with the practical

work she is having, her time will be fully occupied. The strain of carrying this additional instruction will tend to impair her health. There will be a divided interest, lessened concentration on the work in hand with a consequent tendency to a superficial knowledge of all the subjects she is trying to master.

To avoid this, the fundamental subjects should be carried in the first year and in that part of the second year before the affiliated work begins. With a complete schedule made out for the theoretical course and with the dates set well in advance for the sequence in which each member of the class will go for her affiliation there will be but little difficulty in arranging that each student shall secure the theoretical instruction which would fall due during her absence on affiliations, either in advance of her going or following her return. Of course at times it will necessarily be with another class than her own.

When seeking an affiliation that superintendent will be wise who makes a personal inspection of the hospital and school to which she is thinking of sending her students.

She will outline the practical work which she desires for her students and she will expect the affiliating school to give the correlating theoretical instruction, thus relieving the home school in this respect. This will of course mean that the affiliating school will be required to repeat that particular course or courses of theoretical instruction for each group of affiliating students admitted. The superintendent will also ascertain whether there is a properly qualified nurse instructor.

She will look into the working

conditions of the affiliating hospital; and she will wish to be assured that her students will be relieved of routine household duties in order that their time may be devoted to the strictly nursing care of the patients, thus making every moment in the wards of the affiliating hospital of educational value to them.

Lastly, she will wish to assure herself that the living and the social conditions for her students will be acceptable to her.

She will wish to have some form of agreement between her hospital and the affiliating school which will embody the following points:

- (a) The length of the period of affiliation.
- (b) The number of students to be sent at one time.
- (c) The desired instruction in practice and in theory.
- (d) The uniform to be worn.
- (e) The method of dealing with possible problems of discipline.
- (f) By whom the transportation to and from the affiliating hospital and the allowance, if any, should be paid.
- (g) Care during illness.
- (h) Lost time to be made up, where, if at all.
- (i) The dates for the affiliation periods.
- (j) Notice agreed upon for withdrawal of affiliation.

In all instances a copy of the student's social history, a certificate of good health based upon a recent physical examination by the physician to the school—mentioning particularly the condition of the throat, chest, menstrual function and history of previous illness—and a record of the practical and theoretical

work covered by the student, up to the time of affiliation, should be sent to the affiliating school some weeks in advance of her reporting to that school. This will enable the affiliating school to have some idea of what to expect of the student.

Where the affiliation is of but two or three months' duration it would seem that the expense of transportation and the student's allowance, if any, should be borne by the home school.

It requires some time to become adjusted to the new environment. The type of nursing is usually so entirely different from that to which she has been accustomed, that a frequent comment of the affiliating student is that she feels "like a probationer again." When the period of adjustment is about over, the student leaves and a new one takes her place. As a result, therefore, the affiliating hospital bears its burden of the financial responsibility in supplying the additional instructing and supervising staff necessary where there is such a frequently changing nursing personnel who must be taught the theory and given the opportunity to have practice in the nursing of the particular type of patients for which the affiliating hospital cares.

So much for a discussion of affiliation in general. Now what particular types of affiliation should be given consideration? Obviously this depends upon the individual hospital and the facilities it has to offer as a field for the education of the nurse.

Most of us will concede that the branch of nursing education which today is one of the most vital needs, and about our facilities for which we are most prone to deceive ourselves, is pediatrics.

The majority of general hospitals have a children's ward. In this ward may be found anywhere from two to perhaps fifty beds. But if the number of beds is under twelve and frequently if it is higher,—do the children occupying these beds really belong to the pediatric service, or are they the tonsil and adenoid group, the group admitted for appendectomy, herniotomy, etc., or are they the victims of some injury? We believe today that the best cure is the prevention of disease. To produce this result we need education, not of doctors and nurses, but of folks generally and of children in particular, for it is to them that we must look for the accomplishment of our purpose. The most logical person to do this teaching seems to be the nurse. Where is she to receive her preparation for this work? Where is she to be taught how to solve the problems of nutrition both of the well and of the sick child, if not in the wards, clinics and milk laboratory of a children's hospital? Where is she to learn the method of approach to the normal child, the undisciplined child, the misunderstood or uncared-for child, if not in the clinics and wards of the children's hospital? And who will admit that the nurse does not need this knowledge no matter where her field of activity may lie?

Speaking of prevention as the present-day cure, what about the physical handicaps which we meet daily, many of which are directly traceable to one or another of the common communicable diseases? Why do so many nurses decline to care for patients suffering from these diseases? Is it because they feel their lack of preparation for the work, or is it because of a disinclination to

subject themselves to the possibility of infection? Who will say that the student nurse does not need preparation and experience in this branch of nursing, to correct her own point of view, to qualify her to care for the children who suffer from these diseases and most important of all to enable her to recognize their early symptoms and to know the methods of prevention?

Speaking still again of prevention, who will not agree that a knowledge of mental and nervous diseases is necessary if the nurse is to be qualified to take her place in preventing the spread of these diseases in the community she is to serve?

We realize today that the mental life of the patient plays an equal part with his physical life; therefore, the nurse whose lack of preparation in this phase of her education causes her to ignore that aspect of her patient's condition, or who, recognizing the situation has not the understanding to deal with it, is failing consciously or unconsciously to give to her patient the full service he has a right to expect.

More and more we are coming to realize that at the bottom of many mental and nervous conditions lies the individual's complete lack of the practice of self control from babyhood to adult life. Perhaps the necessity for such a habit formation has never been presented to him. Can the results then be limited which might be accomplished by that nurse going into a home or into a community fully realizing all that may be done in this respect, and realizing, armed with the knowledge and the experience which will enable her to combine with the physical care of her patient those lessons which will help him

and those in his immediate vicinity to keep themselves adjusted to life and to its various situations.

Finally, what is the student's most common reaction to this question of affiliation? What does she regard as its possible advantages and disadvantages? I believe that the student's attitude toward affiliation will be just what her superintendent desires it to be.

If the superintendent believes that her students will lose by going out from under her influence, and from the atmosphere of her own school, then the student assuredly will not be impressed with the value to herself of learning that other and widely different methods than those to which she has been accustomed may produce equally good results, and that contact with different groups of people will broaden her and

add to her knowledge of dealing with various situations.

If the superintendent expresses a feeling of satisfaction when the student wishes she were back home, or is happy to return, then of course the attitude of the student will hardly be that of putting forth every effort to blend with the new group and to make herself an active entity within it so long as she is a part of it.

All the points that have been set forth in this paper have been discussed many times and in various ways; but repetition often serves to bring to maturity long laid and cherished plans and helps to make possible the adjustments necessary to the accomplishment of one's purpose, and it is with this desire in mind that the writer has submitted her views on the subject of "affiliation."

The radio will do its part in calling attention to the observance of National Hospital Day, May 12, according to an announcement by the National Hospital Day Committee. The following radio program is being worked out, the details of which may be obtained more fully in the daily papers.

May 9, about 10 p. m., Central time, program by Nurses' Glee Club of Wesley Memorial Hospital, Chicago, and talk by E. S. Gilmore, superintendent, Wesley Memorial Hospital, and chairman, National Hospital Day Committee. This will be sent from Station KYW, Chicago.

May 10, 7:30 p. m., Central time, talk on importance of hospital service and summary of plans for National Hospital Day by Matthew O. Foley, executive secretary, National Hospital Day Committee. From Station WMAQ, Chicago.

In addition, the United States Public Health Service, through Assistant Surgeon General B. J. Lloyd, has advised the National Hospital Day Committee that a talk on National Hospital Day and hospital service will be given from the various stations used by the Service several nights in advance of May 12. These talks will be made from stations in different parts of the country and will replace the usual health talk of the U. S. P. H. S. for that evening.

ON THE NATIONAL LEAGUE OF NURSING EDUCATION

(Continued from April)

MORE FACTS

ON the organization, which since 1893 has pointed the way for sound professional nursing in America.

YOU KNOW

THAT the working units of an association are its Committees;

THAT the League has within its organization, eighteen actively engaged Committees, a few of which are:

1. THE EDUCATION COMMITTEE

Do you make use of the Standard Curriculum? That is the work of the Education Committee. Since 1917, four thousand copies of this Curriculum have been distributed.

2. THE PUBLICATIONS COMMITTEE

Did you see the list of pamphlets published in the March *American Journal of Nursing* and available through League Headquarters? The preparation of this list represents some of the work of the Publications Committee.

3. COMMITTEE ON BUDGETS IN SCHOOLS OF NURSING

A most important Committee created in 1923. Attend the Detroit Convention and hear its report.

4. COMMITTEE ON UNIVERSITY RELATIONS

The function of this Committee is to study and give counsel on that immediate and growing question—University Schools of Nursing.

A full report of the work of all of its Committees as well as Convention papers, important discussions and State League reports is published in the Annual Report of the National League of Nursing Education.

THIS REPORT IS SENT TO EVERY NATIONAL LEAGUE MEMBER

ARE YOU

A Nurse Superintendent of a Hospital;
A Principal of a School of Nursing;
An Assistant in a School of Nursing;
A Teacher in a School of Nursing;
A Supervisor in a School of Nursing and Hospital;
A Head Nurse in a School of Nursing and Hospital;
A Head Worker in Social, Educational or Preventive Nursing?

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

ARE YOU A MEMBER?

IF NOT, JOIN BEFORE THE DETROIT CONVENTION!

Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross



The wonderful vista from College Lodge, Colorado Agricultural College, Fort Collins, Colo., showing Long's Peak in the background. It is amid such scenes as this and the following that the American Red Cross has arranged Summer Institutes for Home Hygiene instructors.

SUMMER INSTITUTE PLANS COMPLETE

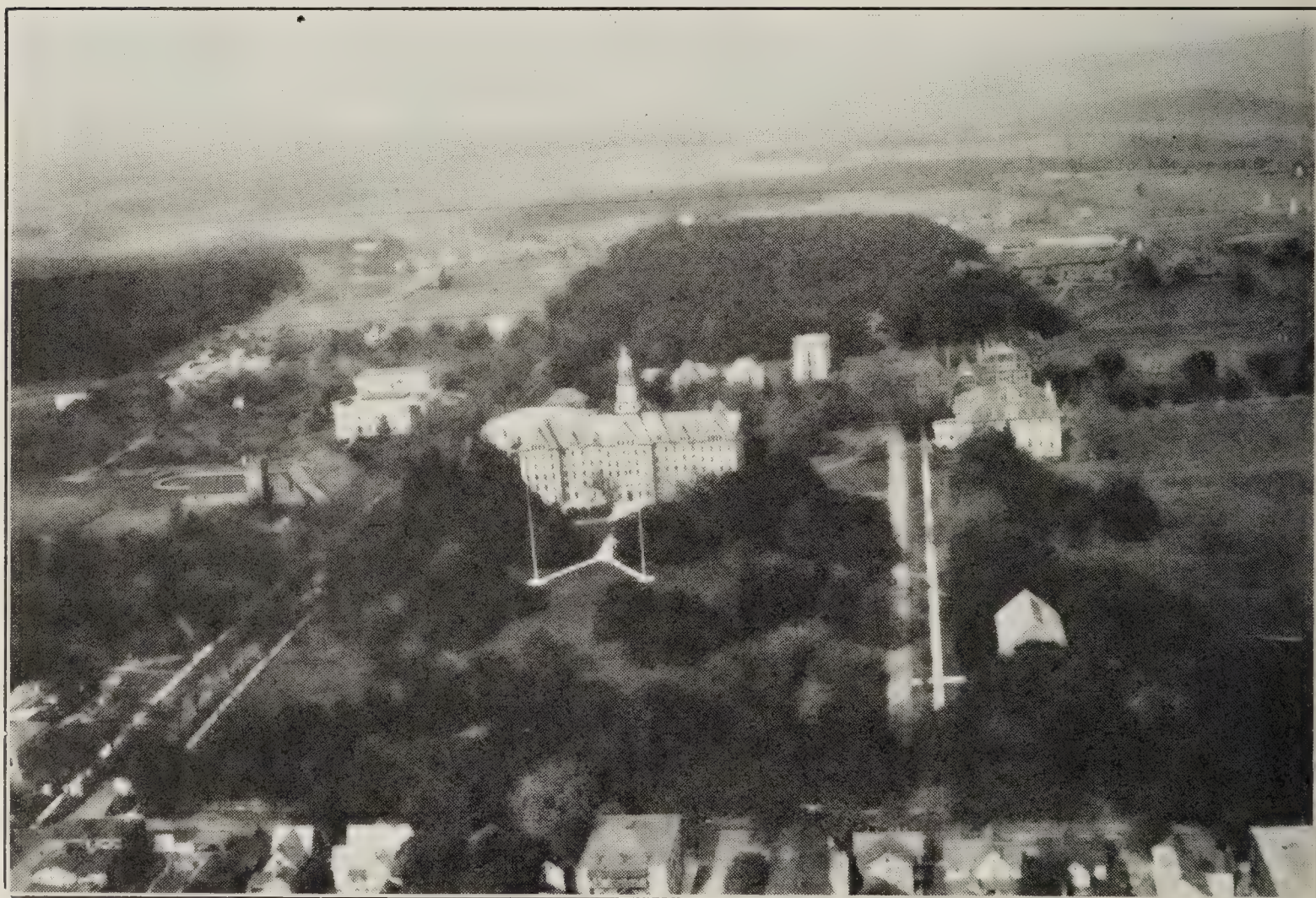
RED CROSS and other nurses are displaying such interest in the three Summer Institutes for Home Hygiene Instructors and those desiring to teach, to which brief reference has already been made in these columns, that in response to the desire for information, those meager details are here supplemented by the full information now available.

The first of these postgraduate courses will open at Colorado Agricultural College, Fort Collins, Colo., on Monday, June 23, and will extend to Tuesday,

July 29; the second will begin at Pennsylvania State College on Saturday, July 5, and will end on Friday, August 15; the third starts at Simmons College, Boston, Mass., on Monday, July 7, and will finish on Friday, August 15. Principles of Teaching and Methods and Presentation of Home Hygiene and Care of the Sick are the two required subjects at each college. Other subjects may be selected from an attractive list. Colorado Agricultural College, for instance, offers electives including Nutrition, Publicity and Journalism, and Physical Education; Pennsylvania State



A view of Simmons College showing the still loveliness of the scene across the Fenway.



Looking down at Pennsylvania State College from the air—an aeroplane view of the wooded landscape, with the College Buildings as the feature of the scene.

College,—Physical Education, Public School Nursing, Public Speaking and Languages; Simmons College,—Personal Development of the Child, School Health Program, Public Health Nursing Problems in the Small Community, and Nutrition.

Emphasis in previous numbers has been laid on the beauties of the surroundings of each college, conducive to the recreational side of the institutes which Mrs. Isabelle W. Baker, National Director, Home Hygiene and Care of the Sick, American Red Cross, with the coöperation of the colleges, has made a feature. Knowing that health cannot consistently be taught others unless the teacher herself takes care to preserve her own health, a fact which is gaining more and more attention, she has seen to it that opportunities for healthful play are many. The accompanying illustrations show the loveliness of the environment amid which many outdoor diversions have been arranged. Mountain Lodge, which belongs to Colorado College, is within Estes Park, one of the great national playgrounds, and is a wonderful center for week-end and mountain trips. Tennis and swimming are also on the recreation program here. Those who select Pennsylvania State College have parts of the Alleghanies to wander in for Saturday mountain trips, while they can attend assemblies, lectures and concerts in a lovely open air theater, as well as play golf and tennis elsewhere. Weekly expeditions of professional or historical interest are obvious attractions in the locality where Simmons College is situated, while trips can be made to the sea not far away for salt water bathing.

Those who may enter these courses are: first, enrolled Red Cross nurses;

and second, other registered nurses who are graduates of schools of nursing of approved standards. They must be recommended by the National Director of Home Hygiene and Care of the Sick, who will consider general education, professional training, experience, personality, and such credentials as may be requested from responsible persons under whom the applicants have worked, in forming a decision. Except in the case of those members of the second group wishing to enroll for the course at Simmons College, who write direct to the Director, School of Public Health Nursing, Simmons College, Boston, application must be made to the Division Director of Home Hygiene in their respective Divisions.

Early application is advisable for living accommodation in the various vicinities, details regarding which are to be found in the bulletins of the respective colleges. The cost of living accommodation in the college dormitories of Simmons is approximately \$13 a week. When reservation is made a \$5 deposit must be attached to the application, which sum is later deducted from the charge for living expenses, but is forfeited if the application be withdrawn.

The majority of students of Pennsylvania State College live in fraternity and boarding houses in the town—though limited accommodations in the college dormitories are available—a list of which houses is printed in the College bulletin. Reservation, to be accompanied by a \$5 deposit, must be made directly with the house manager. Whether in dormitories or houses, living rates including room and board are the same, approximating \$55 to \$60 for the

period for a double room, or \$70 to \$75 for a single room.

There are no dormitories attached to Colorado Agricultural College, which, by the way, has a very excellent cafeteria, but fraternity houses and the homes of many residents offer accommodation with or without board. Living expenses average \$10 to \$15 a week. Here also a deposit of \$5 should accompany each application. The Dean of Women is prepared to assist students in finding rooms.

A useful approximate idea of other expenses may be gained from the following: tuition at Colorado Agricultural College is \$13.75, miscellaneous expenses for books and laboratory fees, \$15; approximate tuition at Pennsylvania State College, \$17, i. e., the two required subjects, \$7, and each elective per credit, \$5, miscellaneous, including books and laboratory fees, \$15; tuition and registration, Simmons College, \$30; miscellaneous, including books and laboratory fees, \$15.

Under certain conditions a Red Cross Scholarship Fund for loans and grants may be drawn upon by Home Hygiene instructors or those Red Cross nurses contemplating such instruction, who need financial assistance to enable them to take the course. No scholarship grant is awarded unless a loan is also requested. The loan desired must not exceed two-thirds of the entire cost of the course which may include tuition, living and transportation expenses, in which case the nurse may ask a part of it to be considered a scholarship grant, if conditions so warrant. This must not exceed one-fourth of the entire cost of taking the course and the amount will be deducted from the sum repayable as

loan. Applicants in return for this assistance are expected to serve the American Red Cross for not less than one school year as Home Hygiene instructors.

IMPORTANT NOTICE TO RED CROSS NURSES

Some time ago the method of filing the records of Red Cross nurses was changed. It was found that many nurses whose names had been entered had not been heard from for years. In several cases some of them had not communicated with us since their enrollment, as early as 1915. This situation was submitted to the National Committee on Red Cross Nursing Service, and the subject was carefully reviewed by them.

It was decided that every means of establishing communication with the individual nurses should be utilized before their names were dropped. The nurses were, therefore, grouped according to the Red Cross Division territory in which they were enrolled. A list was sent to the Division Directors of Nursing, who then circularized them through our Local Committees, but so far unsuccessfully.

It is, therefore, hoped that by publishing a list of names each month, we may hear from some of them directly. We shall also be glad to secure information from others who may know the status of individual nurses. If we do not hear within two months following the printing of a list, these nurses will then cease to be members of the Red Cross Nursing Service:

Bennett, Helen Fleming; Burke, Elizabeth Cecelia; Churchill, Martina; Clark, Margaret Lowell; Cronk, Mary Lillian; Dawson, Ethel

M.; Druftva, Anna; Fennessey, Mary V.; Fisher, Blanche Ann; Fisher, Mrs. (nee Imogene A. Clark); Flanigan, Anna M.; Fritz, Anna M.; Grimes, Nellie B.; Harkness, Elizabeth Mary; Hayes, Selma A.; Henly, Ethel Marion; Johnsen, Johanne Randine; Johnson, Clara; Johnston, Laura J.; Keating, Mary Elizabeth; Kehoe, Angela Pauline; King, Mrs. J. Everett (nee May E. Dolan); Koney, Mrs. Effie; Lambert, Ruth Elizabeth; Large, Alice Mary; Leach, Laura Agnes; McCall, Grace; McCarthy, Mrs. D. (nee Margaret O'Sullivan); McKelden, Margaret V.; McKennie, Maud Louise; McMahan, Anna V.; Marshall, Frank Montgomery;

Meeney, Lucy V.; Mitchell, Mary; Moline, Sidonia; Moran, Alice R.; Numbers, Katherine M.; Painter, Mrs. (nee Helen Luhr); Paulson, Pauline; Quain, Anna Katherine; Randall, Grace A.; Randall, Helen F.; Reilly, Lillian Agnes; Reinhart, Anna M.; Riley, Elizabeth Frances; Runft, Sophia Pauline; Schenck, Ella L.; Schopfer, Amelia H.; Schulz, Anna Catherine; Scott, Elizabeth M.; Scott, Maude Agnes; Scott, Stella; Scullin, Julia A.; Stevens, Lydia L.; Waugh, Hilda Mabel; White, Elizabeth Graham; Wilbanks, Mrs. Frederick (nee Marie Agnes Alseph); Wilson, Clare Marie; Wolf, Anna Carolyn; Woodruff, Theo.

TOO LATE FOR CLASSIFICATION

Kentucky: THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting at the Brown Hotel, Louisville, June 25, 26, 27, after the biennial meeting of the American Nurses' Association in Detroit. We hope for a large attendance. A good program awaits you, and we want to make it an enjoyable and interesting meeting, so be sure to come. Press and Publication Committee, Ida Beckmann, Chairman.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and Shreveport, June 16, 17, 18, 1924. For further information address Dr. George S. Brown, Secretary, 24 Cusachs Building, New Orleans.

North Carolina: THE NORTH CAROLINA STATE BOARD OF NURSE EXAMINERS will give examinations, May 22, 23, 24, 1924, in Winston-Salem, at the Robert E. Lee Hotel. Application blanks will be furnished by applying to Mrs. Dorothy Conyers, Box 1307, Greensboro.

Virginia: THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations on the 3rd, 4th and 5th of June, 1924. For further information, write to Ethel M. Smith, Secretary-treasurer, Craigsville.

The attention of the Virginia nurses is called to the fact that through error, the following names were omitted from the list published of registered nurses of 1923: Elizabeth Victoria Rankine, Nightingale Training School, England; Julia Ann Riley, St. Vincent's Hospital, Norfolk; Mildred Carolyn Ringle, St. Vincent's Hospital, Norfolk; Carolyn Roller, Johns Hopkins Hospital, Baltimore; Ruth Ashmore Rose, Westbrook Sanatorium, Richmond; Susan Ivy Ewart, Marshall Lodge Memorial Hospital, Lynchburg.

All nurses registered prior to January 1, 1924, are again reminded that the Virginia law requires each nurse to send annually to Ethel M. Smith, Craigsville, Va., a request for renewal of registration, with fee of one dollar.

The buildings to be used as Convention Headquarters, shown in our Frontispiece, are: 1. Cass Technical High School, the auditorium of which will be used for all joint meetings, afternoon and evening. 2. The Woodward Avenue Baptist Church and Memorial Hall, used for registration, exhibits and press room. Several meetings will also be held here. 3. Central Methodist Church where some formal sessions and round tables will be held.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

"THIS IS THE WAY WE GO TO SCHOOL"

BY VIRGINIA GIBBS, R.N.



THIS IS THE WAY WE GO TO SCHOOL

THE Health Commissioner and I were busy trying to unhook all the hookworms in a sandy county in Georgia. This particular day was cold and raw when we arrived at the little, unpainted school house. All the little black folks were gathered around the stove in the center of the room, their faces shining black and their teeth shining white.

The teacher was most gracious and expressed great interest in the work. We explained in detail the story of the "Hookworm" and we left specimen boxes, named and numbered, telling them we would call the following day and collect.

Out in the yard I caught the snapshot of the ox cart which brought safely to school every morning, three very black little negroes.

Right on time the next morning, we arrived at the school. We were very much pleased to see the little boxes all in a row waiting for us. What unusual efficiency! How clever we must have been to have handled so tactfully and skillfully this piece of work and got across to their minds the vast importance of a Hookworm Survey!

The Health Commissioner, who had been familiar with the Negro race from babyhood, decided to open one of the boxes before leaving the school house.



THE LITTLE SCHOOL

We had thirty specimens of sputum! Were we provoked? No. They did not quite understand what we wanted but they were not going to disappoint us.

That is what is so delightfully stimulating in working among the Negro children in their own environment: they are hungry and eager for knowledge. They trust you with a wonderful abiding trust and they coöperate with you to the limit. “Limit” always means, though, lack of funds. We need dental clinics, etc. As a rule, the Negro school child, whose diet consists of coarse corn bread and grits, has very good teeth.

Did you ever hear Negro children sing? Over in a neighboring county, I heard a large group, in a rattly-sham old school house, peal forth—

Swing low, sweet chariot,
Coming for to carry me Home.

Never in all my life have I heard music so melodiously sweet—you felt that the “chariot” must be very close to the tops of those soft, swaying pines—just out there through the window.

The patient little ox stands all day in the white sand, waiting for the three little negroes whom he brings to school. “This is the way we go to school!” If the rich industries to the north of us do not win them all away from us by offers of high wages and race equality, we want them always to be our Problem—both health and political—because we are pretty cock-sure that they are a problem we love, while solving, and solving, we thoroughly understand.

“Health is a state of being able to enjoy each day, of being able to do the tasks which opportunity offers, and of being able to create and evolve new schemes of work without the depressing or retarding influence of handicaps.”

EREMINAH D. JARRARD.

CENSUS OF PUBLIC HEALTH NURSING

A Census of Public Health Nursing is now being taken by the National Organization for Public Health Nursing in coöperation with the State Organizations for Public Health Nursing and the Public Health Nursing Sections of the State Graduate Nurses' Associations. When this census is complete, the number of organizations employing public health nurses and the number of nurses employed by them on January 1, 1924, will be known. In addition, it is hoped that accurate information can be gotten on the number of negro nurses engaged in public health work, the number of nurses engaged in school nursing, and other information which is being sought by public health nurses, health officers, and sanitarians.

Until August, 1922, inquiries about statistical information regarding public health nurses were answered by Yssabella G. Waters. Miss Waters began to gather facts about "visiting nursing" in 1902 and continued to do so until the summer of 1922, when she gave all her material to the National Organization for Public Health Nursing. Miss Waters collected her information by sending a questionnaire to each organization employing one or more public health nurses. As soon as a new organization was heard of a questionnaire was sent.

The present plan of taking a census has been adopted instead of the method used by Miss Waters. It will do away with the enormous task of locating and corresponding with each organization from the national office. The census will be taken every two, three, or five years, as may be decided later.

In taking the census the connecting links between the National Organization and the local organizations are the State and City Census Representatives. Each State Organization for Public Health Nursing, or when such does not exist, the Public Health Nursing Section in the State Graduate Nurses' Association is appointing a State Census Representative. For cities which have a population of 200,000 or over, City Census Representatives are selected. The representatives are nurses who have a wide knowledge of the organizations which employ public health nurses in their territories. Each census representative will send to each organization in her territory a form. After filling it in, the organization is to return the form to its census representative. The tabulations and analyses of the returns will be made in the office of the National Organization for Public Health Nursing. This first census is being taken in a few states at the start, in order to work out the details of handling it. It is hoped that all states will be covered before October 1.

The plans for the first census do not include gathering information about nurses employed by industries. There are several reasons for not approaching the industries at the present time. First, private industrial organizations have been, as a rule, unwilling to give information regarding the work of their nurses. Second, it is extremely hard to locate industrial nurses because they are not organized nor are they connected with a central source of information, as for instance, the American Red Cross or a bureau of public health nursing in a state department of health.

Hospital social service departments are also not included. In its Census of Institutions the United States Bureau of the Census is gathering information about hospital social service departments, although it does not ask for the number of nurses employed in them.

Officers and directors of local nursing organizations, as well as health officers, social workers, and public health nurses themselves are aware of the need for accurate information about this part of public health work, and it is believed they will welcome the opportunity of making a census return. The completeness of the census depends upon the accuracy and promptness with which they fill in and return their census forms.

STUDENT NURSES' PAGE

A MAY DAY FESTIVAL

BY FRANCES GRIFFIN WARNER

St. Luke's School for Nurses, St. Louis, Mo.

MORE and more nurses' schools are getting away from the idea that they are entirely different from other colleges and schools for women and are coming to realize that for a large percentage of the students, the school life they enjoy while making preparation for nursing is the only college life they will ever know.

The deep enthusiasm manifested and resultant hearty coöperation by the student body when striving toward some new goal of student activity is most gratifying and the students are drawn closer together in bonds of friendship while working together for a common cause.

Student activities form a large part of the life of the nurse in school at St. Luke's. The crowning attainment of last year was achieved when a May-day Festival was held on our spacious lawn. The idea came from one of our teachers who suggested that aesthetic dancing could be done on the lawn, and she would be glad to have a class if there were enough interested. The idea of a May Festival, to be given for the public on the afternoon of May the first, resulted. A story was portrayed to the audience through dances and a delightful program of real beauty was presented.

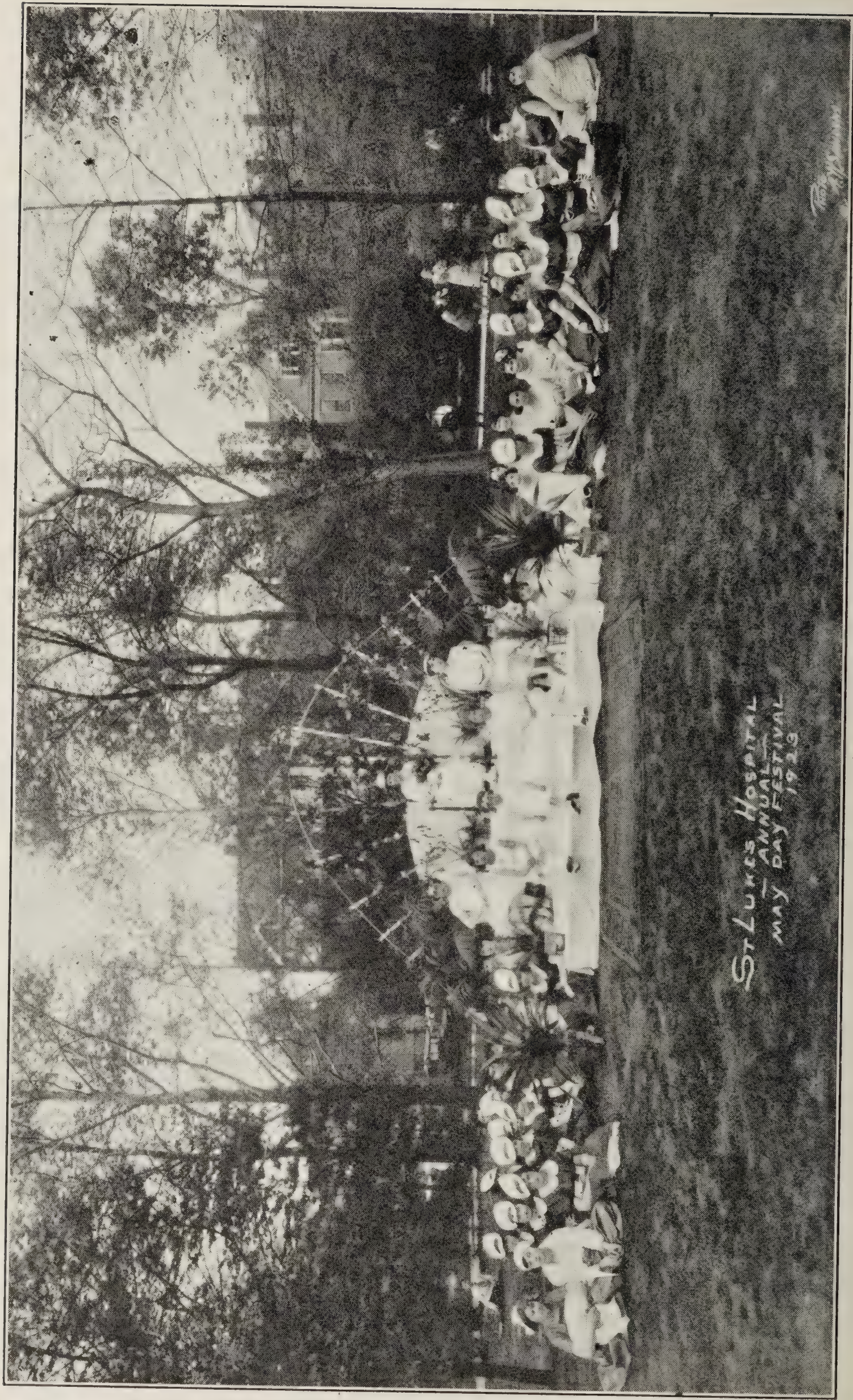
The costumes were designed and made by the nurses and a wide range of colors was used. The May pole was wound in our school colors, Blue and Gold.

The Queen and her Maid of Honor were chosen by the school. A ballot-

box was placed in the School Office and each nurse placed therein the name of the person she wished for queen. The one drawing the highest number of votes was declared queen and the one next in line Maid of Honor. These names were kept secret until the time for them to appear before the audience and ascend the throne which had been beautifully decorated with flowers and ferns.

The story follows. The day for the crowning of the Fairy Queen has arrived and all the fairies are assembled for the festive occasion. After the Queen is crowned, the fairies dance in her honor, but are frightened away by the little folk people who came out to celebrate the May Day on the green. When the folk people leave, one couple lingers behind to look for flowers and the little boy is lured away by the Naughty Fairies. The maiden, unable to find him, becomes frightened. The Queen notices her fright and sends the leader of the Good Fairies to put her to sleep and to call the Dreams. The little girl dreams of the flowers dancing and bowing before her, and then of the Rain scaring them away; followed by the Rainbow. When she awakens she tells her troubles to the Good Fairy, who calls the May Pole dancers to amuse her while the Good Fairies hunt for the little boy.

A large crowd of interested spectators had accepted the invitations and enjoyed the first May Day Festival given by the nurses of the St. Luke's Hospital.



St Lukes Hospital
ANNUAL
MAY DAY FESTIVAL
1923

Thos. J. Sullivan

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

THE JOURNAL IN TWO SCHOOLS

DEAR EDITOR: My Senior students are, as usual, subscribing for the *Journal*. We have had many interesting discussions in reference to some of the articles. What I desire most of all is that they may learn to read it and to love it.

New York

G. M. P.

DEAR EDITOR: I am having the Seniors in Ethics and History of Nursing and we have spent considerable time on the *Journal*, its value, and the splendid work Miss Palmer did in connection with it. We have ordered one of her pictures, which will hang in the reference library as a reminder of the work she accomplished.

Rhode Island

G. L. M.

A REGISTRAR'S VACATION

DEAR EDITOR: I found in the January *Journal* an article on the Wisconsin Nurses' Club and Registry and so felt rather comforted to know that there are other registrars who have problems also, some of them quite as serious as ours. I hope their registrar gets a vacation more frequently than once in three years; if not, she has my sympathy, especially if that vacation has to be curtailed. A lot of nurses dropped their cases and went away for Christmas, then when they got ready to return they expected the registrar to have work for them. Just then there was a slack time, and my substitute was at her wits' end. She was not strong enough for the nervous strain, so there was nothing for me to do but come back.

AN EASTERN REGISTRAR.

TWELVE-HOUR DUTY FOR PRIVATE NURSES

I

DEAR EDITOR: I am working in a small town and the surrounding country. From the patient's standpoint I don't see how twelve-hour duty nursing is at all possible. The average patient is only in very ordinary circumstances. The family purse is strained

to the limit to pay a doctor, who often comes five or six and even ten and fifteen miles into the country, and one nurse. This nurse is kept only as long as is absolutely necessary. As soon as the patient is out of immediate danger and it is at all possible for some member of the family or an ordinary, practical nurse to care for the patient, the trained nurse is dismissed. It is often a severe strain to pay even this nurse for a short time, even two or three days or a week at the most. How could these people pay two nurses each doing twelve-hour duty? Granted that the patient is willing and able to pay two nurses, where are they to come from? The average nurse abhors country cases and flatly refuses to take them. Often even one nurse is next to impossible to find. I hear you say: "Oh, well! nearly all the small town and country people in this age are taken to the nearest hospital when they are ill." This is not true. The average patient outside the city limits, and even a small percentage in the city, have an inborn hatred and superstitious horror of a hospital. They would rather die at home without any aid than go to a hospital where they will *surely* die. Even if taken to a hospital for treatment they could not afford one nurse, let alone two. I have often been overworked on a twenty-four hour case, and I would appreciate twelve-hour duty as much as anyone. I do think, however, we have to take into consideration the average patient's standpoint, the question of the nurses who refuse to do small town and country nursing, no matter how great the need, the great scarcity of private duty nurses, and the conquering of people's horror of hospitals. Until these problems are solved I think twenty-four hour private duty nursing must still continue for the good of the country, if not of the nurse.

New York

R. H. H.

II

DEAR EDITOR: In the March *Journal* appeared several articles in regard to twelve-hour duty. There is much food for thought in each. In my humble opinion,

group nursing solves this problem fairly well in hospitals. One nurse can easily care for several convalescent patients on twelve-hour duty; the nurses can change off doing day and night duty. Personally, I do not approve of nurses sleeping in halls or in patients' rooms and prowling around in night attire. I am a private duty nurse from choice, and love it. I have done a great deal of twenty-four hour service. I prefer private home to hospital cases, although I think every nurse should take hospital cases occasionally for her own good. It has been possible for me, in prolonged, serious illness, to obtain a second nurse by stating facts in a straightforward manner to the patient's family and physician, explaining that a nurse who is half dead for the want of rest cannot do justice to the patient or herself. In nine cases out of ten, people are reasonable and quick to see the point, and in most instances they are willing to employ a second nurse. If financial circumstances prohibit this, however, one can almost always find some reliable person to relieve you during the day, if the patient is in a private home, and if in the hospital, the superintendent and nurses are usually willing to coöperate. If the patient is given a bath before breakfast, and is fixed up comfortably for the day, I usually manage to get off duty by nine o'clock, as the doctor has made his call by that time. Then I write out definite orders to be carried out in my absence, and return on duty just before seven o'clock in the evening, before the day nurse goes off duty. One must have coöperation, and to gain that one must have tact. Let us hope the private duty nurse will come into her own some day, and meanwhile "carry on." I wonder how many nurses have ever thought much about the abuse of aspirin! It is perfectly appalling when you go into homes of all classes to find even little children taking aspirin for headache; not only one tablet, but oftentimes from two to four five-grain tablets at a dose. Here is an opportunity for every nurse to be a teacher.

Minnesota

A. L. W.

RESULTS FROM SCHOOL NURSING

DEAR EDITOR: In September 307 children were weighed and measured. According to height and age, 123 of these were

found to be five pounds or more under weight. Late in November, through the coöperation of the Rotary Club the milk service was begun with 35 children. This number was secured through house to house visitation. At the present time 94 children are taking milk, one-half pint twice daily, not only the underweights, but many other children. Every month all underweight children are weighed and a record is kept. The gain has been phenomenal. From 123 who were underweight in September, to 44 in February, with the exception of a few who have gone to other schools, is a long step upward. The teachers notice the better expression on the faces of the children and the better work done in the school room. "Better color," "Work better at home," "Growing healthier," "Livelier—don't care to lie around," "Fatter," "Gain in weight," are a few comments made by the parents. The reason one of the babies takes milk is because she "doesn't eat breakfast." The reason another baby takes it, who refuses to drink it at home, is "because the rest of the kids do it." Drinking milk is not only popular with the children themselves, but the good habit is spreading. The milkmen left milk for the workmen when the new school building was being put up, and empty bottles are found in the most out of the way places in the business buildings and places of industry. A good thing may spread as rapidly sometimes as a bad one. Recently a talk on the teeth and their care was given to all the eight grades of the school by a dental hygienist. The talks were good and the children much interested. One of the druggists said he knew something was going on by the number of tooth brushes the small boys were buying.

New York

E. R. C.

FROM RIO DE JANEIRO, BRAZIL

(Extracts from a personal letter)

DEAR ———: Our school is almost a year old. When we opened our school in February, we also started a ten months' emergency course for health visitors to supply the emergency of the Public Health Department. They are given theory and practice in the Training School Wards and Ambulatories and the first group of thirty have already received their certificates. Among this group

of women we have a lawyer, a graduate dentist, a pharmacist and some other very well prepared women. They are now in the field doing field work under American Public Health graduate nurses. We have another class in training at the present time. We have a very fine group of student nurses and they show a remarkable aptitude for the work. Their theoretical work is not what I would wish, but even the Normal College Graduate here has not the foundation of our girls at home; then, too, there has been a little difficulty in making our professors teach what student nurses should know. In their enthusiasm they are apt to forget that they are teaching student nurses instead of medical students. We have a theoretical and practical instructor, and a paid staff of doctors, most of whom are professors of the medical college here. The student nurses respond very quickly to our teaching and take great pride in their work. You will be pleased to know that we have student government in the Training School. The students conduct their own meetings and in this way we are trying to prepare them for their future Nurses' Association. The Foundation will give scholarships and I have already selected four to send to the States. We are giving them classes in English. They are greatly interested because it is the aim of each to go to the States for further work. We have a large Ear, Nose and Throat Clinic, Eye Clinic, Surgical, Gynecological, Medical, Skin, Venereal and Heart Clinic and the patients that come to us are surely wrecks on the high sea of life. Our Ambulatories remind me of a huge market place, these poor patients bartering their hopes at our doors. It seems to me Brazil is one vast social problem, and I must confess I have a great feeling of hopelessness (almost) when I look at this great work to be done. However, we can only hope to leave a foundation. We had a wonderful Christmas, took care of about 200 children and 300 patients. The American Naval Commission, the Girl Guides, the Manager of the Universal Film Company and others were very generous in gifts. We had a real Santa Claus and a huge tree. When the children saw the tree and the Santa Claus they were wild with joy. In the evening we had moving pictures. The whole affair was out of doors. It was hot, and we worked very hard and

were very tired. However, the appreciation of these patients is our greatest recompense.

Hospital S. Francisco de Assis S. M. K.

EQUAL RIGHTS

DEAR EDITOR: In view of the fact that a printed letter with the name of a well known nurse at the end of it has been sent to many nurses to call their attention to the so-called "equal rights" amendment to the Federal Constitution, the undersigned desire to point out certain matters in connection with the proposed legislation which should be of interest to nurses. The amendment referred to, which is sponsored by the National Women's Party, reads:

"Section 1. Men and women shall have equal rights throughout the United States and every place subject to its jurisdiction.

"Section 2. Congress shall have power to enforce this article by appropriate legislation."

Nurses should know that while the amendment has a plausible sound, and at the first glance might seem well worth supporting, it could not do what it purports to do; and moreover, that Congress or the states already have the power to do what the amendment is supposed to bring about. Most women as a general principle want equal rights, but certainly the thoughtful ones will see that an act which would invalidate beneficial labor laws for women, and laws providing pensions for widowed or dependent mothers, or age-of-consent laws for girls, and other laws applying to women and not to men, cannot mean an improvement for women in general. Such thoughtful ones should advocate specific laws to correct specific discrimination against women, and would oppose blanket legislation which not only is unnecessary, but would involve endless litigation, to determine the meaning of the terms "rights" and "equal rights." It has been demonstrated that the method of specific laws to correct specific discrimination against women is feasible, for women have succeeded in the three years since the federal suffrage amendment was ratified in removing sixty-eight such discriminations in the laws of twenty-eight states. Nurses should know that opposed to the National Women's Party Amendment are:

National League of Women Voters

National Consumers League

National Women's Trade Union League
 American Federation of Labor
 American Federation of Teachers
 National Council of Jewish Women
 National Council of Catholic Women
 General Federation of Women's Clubs
 American Home Economics Association
 National Council of Women
 Girls' Friendly Society in America
 Young Women's Christian Association
 United Textile Workers
 Republican National Committee
 Democratic National Committee

American Association of University Women.

Is this not a good company in which to be? The organizations opposing the blanket amendment are not opposing equal rights for men and women, as some of them are definitely working for legislation for this purpose in the states. The opposition is directed toward the blanket method of legislation because of the uncertainty as to the legal situation, if such an amendment to the Constitution should be passed. Few people are in a position to know more about the harm the proposed amendment would do than the Chief of the Children's Bureau, and the Chief of the Women's Bureau. Both Miss Grace Abbott and Miss Mary Anderson are strongly opposed to the amendment. Should not nurses ally themselves with the strong body of women who are working against the bill? This is the personal opinion of the undersigned and does not express that of the groups which they represent.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

LUCY MINNIGERODE,
Supt., U. S. Public Health Nursing Service.

MARY A. HICKEY,
Supt. of Nurses, U. S. Veterans' Bureau.

TO FINLAND: INTERNATIONAL NURSES' CONFERENCE, 1925

DEAR EDITOR: Occasionally Finland and the North Pole are mentioned together in America. But as we of Finland hope to have a large number of American nurses visit us, we are anxious to remove the idea of ice and polar regions from their minds. Finland is called the land of the mid-

night sun and the land of a thousand lakes. The flag of Finland is a blue cross on a white ground, suggesting the bright blue northern sky and the white snow covered fields. The cross is the symbol of the great revolution and its resulting freedom to Finland. The summer in Finland is very short, but bright. It is as if all nature had wanted to fill this short period with her most cherished treasures. June 24 is the first night when the sun does not set. There are no shadows, only continuous, mysterious brightness. The fragrance of the many flowers fills the air. It seems as if in the short period of their duration they wished to give their utmost. This night is celebrated by the Finnish people. All over the country they build enormous bonfires, the flames reaching heavenward as an offering to the Great Ruler of nature. Thus worshipped our forefathers. The people dress in national costumes, singing, dancing, and playing throughout the long night. For weeks the sun does not set. The season is one of continual clear, light nights. The air is warm, the temperature rising as high as 108 degrees F. in the sun. The area of Finland is larger than England, although the population is only one-half that of New York City. The people are interesting, hospitable and cordial. We, as Nordic people, are very slow to make friends, but the friendship once formed is lasting. Finnish mythology says "music is made of sorrow." We must admit that in everything there rings a tone of melancholy. This is easily understood after one knows the conditions in which we lived. Life has been a continual struggle which has drawn us close to nature. Finland has suffered a great deal from continual wars. Sweden and Russia have continuously fought for her possession. In the midst of poverty and depression the seed of freedom has taken root. Mothers sang songs of freedom to their children while enemies were on the very threshold. Throughout the ages no sacrifice has been felt to be too great. In 1917, Finland declared herself a Republic, but in 1918 the price of freedom had to be paid with blood. Again the clash of swords was heard and the white snow fields were colored with blood. But now it became a question of freedom of nation and gladly we gave everything with that in view. Thus has been our nation's

struggle. Now as a young Republic, where through the ages the fires of culture have been burning intensively and protectively, Finland stands erect, her face to the sun, a nation among other nations. Would you like to know these people better? Decide *now*, and then in 1925 cross the Atlantic ocean to Finland, spend your summer vacation with us. Come early enough to celebrate our first summer night. Live the short summer weeks

with us. With all our hearts we will welcome you.

Finland

KYLLIKKI POHJALA, R.N.

Wanted: The name of the state, city and school from which a class of twelve will graduate on May 2, the class roll beginning,—Ruby Moss, Alma Rambo, etc. Please send the needed information to the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

INSTITUTES OR SUMMER COURSES

California: STANFORD UNIVERSITY.—*June 24-July 30.* (For details, see April *Journal*, page 590.) UNIVERSITY OF CALIFORNIA. **Berkeley.**—*June 23-August 2.* Director, Edith Bryan. UNIVERSITY OF CALIFORNIA, **Los Angeles.**—*June 28-August 9.* Public Health Nursing, under the supervision of Helen S. Bloodgood.

Illinois: Chicago.—*August 18-29.* Courses in Psychology, Principles of Teaching, Sociology and Public Speaking. The Principles of Teaching will be divided into two series. The first series will consist of lectures on the general principles of teaching; the second series will be devoted to special application of these principles to nursing education and in connection with this latter course will be demonstrations of teaching classes in various subjects. Course B will consist of demonstrations at hospitals or other institutions. The course will meet the needs of private duty nurses, public health nurses, instructors, and executives. Programs are available May 1. Fee, \$10. For information, address, May Kennedy, 6400 Irving Park Boulevard, Chicago.

Massachusetts: Cambridge.—INSTITUTE OF TECHNOLOGY.—*July 7-July 25.* Courses in Health Education Methods, Health Records and Statistical Procedure, General Bacteriology, Public Health Laboratory Methods. Fees from \$25 to \$40. For information, address Professor C. E. Turner, Massachusetts Institute of Technology, Cambridge, Mass. **Boston.**—INSTITUTE OF TECHNOLOGY and SIMMONS COLLEGE.—*May 5-10.* New England Health Institute. Address, Dr. Eugene R. Kelley, State House, Boston. **Hyannis.**—HYANNIS NORMAL SCHOOL.—*June 30-August 11.* Course for School Nurses. Director, Dr. Fredericka Moore.

Minnesota: Minneapolis.—UNIVERSITY OF MINNESOTA.—*Week of May 19.* (For details, see April *Journal*, page 591.) Also courses in Public Health Nursing, *June 21-July 31*, with field work, *August 1-September 5.* Director, Eula Butzerin.

Missouri: St. Louis.—SCHOOL OF SOCIAL ECONOMY.—*July 1-September 1.* Public Health Nursing. Director, M. E. Shellabarger.

New Hampshire: Durham.—UNIVERSITY OF NEW HAMPSHIRE.—*July 14-July 25.* Public Health Nursing. For information, address Elena M. Crough, State Department of Health, Concord.

New York: Albany.—STATE EDUCATION BUILDING.—*May 5-9.* (For details, see April *Journal*, page 591.) **New York City.**—TEACHERS COLLEGE, COLUMBIA UNIVERSITY. Regular summer courses. For information, address The Registrar. NEW YORK UNIVERSITY.—*July 7-August 15.* Health Education. Director, Dr. John W. Withers, 32 Waverly Place. **Oswego.**—STATE NORMAL SCHOOL. Course for school nurses. Director, Sarah Olmsted.

Ohio: Cleveland.—WESTERN RESERVE UNIVERSITY.—*June 23-August 1.*—Two courses in Nursing will be offered this summer, one in Administration and Supervision in Schools of Nursing, and the other in Teaching in Schools of Nursing. A description of these courses and also of courses offered in Education, Psychology, English, History, etc., will be found in the Summer Session Catalogue which can be secured by writing to The Registrar, Senior Teachers College, Cleveland School of Education and Western Reserve University.

Oregon: UNIVERSITY OF OREGON. (See April *Journal*, page 591.)

Pennsylvania: Philadelphia.—THE PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK.—*July 7-August 16.* (For details, see April *Journal*, page 591. **State College.**—*July 7-August 18.* Course for school nurses. Director, Anna Stanley.

Washington: Seattle.—UNIVERSITY OF WASHINGTON.—*Week of July 7.* (For details, see April *Journal*, page 591.)

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

19. Please suggest some topics that could be used for discussion by Alumnae Associations.

1. *Practice in Parliamentary Law.*—Is there anyone in your community who is more or less familiar with parliamentary usage? If so, she might be willing to conduct parliamentary practice for ten or fifteen minutes at each meeting.

2. *What are the present day opportunities for nurses?*—If you should accept this topic, we shall be glad to give the person to whom it is assigned any help we can from our Headquarters office.

3. Appoint a small committee of three or five to make a study of the nursing resources either in the state or your locality, asking them to bring in a report within one or two months, whatever length of time it may take to collect the data.

4. *Current Events.*—The person willing to take this subject should be advised to keep in touch with the librarian at the public library, who, I am sure, would be glad to give this information, and she could give a five-minute talk at each of your meetings on current events, which is always most interesting.

5. Another good subject to present before groups of nurses is Life Insurance. Have some woman representative of any of the Insurance Companies give a general talk with the understanding that she is not to solicit.

6. Have a representative from the local Federation of Women's Clubs address one of your meetings, and she undoubtedly will tell how the nurses might coöperate with the Federation of Women's Clubs in the activities in the community.

7. *Is Psychology necessary for nurses?*

8. Devote one meeting of your Alumnae to entertaining the Senior Class of the hospital, having some one speak on what an alumnae

is, its objects and advantages and its relation to the district and state associations. On this last subject, we shall be very glad to supply data.

AGNES G. DEANS,
Secretary, A. N. A.

20. How does a magnesium sulphate pack, saturated solution, applied cold, reduce swelling?

"Magnesium sulphate is applied locally in saturated solutions to inflammations of the skin and other skin diseases. It is also applied locally in the same solutions for rheumatic swellings of the joints, neuritis, etc. It relieves the pain by its local anaesthetic effect and the swelling by the fact that the saturated solution withdraws fluid from the tissues."—*Materia Medica for Nurses*, Blumgarten, page 445.

21. How long is a nurse, registered in her own state but not registered in New York, allowed to do private duty or institutional nursing in New York, or is she not allowed to practice at all?

The State Board of Nurse Examiners of New York does not issue any temporary licenses. That is to say, no one may practice as a trained, graduate, certified or registered nurse in the State of New York until she has received a letter from the Department stating that her credentials are such as to entitle her to a registered nurse license.

ALICE S. GILMAN, *Secretary*,
New York State Board of Nurse Examiners.

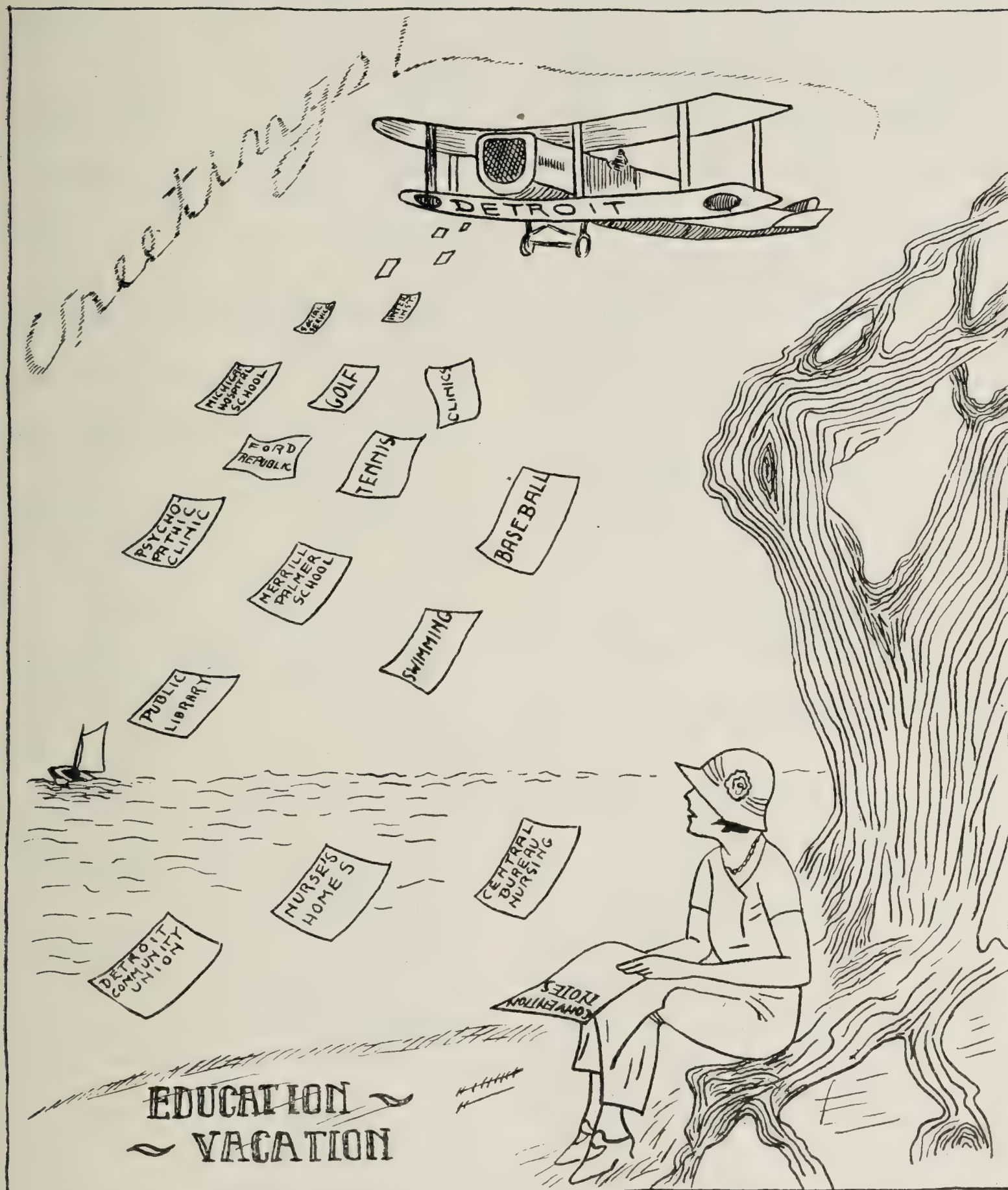
22. What constitutes a sustaining membership for the Isabel Hampton Robb Memorial Fund?

Any sum of money which is pledged as a regular contribution for a stated number of years constitutes a sustaining membership.

Journals Wanted.—Maud McClaskie, Farrand Training School, Detroit, Mich., wishes a copy of the *Journal* for May, 1909, and for May, 1912.

Journals on Hand.—Viola E. Pratten, The Sanitarium, Clifton Springs, N. Y., has the following numbers of the *Journal* to give away for the amount of postage or express: Vol. XX, No. 10, 11, 12; Vol. XXI, October missing; Vol. XXII, October and November missing; Vol. XXIII, January missing.

NURSING NEWS AND ANNOUNCEMENTS



The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

Arrangements.—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for regis-

tration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

Hotels.—The Arrangements Committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

HOTELS AND RATES

- Hotel Statler—Washington Blvd. and Park Blvd.
Single rooms with bath—\$3.00, \$3.50, \$5.00
Double rooms with bath—\$5.00, \$7.00 and up
- Hotel Tuller—Park Blvd. and Adams Ave.
Single room with bath—\$3.00 and up
Double room with bath—\$5.00 and up
Large room, double bed, two single wall beds—\$2.50 per day per person
- Hotel Wolverine—Witherall and Elizabeth Sts.
Single rooms with bath—\$3.00 to \$6.00
Double rooms with bath—\$5.00 to 8.00
- Hotel Fort Shelby—525 Lafayette Blvd.

- Single rooms with bath—\$3.00 to \$5.00
Double rooms with bath—\$4.50 to \$7.00
- Hotel Dixieland—John R. St. and Farmer St.
Single rooms with running water—\$2.00
Single rooms with bath—\$3.00
Double rooms with running water—\$2.50
Double rooms with bath—\$4.00
Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite
- Hotel Madison and Lennox—Madison St. and John R. St.
Double room with bath—\$3.50 and \$4.00
Living room, bedroom, bath, for three persons—\$7.50
Living room, bedroom, bath, for two persons—\$6.00
- Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.
Single rooms with bath—\$2.50 to \$4.00
Double rooms with bath—\$5.00, \$6.00 and \$7.00

FAMILY HOTELS AND APARTMENTS

- Grace-Harper, 201 E. Alexanderine Ave.
Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day
Same as above with bedroom, to accommodate 4—\$5.00
- Harding—129 Charlotte Ave.
Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day
Same as above with bedroom, to accommodate four—\$6.00 day
- Willis Arms—675 Willis Ave. West
Rooms—\$1.50, \$2.00 and \$2.50 day
Apartment, living room, bedroom, kitchen,

NAME	
ADDRESS	
HOTEL PREFERRED	
ROOM SINGLE	DOUBLE
DATE OF ARRIVAL	
APPROXIMATE HOUR OF ARRIVAL	
NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE	

to accommodate two or three people—
\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath,
to accommodate three or four people—
\$18-\$25 week

Parmento—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people
1 room and bath, to accommodate two—
\$5.00

2 rooms and bath, to accommodate four—
\$7.00 and \$8.00

Why not send application for hotel reservation today? Late arrivals who have not made reservations are requested to go immediately to the Convention Information Booth, Hotel Statler, for information concerning available space in hotels and for room list.

OFFICIAL INSTRUCTIONS TO DELEGATES TO THE AMERICAN NURSES' ASSOCIATION

Headquarters.—The Statler Hotel will be the headquarters, and registration will be at the Woodward Avenue Baptist Church. Registration will begin on Monday, June 16, as soon after 8 a. m. as possible.

Representation.—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards were sent to each state secretary in April, for the number of delegates to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

Advisory Council.—State Presidents should plan to reach Detroit not later than 2 p. m., Saturday, June 14, in time to attend the meeting of the Advisory Council, of which they are members.

There will be no badges. All who attend the convention will be provided with an identification card at the time of registration.

PROPOSED AMENDMENTS TO THE BY-LAWS

1. Amend Article IV, Section 5 by striking out last three lines "but by accepting, etc."

2. Amend Article VII, Section 1, (a) by substituting "Membership" for "Eligibility."
3. Amend Article VII, Section 6, by substituting "September" for "October" in the fourth line.
4. Amend by adding another Section to Article III to provide for a "president-elect."

AGNES G. DEANS, *Secretary.*

TICKET OF NOMINATIONS FOR 1924 AMERICAN NURSES' ASSOCIATION

For President

Adda Eldredge, Madison, Wis.
S. Lillian Clayton, Philadelphia, Pa.

For First Vice-President

Elnora Thomson, San Francisco, Calif.
M. Helena McMillan, Chicago, Ill.
Mary C. Wheeler, Chicago, Ill.

For Second Vice-President

Jane Van De Vrede, Atlanta, Ga.
Carolyn E. Grey, Cleveland, O.
Anna C. Jamme, San Francisco, Calif.

For Secretary

Agnes G. Deans, New York, N. Y.

For Treasurer

V. Lota Lorimer, Cleveland, O.
Louise Sherwood, Syracuse, N. Y.

For Directors (Three to be elected)

Louise M. Powell, Minneapolis, Minn.
Helen Scott Hay, Savanna, Ill.
Elizabeth E. Golding, New York, N. Y.
Julia C. Stimson, Washington, D. C.
Lulu F. Abbott, Lincoln, Neb.
Carrie M. Hall, Boston, Mass.
Elsie M. Lawler, Baltimore, Md.
Mrs. Chas. C. Bailey, Topeka, Kansas.
Mrs. Janette F. Peterson, Pasadena, Calif.

MRS. CHAS. C. BAILEY, *Chairman.*

MRS. EDA PINE,

ALICE S. GILMAN,

SALLY JOHNSON,

ADA BELLE MCCLEERY,

Nominating Committee.

THE PRIVATE DUTY SECTION

All state associations having Private Duty Sections are asked to communicate that fact to the Secretary of the National Private Duty Section, Minnie Hollingsworth, 37 Franklin Street, Watertown, 72, Mass.

TICKET OF NOMINATIONS

NATIONAL LEAGUE OF NURSING EDUCATION

For president, Laura R. Logan; for first vice-president, Carrie M. Hall; for second vice-president, Mary M. Pickering; for secretary, Ada Belle McCleery; for treasurer, Marion Rothman; for directors, Annie W. Goodrich, Bena M. Henderson, Mary M. Roberts, S. Lillian Clayton.

ETHEL P. CLARKE, *Chairman.*

JESSIE E. CATTON,

GRACE PHELPS,

Nominating Committee.

CONVENTION REGISTRATION

The 1924 Convention in Detroit will see the inauguration of a plan to combine registration for the A. N. A., N. L. N. E., and the N. O. P. H. N. The registration of all individual members and delegates of corporate members of the A. N. A., all members of the League and delegates of the N. O. P. H. N., as well as the guests of the three organizations will take place in one room. The registration of all guests will be cared for at a separate table. The space allotted to each of the organizations will be arranged with a view to the maximum of comfort and a minimum of time and effort for all concerned in the registration. There will be one entrance and one exit and an adequate number of guides to facilitate movement before the registration desks. Those at Headquarters have given much time and thought to the making of the registration cards. The adoption of the same type of card in different colors makes possible the combined filing of all cards in one visible index at the end of each day's registration. This method makes available for ready reference at the end of each day and the beginning of the next day the total registration, the representation by states, and at a glance (by the color of the card) the registration by organizations. The registrant's name with address will be visible and Convention address easily found. In this way you may locate your friends. The Registration Room will be open the first four days of the Convention (June 16th through June 19th) from 8 a. m. until 12 m.). Every nurse will be interested in the success of this combined registration. Those attending the Con-

vention will help by coming early to the Registration Room (Gymnasium of the Baptist Church, Winder Street and Woodward Avenue) and registering promptly on arrival.

TRANSPORTATION

A reduction of one and one-half fare on the "Certificate Plan" will apply for members attending the Biennial Nurses' Convention held at Detroit, Michigan, June 16-21, 1924, and also for dependent members of their families, and the arrangement will apply from the following territory:

A special arrangement with the various Railroad Passenger Associations of the United States to reduce the rate of fare to one and one-half from all parts of the United States has been scheduled for all those attending the biennial meeting. This arrangement is on the certificate plan. The following instructions and limitations with regard to the certificate plan should be observed:

1. Tickets at the regular one-way tariff fare for the going journey may be obtained on any of the following dates (but not on any other date): June 12-18. Be sure that, when purchasing your going ticket you request a **CERTIFICATE**. *Do not make the mistake of asking for a "receipt."*

2. Present yourself at the railroad station for ticket and certificate at least thirty minutes before departure of train on which you will begin your journey.

3. *Certificates are not kept at all stations.* If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket to the station which has certificates in stock, where you can purchase a through ticket and at the same time ask for and obtain a *certificate* to the place of meeting.

4. Immediately on your arrival at the meeting present your certificate at the transportation desk for the endorsement of the representative of your respective organization, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

5. Arrangements have been made for validation of certificates by a Special Agent of the carriers on June 16-21 if the required minimum of 250 certificates is presented.

6. *No refund of fare will be made on account of failure either to obtain a proper certificate nor on account of failure to have the certificate validated.*

7. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance of not less than 250 members of the organization at the meeting and dependent members of their families, holding regularly issued certificates obtained from ticket agents at starting points, showing payment of regular one-way tariff fare of not less than 67 cents on going journey.

8. If the necessary minimum of 250 certificates is presented to the Special Agent as above explained, and your certificate is duly validated, you will be entitled up to and including June 25, 1924, to a return ticket via the same route over which you made the going journey, at one-half of the regular one-way tariff fare from the place of the meeting to the point at which your certificate was issued.

9. Return ticket issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

PASSENGER ASSOCIATIONS ALLOWING THE SPECIAL RATE

Trunk Line Association: From New York State (east of and including Buffalo, Niagara Falls, Suspension Bridge and Salamanca), New Jersey, Pennsylvania, (east of and including Erie, Oil City and Pittsburgh), Delaware, Maryland, District of Columbia, Virginia and West Virginia (east of and including Wheeling, Parkersburg, Kenova, Orange and Norfolk). C. M. Burt, Chairman, 143 Liberty St., New York, N. Y.

New England Passenger Association: From New England. N. W. Hawkes, Chairman, South Station, Boston, Mass.

Southeastern Passenger Association: From territory south of Ohio and Potomac and east of Mississippi Rivers. W. H. Howard, Chairman, Healy Building, Atlanta, Ga.

Western Passenger Association: From territory west of Chicago, Peoria and St. Louis and east of Washington, Oregon and Nevada. E. E. MacLeod, Chairman, Transportation Building, Chicago, Illinois.

Southwestern Passenger Association: From territory southwest of St. Louis, including Texas, Arkansas, Oklahoma, Missouri (south of Missouri River) and Louisiana (west of Mississippi River). J. E. Hannegan, Chairman, 704 Compton Building, St. Louis, Missouri.

Trans-Continental Passenger Association: From California, Nevada, Oregon and Washington. E. L. Bevington, Chairman, Transportation Building, Chicago, Illinois.

NOTE: Local traffic in Canada is not included.

VISIT BATTLE CREEK WHILE IN MICHIGAN

A very cordial invitation is extended to all nurses attending the Biennial Convention to visit Battle Creek, which is on the main line between Chicago and Detroit. It is suggested that itineraries be arranged to permit those who wish to stop over for a few hours to enjoy a banquet and a visit at the Battle Creek Sanitarium and to see other places of interest in the city. Anyone wishing to take advantage of this opportunity is requested to write to Mrs. Mary S. Foy, Battle Creek Sanitarium, giving date of arrival and hour of leaving Chicago.

VISIT CHICAGO

FIRST DISTRICT, ILLINOIS STATE ASSOCIATION, will have headquarters for delegates passing through Chicago en route to the Convention at their club rooms, 116 South Michigan Avenue. If delegates will notify Minnie H. Ahrens, Executive Secretary, of the places they are interested in seeing or the way they wish to spend their time while in Chicago, plans will be made for them. The District will have open house Friday, Saturday and Sunday, June 13-15.

THE PROGRAM.—A forecast of the Program was published in the April *Journal*. Groups who are planning dinners or luncheons are requested to notify the chairman of arrangements as soon as they can conveniently do so.

NURSES' RELIEF FUND

REPORT FOR MARCH, 1924

Receipts

Balance on hand, February 29, 1924	\$16,955.77
Interest on Liberty bonds	299.62
California: District 1, \$66; Dist. 2, \$5; Dist. 3, \$20; Dist. 5, \$26; Dist. 9, \$60; Dist. 2, \$5	177.00
Florida: District 4	13.00
Illinois: State Assn., \$104; Anonymous, \$20	124.00
Maryland: Two individuals	2.00
Massachusetts: Three individuals, \$25; Lynn Hospital Alum. Assn., \$10	35.00
Michigan: Dist. 1, Individual, \$1; Dist. 3, Battle Creek Sanitarium Alumnae, \$5; Nichols Hospital Alumnae, \$1; Dist. 4, Individual members, \$3; Dist. 8, Flint Nurses' Assn., \$50	60.00
Minnesota: Ten individual members of Asbury M. E. Hosp. Alumnae, \$10; Dist. 2, St. Luke's Hospital Alumnae, \$3; Individual members, \$18.50; Dist. 4, St. Luke's Alumnae, \$8.50	40.00
Missouri: Dist. 2, University Hosp. Alumnae, \$20; Research Hospital Alumnae, \$31; Four individuals, \$4; Trinity Lutheran Alumnae, \$44; Dist. 3, Individual members, \$2; Jewish Hosp. Alumnae, \$10; Dist. 7, Individual members, \$7	118.00
New Jersey: Dist. 1, Mountainside Hospital Alumnae, \$35; Alumnae Association, Homeopathic Hospital, Newark, \$25; five individuals, \$7	67.00
New York: Dist. 2, \$20; Frederick Ferris Thompson Hospital Alum., \$10; Dist. 9, Student body, Albany Hospital, \$26; Dist. 13, Roosevelt Hospital Alumnae, \$30; Dept. of Health Field Nurses' Assn., \$10; Lenox Hill Hospital Alumnae, \$10; six individuals, \$71; St. Joseph's Alumnae, Yonkers, \$25; Dist. 14, \$111; Brooklyn Hospital Student body, \$25	338.00
North Carolina: Dist. 2	35.00
Ohio: Ashtabula General Hospital	

Alum., \$15; Youngstown Hospital Alumnae, \$25; Charity Hospital Alumnae, \$10	50.00
Pennsylvania: Dist. 2, St. Joseph's Hospital Alum., Reading, \$20; Reading Hospital Alumnae, \$72	92.00
Texas: Dist. 2, \$8; Dist. 5, \$30; Dist. 6, \$33	71.00
Washington: Gray Harbor County Nurses' Assn., Aberdeen	8.00
Wisconsin: Dist. 1	30.00
Total Receipts	\$18,515.39

Disbursements

Paid to 46 applicants	\$690.00
Printing	15.62
Farmers' Safe Deposit Company	15.00
Farmers' Loan & Trust Company, exchange on checks	.90
Check returned by bank, mutilated	1.00
Money order returned	7.00
Balance, March 31, 1924	\$17,785.87
Invested Funds	71,951.57
	\$89,737.44

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

REPORT OF THE ISABEL HAMPTON
ROBB MEMORIAL FUND TO
APRIL 10, 1924

Previously acknowledged	\$28,208.84
Iowa: District No. 4	25.00
Bridgeton Hospital Nurses' Alumnae, Bridgeton, N. J.	5.00
Registered Nurses' Assn. of Middle Tennessee	25.00
The Louisville and City Hospital, Louisville, Ky.	10.00
Graduate Nurses' Association of New Hampshire	5.00

Alumnae Assn. of Orange Memorial Hospital School of Nursing, Orange, N. J.-----	10.00
Kentucky: Eastern Dist. Division--	25.00
Melrose Hospital Nurses' Alumnae Association, Melrose, Mass.-----	5.00
King County Assn., Seattle, Wash.---	5.00
Middlesex County Branch, Massachusetts -----	35.00
Pennsylvania: Dist. 3, Hazelton----	25.00
Alumnae Assn. of Methodist Episcopal Hospital Training School, Brooklyn, N. Y.-----	5.00
Presbyterian Hospital Nurses' Alum. Association, Philadelphia -----	25.00
One individual, Newport, R. I.-----	2.00
Total -----	\$28,415.84

MARY M. RIDDLE, *Treasurer*.

REPORT OF THE McISAAC LOAN FUND TO MARCH 10, 1924

On hand at last report-----	\$398.00
Iowa: District No. 4-----	25.00
Bridgeton Hospital Nurses' Alumnae, Bridgeton, N. J.-----	5.00
Graduate Nurses' Assn. of New Hampshire -----	5.00
Alumnae Assn., Orange Memorial Hospital School of Nursing, Orange, N. J.-----	10.00
Kentucky: Eastern Dist. Division---	25.00
King County Association, Seattle, Wash. -----	5.00
Pennsylvania: Dist. 3, Hazelton----	25.00
Alumnae Assn., Methodist Episcopal Hospital Training School, Brooklyn, N. Y.-----	5.00
	\$503.00

MARY M. RIDDLE, *Treasurer*.

Contributions to either fund may be sent to the treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, but they may be made payable to Mary M. Riddle, Treasurer.

REPORT OF THE COMMITTEE ON FEDERAL LEGISLATION

There have been no developments of re-classification beyond the favorable reporting of the amendment to the bill abolishing the

Personnel Classification Board and placing the classifying of government employes under the Civil Service Commission. This bill will probably pass, and while it is doubtful if the Civil Service Commission will be any more favorable to the recognition of nurses than the present Personnel Board, we at least will have but one agency to deal with rather than three.

LUCY MINNIGERODE, *Chairman*.

Mary A. Brownell has taken up the duties of second assistant director of the National Organization for Public Health Nursing. Following three years of war service, Miss Brownell spent one year at the School of Social Work of the University of Oregon and has since been engaged in county work in Oregon and in the supervision of tuberculosis in the generalized nursing service of the Portland Visiting Nurse Association.

THE CONVENTION OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will be held in Hamilton, Ontario, June 25-28. The National Conference of Social Work will meet in Toronto, Ontario, June 25-July 2. These cities are within 150 miles of Detroit. There is an excellent highway for motorists.

There will be a special meeting of Catholic nurses for the purpose of forming an International Guild of Nurses, some time during the A. N. A. Convention. All those interested are asked to come prepared to take up this matter. Notices of the time and place of the meeting will be posted at the Convention. A retreat for nurses and a series of further Conferences for the organization of the International Guild of Nurses will be held at Spring Bank, Okauchee, Wisconsin, the headquarters of the Catholic Hospital Association, immediately after the meeting in Detroit. Catholic nurses are invited to this retreat and the conferences.

ARMY NURSE CORPS

During the month of March, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Edna M. Long; to Station Hospital, Fort Benning, Georgia, 2nd Lieuts. Louise Heyen, Mary J.

Palmer; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieuts. Lula A. Booth, Maude L. Dally, Frances C. Henchey, Edith A. Mattoon; to Letterman General Hospital, San Francisco, California, 2nd Lieuts. Ella Norris, Marie L. Lorenz, Kathleen Mitchell, Catharine Wolfe; to Station Hospital, Fort Monroe, Virginia, 2nd Lieut. Anna K. Reidelbach; to Station Hospital, Fort Riley, Kansas, 2nd Lieuts. Marie Hermanson, Mary A. Scanlon; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Sara C. Brogan; to Station Hospital, Fort Sheridan, Illinois, 2nd Lieut. Anna L. Schultze; to Hawaiian Department, 2nd Lieuts. Sara A. Clark, Catherine G. Hoff, Alma T. Skoog.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants, Louise Boehme, Edna L. Calely, Elizabeth H. Crothers, Beatrice N. Hallowell, Emarose Ingold, Mayme Johnson, Cecelia McBeath, Frances A. Merrill, Alice L. O'Brien, Sara G. Roberts, Kathryn M. Rabush, Margaret F. Staples.

ARMY SCHOOL OF NURSING

We regret to record the sudden death of Violet Dorothy Eddy, who was a member of the class of 1924. Miss Eddy was within a few months of completing her course when her death occurred. She was on leave at her home in Cortland, New York, recuperating from fatigue and certain supposed minor conditions of ill health with which she had been troubled while on her public health affiliation at Henry Street. Miss Eddy was one of the outstanding members of her class, and full of promise, and her untimely death is a loss not only to her family and her class, but to the profession.

The graduating exercises of the Army School of Nursing will be held jointly with the Army Medical School and the Army Dental School at the Army Medical Center on Friday, June 6. A class of forty-five will receive diplomas at that time. During the same week it is probable that a meeting of the Alumnae Association of the Army School of Nursing will be held at the Center.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps,
Dean, Army School of Nursing.

NAVY NURSE CORPS

During the month of March the following nurses were transferred: To *Annapolis, Md.*, Matilda E. Anderson, Louise E. LeClair; to *Brooklyn, N. Y.*, Mary M. Maxey, Floy I. Walter; to *Canacao, P. I.*, Myrtle I. Carver, Katherine C. Greer, Irene M. Lannon; to *Charleston, S. C.*, Gertrude A. Klesius; to *Guam, M. I.*, Laura M. Gibson, Annie Leighton; to *League Island, Pa.*, Barbara F. Egenreider, Mary L. Drohan; to *Mare Island, Calif.*, Elizabeth H. Beall, Rosa L. Lane, Irene Pfisterer, Edith L. Stauffer, Annie B. Wayland, Chief Nurse; to *Puget Sound, Washington*, Agnes E. Nolan; to *San Diego, Calif.*, Lena B. Coleman, Chief Nurse; Pauline J. Spann, Lucy A. West; to *U. S. S. Relief*, Mary Hennemeier, Ellen E. Wells; to *Washington, D. C.*, Caroline W. Spofford, Agnes E. Mears.

Resignations: Adele M. Conkling, Mary Nichols, Bruce Venable, Helen Walsh.

Honorable Discharge: Emma L. Spatcher.

Discharged from Inactive Status: Grace A. MacFerran.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: To *St. Louis, Mo.*, Nelle Hayes, Clara Hayes, Myrtle Brown; to *Chicago, Ill.*, Agnes Lally; to *New Orleans, La.*, Gertrude Fuller, Pearl Morton; to *Norfolk, Va.*, Wilhelmina Hicks, Dora Bransfield.

Reinstatements: Ella Carey, Marion Lynch, Margaret Burdett, Josephine Tuebner, Lucretia Wilson, Mattie Periman, Ida Jones-Seright, Honora E. Brett.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

UNITED STATES VETERANS' BUREAU

Hospital Service Transfers: To *Ft. Bayard, N. M.*, Katherine M. Kirby, Mary Callecotte; to *Ft. Lyon, Colo.*, Helena Krause; to *Dwight, Ill.*, Ellen Robinson, H. N., Isabelle Butler; to *Maywood, Ill.*, Lillian Fink, Florence Berrehus; to *Whipple Barracks, Ariz.*, Winifred Ephlin, Merle Craven; to *American Lake, Wash.*, Anna E. Stroth, Vivian E. Barnhart, Sylvia Montgomery, Jane A. Kenny, H. N.; to *Greenville, S. C.*, Minnie Lee.

Reinstatements: Lena M. Carlson, Mrs. Rose M. Callaghan, Mrs. Laura F. Emery, Louise Knapp, Susie G. Greene, Mrs. Lucy H. Huff, Josephine Brown, Margaret L. Maher.

District Medical Service Transfers: To Greenville, S. C., Kathleen E. Binns; to Oteen, N. C., Ada Finley; to Bronx, N. Y., Elsie Hixson.

During the month the new hospital at American Lake, Washington, was opened for the reception of patients. This is a hospital for the care and treatment of mental diseases.

MARY A. HICKEY,
Superintendent of Nurses.

AMERICAN CONFERENCE ON HOSPITAL SERVICE.—Delegates representing thirteen of the seventeen national organizations which comprise the American Conference on Hospital Service attended the meeting held March 4, in Chicago. Dr. Frank Billings, who for the past four years has been president of the conference, presided. As president, Dr. Billings made an informal report. He outlined the work which has been accomplished by the Hospital Library and Service Bureau and discussed the work of the conference in promoting the idea of training non-medical clinical assistants and laboratory technicians. He said that the conference had not engaged in practical work regarding the problem, but had succeeded in gaining a great deal of information with the coöperation of the committee on the intern problem of the American Medical Association. Dr. S. S. Goldwater of New York was elected president.

THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its annual meeting in Atlanta, Georgia, May 5-12.

THE UNITED STATES CIVIL SERVICE COMMISSION will receive applications for the position of Assistant Chief, Nurses' Training School, until May 20. Inquiries should be addressed to the U. S. Civil Service Commission, Washington, D. C.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION will hold an examination for the registration of nurses in Mobile, May 26 and 27; in Montgomery, May 27 and 28; in Birmingham, May 28 and 29. All applications and credentials, with photograph,

must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 7th Avenue, N., Birmingham, Alabama. Kodak pictures will not be accepted.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its sixth annual meeting on April 1 and 2 in the Business and Professional Women's Club Rooms, Tucson. The meeting was a very good one considering the handicap of the absence of the President from the State and the distances to be traveled by members. On the first day, the morning was occupied with reports and business. In the afternoon, the address of welcome was given by Bruce Ellis. Other addresses were: Health and Efficiency as Based on Nutrition, by Evelyn Bentley, and Problems of the Home Maker, by Mrs. F. C. Lockwood. At 3, the members enjoyed a motor trip, followed by a banquet. In the evening there was music followed by addresses,—The State Water Supply, Jane Rider; Insulin, Dr. P. B. Newcomb, and one by Dr. C. A. Thomas. On April 2, at the morning session there was business followed by addresses with discussions,—The Preventorium, Mrs. Gertrude F. Russell; and Radium, Helen Keenan. Luncheon was at the Gray Goose. Subjects presented in the afternoon were: Advantages of Registration and District Organization, Edith P. Snowden; State Health Laws, Dr. F. T. Faglen; The X-ray, Dr. R. J. Callander. The evening session was held at St. Mary's School of Nursing, where addresses and a one-act play were given by students. Officers elected are: President, Mrs. Regina Hardy, Tucson; vice-presidents, Ruth Fuess, Bisbee, and J. F. Ross, Phoenix; secretary, Mrs. Ann Ladd, 72 West Holly Street, Phoenix; treasurer, Mrs. Gertrude Russell, Phoenix.

Arkansas: DISTRICT 4 B, KANSAS STATE NURSES' ASSOCIATION, comprising five counties,—Miller, Little River, Sevier, Howard and Pike, with headquarters in Texarkana, was organized last December, having fourteen charter members. The regular monthly meeting was held April 2, at which time plans for the program for the coming year were completed.

California: THE CALIFORNIA STATE

NURSES' ASSOCIATION will hold its annual meeting in Pasadena, May 20-24. THE TRANSPORTATION COMMITTEE of the State Association is offering an opportunity to members and friends to attend the Biennial Convention in Detroit. The Southern Pacific Route has been chosen and the itinerary planned as follows: Leave San Francisco at 11:00 a. m. on Tuesday, June 10; leave Sacramento, 2:35 p. m.; arrive Salt Lake City, 4:25 p. m., June 11; arrive Royal Gorge, 2:00 p. m. on Thursday, June 12; arrive Denver, 8:30 p. m.; arrive Omaha, 3:40 p. m., June 13; arrive Chicago, 7:00 a. m. on June 14; arrive Detroit at 3:35 p. m.

The cost of the trip from San Francisco will be: Round trip to Detroit, \$105.62; lower Pullman berth to Detroit, \$27; upper berth, \$21.60. Meals may be obtained on the train. A special train will be provided if we have a party of 125, or special cars of 25 persons each. Special cars may be added to the train at any point for a party of 25 or more persons. Members of the party may return at any time within three months. Committee on Transportation: Mary H. Taylor, 1995 Kearney Ave., San Diego; Mrs. F. J. Conzelmann, Chairman, Stockton State Hospital, Stockton, Calif. **Fresno.**—BURNETT TRAINING SCHOOL graduated its twenty-fourth and largest class, thirty members, with exercises held at the Y. W. C. A. Addresses were made by Dave S. Ewing and Marian Little, Superintendent. Dr. D. H. Trowbridge presented the diplomas and Dr. J. L. Maupin, the special awards. **Los Angeles.**—DISTRICT 5 held a meeting at the Y. W. C. A. on April 1. An appeal was made for subscriptions to the Isabel Hampton Robb Memorial Fund. Announcement was made that the Headquarters of the State Association, during the convention in May, would be at the Hotel Green, Pasadena, and an earnest request was made for early hotel reservation. It was reported that District 5 had contributed one thousand dollars toward the furnishing of the reception room of the new Los Angeles Nurses' Club. Miss H. King of the Pasadena High School gave a very interesting paper on Bacteriology. **San Francisco.**—THE STANFORD SCHOOL OF NURSING will celebrate its thirtieth anniversary on May 14 and 15, with a reunion and

commencement exercises. Ruth H. Gustafson, first assistant to Miss Landis, has resigned.

Colorado: Denver.—THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL held a meeting on February 12, when George Collins, Superintendent of the Hospital, addressed the members on Coöperation. At the meeting held March 11, Margaret Lindsey gave a report of the State meeting, and Louise Perrin told of the progress of the Nurses' Club recently organized in the city. At the April meeting, there was a discussion on the Eight-hour Day for nurses. Louie Croft Boyd read a history of the Hospital and the Training School. At a special meeting, April 15, Dr. Cunningham spoke on Insulin.

Connecticut: Bridgeport.—THE BRIDGEPORT HOSPITAL TRAINING SCHOOL held exercises for a class of 54 in the United Congregational Church, April 22. The address was given by Dr. Willard Rappleye, Yale University. **Hartford.**—THE HARTFORD HOSPITAL ALUMNAE have elected the following officers: President, Irene V. Muller; vice-presidents, Mary D. Langlois, Elizabeth Blenkhorn; secretary, Abby McCann; treasurer, Edith R. Wilson.

District of Columbia: Washington.—The annual meeting of the DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION will be held on May 5. The monthly meeting of the LEAGUE OF NURSING EDUCATION was held at Providence Hospital, March 27. Dr. O. R. Hunter of George Washington Medical School addressed the meeting on the further development of the Central School of Nursing, now in operation at George Washington University. While outlining plans for future progress he emphasized three important factors, 1, Students having proper qualifications for University work, 2, Proper living conditions, facilities for study and time for study; 3, Encouragement for future study. The consensus of opinion of the League is that the Central School experiment has proven a decided success. During the business meeting, a committee was appointed to secure members for the National League of Nursing Education drive. A social hour followed, Sister Flavia and her nurses being hostesses.

Florida: THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold its annual

examination for registration of graduate nurses June 10 and 11; examination for licensed attendants, June 12. All examinations will be held at the Seminole Hotel, Jacksonville, beginning at 9 a. m. No application received after May 25. Louisa B. Benham, Secretary-treasurer, Hawthorne, Fla.

Georgia: Atlanta.—THE PUBLIC HEALTH NURSES OF THE FIRST DISTRICT met on March 3, at the Headquarters of the Nursing Service of the Metropolitan Life Insurance Company. Interesting addresses were given by Dr. Abercrombie, State Health Officer, on the Healthmobile; by Elizabeth Robison on Public Health Problems; by Mrs. W. B. Price Smith, Mary Dickinson, Alice McMaster, Ada Wolfolk, Marion Van Dyke, Mrs. R. E. Nolan, and G. H. Phillips. Officers elected were: Chairman, Emma Habenicht; vice-chairman, Lela Harris; secretary, Elizabeth Robison. THE FIRST DISTRICT ASSOCIATION gave a luncheon on March 18 at the Winecoff Hotel in honor of Ella Phillips Crandall, of the American Child Health Organization.

Illinois: The nurses of Illinois are planning to have a "get-together" dinner during the Convention at Detroit. At former conventions it has seemed rather difficult to formulate such plans because of the many meetings, entertainments, etc. The suggestion has been made that they include the Alumnae Associations. Tables can be arranged for the individual Alumnae Associations and one for the individual members of the different districts. Each Alumnae can work out plans for its own decorations, using the school colors. The Illinois song and other popular songs will be used. Will all Illinois nurses who expect to attend the convention send their names, including the name of their school, to Ellen V. Robinson, 660 Rush Street, Chicago? Watch for final instructions in the next issue of the *Journal*! **Chicago.**—Mary C. Wheeler, Superintendent of the Illinois Training School, has resigned after many years of faithful service. Her successor has not been appointed. Miss Wheeler will have leave of absence during the summer and will return in September until her successor is installed. THE VISITING NURSE ASSOCIATION enjoyed a course of four lectures during April by Dr. William Emet Blatz on The Psychology of Individual Ad-

justments. The large and valuable library of the CHICAGO TUBERCULOSIS ASSOCIATION is being re-catalogued. It is at the service of doctors, nurses and laymen. **Mattoon.**—THE MEMORIAL METHODIST HOSPITAL will graduate a class of three on Hospital Day. Through the encouragement of the Alumnae Association, a Student Council was organized in September last which is buying a Victrola for the Nurses' Home. The Alumnae Association of 22 members will open its longed-for sun porch on Hospital Day. The money, over \$900, has been raised in various ways. The Association edits a paper, *The Scuturi*, which is self supporting.

Indiana: THE EDUCATIONAL COMMITTEE OF THE STATE NURSES' ASSOCIATION is distributing to the high schools of the state 1000 copies of a vocational bulletin prepared by the Assistant Professor of Vocational Education of Indiana University. The bulletin sets forth, in unusually attractive form, the opportunities for girls in the profession of nursing. It is issued by the Indianapolis Chamber of Commerce and Indiana University. **Valparaiso.**—THE CHILDREN'S FOUNDATION, an institution "established for the study of child life and for the dissemination of knowledge pertaining to the education and well being of children," has its headquarters in this city. Lorne W. Barclay has been chosen as vice-president in charge of administration. Lewis E. Myers is President and Founder.

Iowa: THE STATE LEAGUE OF NURSING EDUCATION is holding a two days' institute in Des Moines, May 1 and 2. Meetings will be held at the various hospitals. Institutional workers and others who are interested will attend. **Des Moines.**—BROADLAWNS, the new county tuberculosis hospital, was formally opened on April 13. Charlotte Garrison, formerly superintendent at Sunnycrest Sanitarium, Dubuque, is superintendent of the hospital. Esther Brown is superintendent of the training school. A two days' conference of city-wide interest was held by the Des Moines Council of Social Agencies, April 30 and May 1. After an absence of two years, Marguerite Trent has returned to Iowa Methodist Hospital as Assistant Superintendent. Rose Paden, graduate of Presbyterian Hospital, Philadelphia, and for two years in the orthopedic department of the Iowa University Hos-

pital, has joined the Public Health Nursing Staff in Des Moines. Anna M. Drake has recently been honored by being elected president of the Iowa League of Women Voters. Caroline Porter is now school nurse at Nevada.

Kansas: El Dorado.—ST. LUKE'S HOSPITAL graduated a class of two on April 7, the exercises being held in the chapel of the hospital. A talk to the class was given by Dr. Sophia Lee Cochran; the diplomas were presented by Bishop Wise. This is the second class to graduate from this school, both having started their training at St. Barnabas Hospital, Salina. When that hospital was closed, the Superintendent and full staff came here. Efforts are being made to organize an alumnae association consolidating it with that of St. Barnabas. A Nurses' Home is to be opened in May.

Massachusetts: Arlington Heights.—The *Round Table Oracle* is published quarterly by the students of the Arlington Training School. It is an interesting twenty-four page bulletin and of unusually high quality typographically. Its editor would be glad to arrange for exchanges with other schools publishing similar periodicals. **Boston.**—THE MASSACHUSETTS HOMEOPATHIC HOSPITAL SCHOOL FOR NURSES held its graduating exercises for a class of thirty on March 27 in the Evans Memorial Auditorium. The address was given by Dr. Alexander Begg, Dean of the Boston University School of Medicine. The diplomas were presented by Ezra H. Baker and the school pins by Mrs. Thomas Bailey Aldrich, one of the Vice-Presidents of the Board of Trustees. A prize of \$50 presented by an anonymous donor for leadership in class work was awarded to Roselle Coleman. Honorable mention was also made of five nurses whose average for the course had been ninety or over. A gift of \$30 was presented to the school by the class as a nucleus for a Training School Loan Fund. A reception at the Nurses' Home followed the exercises. Other festivities of Commencement time were: the senior dance at the Franklin Square House and a class dinner at the Hotel Brunswick, followed by a theater party. THE ALUMNAE OF THE MASSACHUSETTS WOMAN'S HOSPITAL elected officers at the March meeting: President, Mrs.

Rodney E. Pratt; vice-presidents, Mary T. Connolly, Lillian Spelman; Secretary, A. Louise Russell; treasurer, Alice B. Goodrich. As Miss Russell is in California, Miss Goodrich is acting as secretary for the time being. Plans were made for the annual reunion and dance in April for the benefit of the free bed for nurses. The hospital is in its sixth month after reopening. The Superintendent reports fine work of students and the hospital resuming its busy days, after the four years the Government held it. THE BOSTON CITY HOSPITAL ALUMNAE will hold a meeting on May 6, when an address will be given by Rev. George P. O'Connor on The Prevention of Juvenile Delinquency. The annual meeting will be held on June 3. THE NORFOLK AND SUFFOLK COUNTY BRANCHES will hold a meeting on May 29, when Mary M. Riddle will discuss Some Problems of the State Board of Registration of Nurses and Suggested Aids in Solving Them. **Fall River.**—Alice Marsh, a graduate of Newton Hospital, has been appointed Superintendent of Nurses at the Union Hospital. Mary E. G. Bliss is Assistant Superintendent. **Newton Lower Falls.**—E. Augusta Dakin, graduate of Newton Hospital, is doing missionary work in the Belgian Congo. **Ware.**—THE NEW HOSPITAL is completed. The old building will be used as a nurses' home.

Michigan: Mrs. Helen deSpelder Moore assumed the duties of Assistant Director of the Bureau of Child Hygiene and Public Health Nursing of the Michigan Department of Health on March 1. Mrs. Moore was formerly field secretary for the Michigan Tuberculosis Society and served as director of the Southern Nursing District for the Bureau of Child Hygiene and Public Health Nursing for a year and a half. Mrs. Moore brings executive training as well as a wide experience in field work to this position. She succeeds Mrs. Elsbeth H. Vaughan, who has accepted the position of nursing director of the Central Division of the American Red Cross. Mrs. Vaughan is not lost to the nursing service of the state, since Michigan is included as one of the ten states covered by the Central Division. **Ann Arbor.**—THE ALUMNAE ASSOCIATION OF THE UNIVERSITY OF

MICHIGAN SCHOOL OF NURSES, at its March meeting, decided to increase the amount in the Loan Fund for needy student nurses by holding a bazaar on April 4 and 5. Following the business, Dr. Newburgh spoke on Nephritis. The Association has attempted to interest the members of the Senior class in its organization by inviting them to the lectures. It is hoped that this series of lectures given by members of the University Faculty may be continued. **Battle Creek.**—AN ALUMNI REUNION is to be held June 10-13. **Detroit.**—THE FIRST DISTRICT ASSOCIATION held a regular meeting April 4 at the club rooms. The subject, Convalescent Homes, was discussed. THE PRIVATE DUTY NURSES' SECTION held a dinner meeting at The Pekin Inn. During dinner, the chairman, Mrs. Marion Paddock gave a report from the meeting of The Detroit Federation of Women's Legislative Committee in Washington, D. C., and The Legislative Council in Michigan and various phases of Child Welfare in which the Federation is interested. THE GRACE HOSPITAL ALUMNAE ASSOCIATION will give a ball at the Statler Hotel on May 5. Agnes Gordon, Superintendent of Nurses at The Receiving Hospital entertained the staff of graduate nurses, April 14. Red Cross Demonstrations in First Aid were given by Elba Morse of the Central Division. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION entertained the graduating class by a theater party, April 25.

Minnesota: Mankato.—IMMANUEL HOSPITAL graduated a class of six on March 21, with exercises held at Immanuel Lutheran Church. The address was given by Rev. Paul Lindemann of Minneapolis. Judge Stradtman presented the diplomas. **Minneapolis.**—THE NEW ASBURY HOSPITAL received a class of twelve students in March. District 3 contributed to the Women's Activities Exhibit, March 5-8. The space allotted was four by four, for which an attractive background was painted showing the front of a hospital. Over the door was "Hospital—School of Nursing," while above in the tree tops, was the heading "Opportunities in the Field of Nursing." The display was of sixteen-inch dolls dressed to represent nurses engaged in various branches of work. A six-

inch placard was placed beside each doll, giving not only the service but the minimum requirements for it. The exhibit was presided over each day by a private duty nurse and a public health nurse.

Montana: THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES will hold its annual meeting for the examinations of nurses at the State Capitol, Helena, on May 27 and 28. Frances Friederichs, Secretary-Treasurer, Box 928, Helena. **Kalispell.**—DISTRICT No. 8, (18 members) gave a dinner on March 5 to raise money for its treasury. After expenses were paid, a goodly sum was left. \$25 was sent to the Nurses' Relief Fund, and \$10 to a local charity.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination in Omaha and Lincoln, May 19, 20 and 21. For information and application blanks write to Department of Health and Welfare, State House, Lincoln. **McCook.**—Elizabeth Garacke, (class of 1921, Kalispell General Hospital, Kalispell, Mont.), has been appointed Assistant Superintendent of Nurses in the new hospital in charge of the Dominican Sisters.

Omaha: NEBRASKA BASE HOSPITAL UNIT No. 49 will hold its fifth annual reunion, the evening of May 24, at the Burgess Nash Tea Rooms, Omaha. All members are cordially invited to attend. Please communicate with Chairman of Publicity, Pearl W. Larson, Wise Memorial Hospital, Omaha.

Nevada: THE NEVADA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES has the following members: Alice J. Craven, Emily Springmeyer, Mary E. Evans, secretary, 631 West Street, Reno.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its quarterly meeting, March 12, at the District Nurses' Association rooms, Manchester. The Public Health Session at 10:30 a. m. had a good attendance. Helen McKinstry gave an address. At the same hour, the League of Nursing Education met, Grace Haskell presiding. Dr. Inex Mason of Dover told of public welfare work in that city. A general session was held in the afternoon with an attendance of fifty-five. The Relief Fund Committee reported that the state is contributing

its proportionate amount and that one New Hampshire nurse is receiving aid. Contributions were made to the Robb Scholarship Fund and to the McIsaac Loan Fund. The reclassification bill was discussed and the members went on record as opposed to it. Mrs. Alta McDuffee spoke on Law Enforcement. Luncheon was served by the hostess, Mrs. Webber, and her assistants. **Concord.**—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE held a regular meeting, March 26, in the Nurses' Home, when the following officers were elected: President, Margaret Alexander; vice-presidents, Caroline L. Knowles, Anna Liberty; secretary, Olive F. Flanders; treasurer, Ethelyn D. Jenkins. Following the business, Myla Chamberlin gave a talk on Parliamentary Law. **Exeter.**—EXETER HOSPITAL held graduating exercises for a class of two on March 14. Rev. John L. Clark gave the address. A. T. Dudley presented the diplomas and Mrs. Winthrop E. Fiske, the pins. Alice M. Gaffney, the Superintendent, has resigned to go to the White Plains branch of the New York Orthopedic Hospital. She is succeeded by Miss Chisholm, temporarily. **Franklin.**—THE FRANKLIN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on March 11, when the following officers were elected: President, Mrs. Florence Knowles; vice-president, Caroline Dorman; secretary, Mrs. Mildred Buswell; treasurer, Mrs. Bertha Colby. The Association has given \$20 to aid an injured fireman. Graduating exercises were held for a class of two in November, last. Arrangements are being made for a reunion of all graduates of the hospital in June. The members are interested in the reclassification bill. **Woodsville.**—THE WOODSVILLE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital, March 12. Officers elected are: President, Mrs. Omar Ware; vice-president, Daisy Benagine; secretary, Mrs. Arthur Bailey; treasurer, Grace Shaw. The association voted \$25 to the Nurses' Relief Fund.

New Jersey: THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold an examination, in the State House, Trenton, June 20, at 9:30 a. m. Mrs. Agnes Keane Fraentzel, Secretary-treasurer, Room 302 McFadden Building, Hackensack. THE NEW

JERSEY STATE NURSES' ASSOCIATION held its twenty-second annual meeting in the City Hall, Plainfield, April 4. LeRoy Warren, D.D., of the First Presbyterian Church gave the invocation, and Mayor Charles E. Loizeaux, a most hearty welcome. Miss Chetwood's presidential address was full of inspiration. She particularly stressed the need of supporting the Nurses' Relief Fund to the fullest extent, in order to care adequately for the many worthy and needy nurses who make application for relief, the country over. If every nurse gave one day's salary, the Relief Fund would soon reach a million dollars, from which the income and the yearly subscriptions could be used for relief. Interesting reports of work accomplished were given by the chairmen of standing committees, and by the presidents of the State League, and the State Public Health organizations. In the afternoon, Dr. Edward S. Krans of Plainfield gave a most delightful and instructive address on The Nurse and the Nervous Patient. All Districts reported progress. Florence M. Johnson, Director of Nurses of the Atlantic Division of the American Red Cross, gave a delightful talk on Our Responsibility to the Red Cross as Nurses. Officers elected are: President, Virginia M. Chetwood, Hackensack; vice-presidents, Jane G. Wick, Atlantic City, and Martha M. Moore, Maplewood; secretary, Mrs. Lois C. MacIlroy, 43 East 21st Street, Paterson; treasurer, Mrs. Mabel G. VonDeesten, Hoboken; director for three years, Marie Louis, Plainfield; for one year, Anna E. Wetherill, Atlantic City. The Morristown Memorial Hospital, Morristown, N. J., was announced as the meeting place for the semi-annual meeting, to be held on the 7th of November. In the evening a delightful get-together dinner was given in the Knights of Columbus Hall, in which the three State Organizations joined. Christiana Reiman, Secretary of the International Council of Nurses, was one of the principal guests. The senior classes from a number of the hospitals were present as the guests of the respective alumnae associations. There were over 200 present and all had a most enjoyable time. All meetings were well attended, and the City Hall was taxed to its utmost. **Camden.**—The regular meeting of the WEST

JERSEY HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION was held at the hospital, March 18. The following officers were elected: President, Emilie Raub; vice-president, Ellen Cross; secretary, Mrs. Edith Peters; treasurer, Mrs. B. Meincke. A dance for the benefit of the Room Fund, held on March 4, proved very successful. **Englewood.**—Mary E. Lewis, formerly Superintendent of Nurses, has been made Superintendent of Englewood Hospital. She is succeeded by Helen D. Oehlschlager, former instructor. **Newark.**—THE NEWARK CITY HOSPITAL ALUMNAE ASSOCIATION will hold a dance in honor of the graduating class, May 27, at the Nurses' Home. Graduation will be on May 28 at the Nurses' Home for a class of 24. **Orange.**—The annual meeting of the CENTRAL REGISTRY was held in the Medical Library Association rooms, April 9. Election of officers was followed by a social hour.

New Mexico: THE BOARD OF DIRECTORS OF THE STATE NURSES' ASSOCIATION held a special meeting at St. Joseph's Hospital, Albuquerque, March 28; to act on the resignation of the President, Mrs. Montgomery, who has left the state. This was accepted and Teresa McMenamin was elected to fill the unexpired term. The annual meeting of the State Association will be held at the State House, Santa Fe, May 27. The Board of Nurse Examiners will meet at the same place, May 28.

New York: THE TRANSPORTATION COMMITTEE OF THE STATE ASSOCIATION announces the following itinerary for nurses attending the convention in Detroit, June 16-21: Leave New York, Sunday, June 15, 5 p. m.; Albany, 8:20; Utica, 10:28; Syracuse, 11:45; Rochester, Monday, June 16, 1:23 a. m.; arrive Detroit, 8:10 a. m. A special sight-seeing trip arranged by the Frank Tourist Company for any who wish to join it, offers the following schedule:

SPECIAL SIGHT-SEEING TRIP ARRANGED BY THE FRANK TOURIST COMPANY:

Saturday, June 21—Leave Detroit midnight. Pullman car accommodations included to Niagara Falls.

Sunday, June 22—Arrive Niagara Falls a. m. Transfer included to Clifton Hotel. Room

and meals included commencing with breakfast. Great Gorge trip of twenty-two miles.

Monday, June 23—Leave Niagara Falls 9 a. m. Connect at Queenston with steamer for sail on Lake Ontario, arriving Toronto 1 p. m. Sight-seeing trip included, visiting principal points of interest. Leave Toronto 4 p. m. via Canada Steamship Company. Stateroom accommodations and meals included.

Tuesday, June 24—Arrive Thousand Islands 8:15 a. m. Room and meals included at Thousand Island House. Fifty mile ramble among the Islands included. This is made by specially constructed motor launches, giving passengers 2½ hours of sight-seeing.

Wednesday, June 25—Leave Thousand Islands 8:15 a. m. via Canada S. S. Lines. Connect at Prescott 10 a. m. with Rapids steamer. Delightful and thrilling afternoon is spent "shooting the rapids." Arrive Montreal 6:45 p. m. Connect with Quebec steamer. Stateroom accommodations and meals included.

Thursday, June 26—Arrive Quebec 7 a. m. Transfer, room and meals included at Chateau Frontenac. Sight-seeing trip to Ste. Anne de Beaupre included. Returning, stop is made at Montmorency Falls. Observation Car trip about city, visiting principal points of interest.

Friday, June 27—Leave Quebec 6 p. m. via Canada S. S. Lines. Accommodations and meals included.

Saturday, June 28—Arrive Montreal 7 a. m. Transfer, room and meals included at Queens Hotel. Sight-seeing trip visiting principal points of interest.

Sunday, June 29—Leave Montreal 9 a. m. via Delaware & Hudson R. R. Arrive Port Kent about noon. Transfer, room and meals included at Ausable Chasm Hotel. Sight-seeing trip to and through the Chasm included.

Monday, June 30—Leave Ausable Chasm after early breakfast, connecting at Port Kent with Steamer *Vermont*, 7 a. m., for sail up Lake Champlain, changing at Montcalm Landing with Lake George steamer, arriving Lake George Station 4:40 p. m. Arrive Albany 7:15 p. m. Leave Albany via

Hudson River Night Line 9 p. m. Stateroom accommodations included.

Tuesday, July 1—Arrive New York 7 a. m.
Saguenay River side trip can be made from Quebec.

1st day—Leave Quebec via Canada S. S. Lines 8 a. m. Stateroom accommodations and meals included for delightful sail down the St. Lawrence River, stopping en route at Murray Bay, arriving at the mouth of the Saguenay early evening, proceeding up the River during the night.

2nd day—Leave Chicoutimi early forenoon. A delightful trip is provided down the River, passing in full view of Capes Eternity and Trinity.

3rd day—Arrive Quebec 6 a. m.

NOTE.—Inquiries regarding this trip may be addressed to the Headquarters of any one of our national organizations, 370 Seventh Avenue, New York, or to the Frank Tourist Company, 542 Fifth Avenue, New York.

Albany.—CAPITAL DISTRICT, No. 9 held its annual meeting April 5 at Headquarters, The Education Building, with members of the State Education Department as hostesses. Officers elected are: President, Mrs. Kathryn M. Lamb; vice-presidents, Mary E. McIroy, Anna Alline; secretary, Florence R. Freeman, 210 Eighth Avenue, Watervliet; treasurer, Catherine Corcoran; directors, Sister Rose, Mary R. Donald. The District expects to have nine members present at the Detroit convention. **Amsterdam.**—THE CITY HOSPITAL ALUMNAE at their annual meeting elected the following officers: President, Ethel M. Viele; vice-presidents, Ethel Wheaton, Marie Hammersmith; secretary, Leona Nellis; treasurer, Louis Gode. The April meeting of DISTRICT 10 was held at the Nurses' Home, City Hospital. The speaker of the evening was Mrs. Joseph Gavit, President of the Albany Women's Club and Regional Director, State League of Women Voters, on The World Court. **Brooklyn.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE LONG ISLAND COLLEGE HOSPITAL was held on April 8 at the club house, and the following officers were elected: President, Bessie Donaldson; vice-presidents, Marion Harris, Hazel McKee; re-

cording secretary, Madge Nevins; corresponding secretary, Schleme Rosenblott; treasurer, Helen V. Kenney. ST. MARY'S HOSPITAL ALUMNAE, at their annual meeting, elected the following: President, Helen Warburton; vice-president, Agnes Farley; secretary, Mary A. Smith; treasurer, Mrs. Mary Baumann. **New York City.**—THE JANE A. DELANO POST 344 makes the following announcement: "Many ex-service nurses on their return to America after the signing of the Armistice and since that time, joined the Jane A. Delano Post 344, New York. During the first year and a half of the Post's existence, a referendum on the Bonus was taken at which time an overwhelming majority voted against a bonus, but just as overwhelming a majority voted that the sick, disabled and needy should receive more than the Government was at that time giving these unfortunate comrades whose service had rendered them unable to carry on their usual vocation. This is just what one would expect of a group of women who volunteered their service and whose profession makes them more sympathetically understanding. The foregoing explains the reason for the Jane A. Delano Post offering to serve any ex-service nurse who enlisted in New York State and who feels she is entitled to this help. \$10 for each month's service between the dates of April 6, 1917, and November 11, 1918, is available on application accompanied by a certified copy of honorable discharge. In offering to assist any nurse, we do so in fairness to those who believe in accepting the bonus as well as those who do not. The money has been appropriated by the State Legislature and any ex-service nurse who is sick or disabled on account of service is eligible to receive her share. However, there are many who do not wish to accept any part of this, but would wish it to go towards an organization active in the care of disabled and sick world war veterans. The outstanding organization is the Veterans' Mountain Camp, Inc., of the New York State American Legion, which was formally opened June, 1923, and which every Legionaire as well as those who are not Legionaires should liberally support. This seems the one opportunity for ex-service persons to show the public that they are really interested in the

care of their comrades. Any nurse who wishes to assign part or whole of her share to the Veterans' Mountain Camp may do so at the time of filing her application, as, under the provisions of the bill, such an assignment may be made by the applicant filling in the space arranged for just such a gift. In the name of Jane A. Delano, let the nurses of New York State show their sympathy for their less fortunate comrades and honor her name by liberally assigning part or whole of their bonus to the Camp for disabled war veterans. For further information address Mary Pattison, Adjutant Jane A. Delano Post, 149 West 12th Street, New York." **THE INDUSTRIAL NURSES' CLUB** met at the Metropolitan Life Insurance Building, March 11, and after a dinner and business, enjoyed a talk on Eye Hazards in Industry by Mrs. Winifred Hathaway, secretary of the National Committee for the Prevention of Blindness. **MOUNT SINAI HOSPITAL SCHOOL OF NURSING** graduated a class of 75 on March 20, exercises being held in Blumenthal Auditorium. Addresses were given by Prof. William Starr Myers of Princeton and by Irving Cobb. **NEW YORK HOSPITAL** held graduating exercises for a class of 22 in the Administration Building, March 12. Blanche Blackman has resigned her position as Superintendent of Nurses at Broad Street Hospital, and will assume the duties of Superintendent of Nurses at the Springfield Hospital, Springfield, Mass., June 1. Mrs. M. H. D. Hopkins, a graduate of the Roosevelt Hospital, has become associated with Messrs. Lehn & Fink, wholesale druggists. **Poughkeepsie.**—**THE VASSAR BROTHERS HOSPITAL ALUMNAE ASSOCIATION** held a regular meeting on April 2, at Nurses' Hall. The revision of by-laws presented by Inez Urquhart, chairman of the Revision Committee, was adopted. Miss Ehrenfeld of the American Nurses' Association gave an interesting talk on Opportunities for Nurses. **Rochester.**—**DR. CHRISTOPHER PARNALL** of the University of Michigan has been chosen to succeed Mary L. Keith as Superintendent of the Rochester General Hospital. Miss Keith will serve until July, her resignation having been presented last fall. **THE GENESEE VALLEY NURSES' ASSOCIATION** held a business meeting at the club house, March 25. Legislation was

discussed. A tea was given for the graduating classes of the District on April 27. **THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on January 8 and elected officers: President, Lucy M. Bayley; vice-presidents, Carlotta M. Herman, Olive Weld; secretary, Elizabeth Carter; treasurer, Katherine Schmitt. Mary F. Laird, class of 1909, has been appointed a member of the Board of Managers of the Hospital. The Alumnae Association gave a dinner at the Century Club on March 1st which was both a reunion of graduates and a farewell tribute to Miss Keith, Miss Jones and Miss Smith. A fitted suitcase was presented to each. **Syracuse.**—Mildred Redfield, class of 1919, Massachusetts General Hospital, has been appointed Assistant Superintendent of Nurses at the Hospital of the Good Shepherd.

North Carolina: **THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA** will hold an examination in Winston Salem, May 22, 23, 24, at the Robert E. Lee Hotel. Applicants may communicate with Dorothy Conyers, Secretary, Greensboro. **THE NORTH CAROLINA STATE NURSES' ASSOCIATION** will hold its annual meeting on May 27-29, at the Robert E. Lee Hotel, Winston Salem. **Asheville.**—District 1 held its March meeting at the Nurses' Home, Biltmore. Mrs. R. D. Bedinger gave a very interesting address about health conditions in the Belgian Congo, where she has been for a number of years in missionary work. The Senior classes of the various training schools in the district were invited guests. Miss Laxton and her assistants were hostesses at the social hour which followed.

Ohio: **THE NURSES' EXAMINING COMMITTEE OF THE OHIO STATE MEDICAL BOARD** will hold an examination June 9, 10 and 11. Applications must be submitted well in advance. Carolin V. McKee, Chief Examiner. **Lima.**—A new hospital is to be erected at a cost of \$600,000. Building will commence this summer. **Lorain.**—**THE PUBLIC HEALTH NURSES** of Lorain County have organized with the following officers,—President, Ruth Paddock; vice president, Ella McCarthy; secretary-treasurer, Julia Olsson. Meetings will be held monthly at which subjects of interest

to nurses engaged in any phase of public health will be presented and discussed. **Youngstown.**—Catherine DeLaney, (class of 1897, Williamsport Hospital, Williamsport, Pa.) has been appointed registrar of the Official Nurses' Directory, succeeding Miss Evans who served faithfully for four years.

Oregon: Grace Taylor of Salem has been appointed a member of the STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES to succeed Grace E. Phelps of Portland. The officers of the Board now are: President, Emily Sanders; secretary, Jane V. Doyle. **Portland.**—Mary A. Brownell, supervisor for tuberculosis work in the Visiting Nurse Association, has gone to New York to serve as second assistant director of the National Organization for Public Health Nursing. She is succeeded by Grace E. Quirk, (St. Mary's Hospital, Detroit,) who has been doing county nursing at Walla Walla, Wash. Stacia Walsh has recently returned from her child welfare work in Siberia.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations for applicants in southeastern Pennsylvania in May, June, October and November, 1924; in southwestern Pennsylvania in May, October and November, 1924; in northeastern Pennsylvania in June and October, 1924; and in northwestern Pennsylvania in June and October, 1924. **Allentown.**—THE ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held a meeting on April 7, when arrangements were made for the yearly reception to the graduating class which will follow the graduating exercises, some time during the last week in May. A homecoming for all graduates of the hospital and the college will be one of the features of commencement week. A special committee for this work was appointed with Elsie Whetstone, chairman. At the meeting to be held on May 5, the graduates of the last three classes,—1924, 1923 and 1922 will be guests. Changes in the by-laws were approved and prepared to submit to the State body for final approval. \$80 was contributed to the State Legislative fund. **Clearfield.**—THE CLEARFIELD ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home, April 3. Officers were elected and business completed for the

past year. **Columbia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL held a regular meeting in the Nurses' Home, April 8. Mrs. Frank, second vice president, presided. Miss Essig sent an interesting report of the annual meeting of District 1. Evelyn Kunkle has resigned as night supervisor, she is succeeded by Ruth B. Bottomley. **Harrisburg.**—THE ALUMNAE ASSOCIATION OF THE HARRISBURG HOSPITAL held its April meeting on the 22 in the lovely new nurses' home which the members hope will be an attraction for those who live out of town and will bring them all for the big time planned for commencement which will be the last of May. All should be ready to come on receiving her invitation. The class having the largest percentage present will hold the loving cup for 1924. Those at home are looking forward to having the others with them for the two big days and hope nothing will keep them away. They will welcome all graduates of the Hospital. **Johnstown.**—Ida F. Giles is Director of Nurses at the Conemaugh Valley Memorial Hospital. **Lebanon.**—THE GOOD SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held a meeting at the Nurses' Home, Hathaway Park, March 1. Two missionary nurses were present who spoke most interestingly on their work,—Mrs. Alice Daughterty Musselman of Africa and Mrs. Martha Peiffer Kauffman of China. A fine address was given by Dr. William M. Guilford, Dean of the Nurses' School. An informal reception to the visiting members followed. **Philadelphia.**—THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION has decided to add a technician's course and one in anesthesia to the Scholarship and Loan Fund; to place \$1,000 of that fund in the Savings Fund until a decision can be reached as to investment; to revise its by-laws. Seven members have been added since the first of the year. THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE PROTESTANT EPISCOPAL CHURCH, held its regular monthly meeting in the Nurses' Home, April 2. It was decided to have the Homecoming for the graduates of the School, May 23 and 24, following Commencement which is to be held May 22. THE NURSES ALUMNAE ASSOCIATION OF THE HOWARD HOSPITAL elected officers for the year as follows: President, Mrs. Emil C. Wagner,

(Carrie Price Wagner); vice president, Mrs. William Cassedy, (Jessie Lane Cassedy); secretary, Mrs. James M. Rose, (Mildred Reighard Rose); treasurer, Alice M. Woodward. \$52 was contributed to the Nurses' Relief Fund. Twelve new members were received during the year and one honorary member. The rummage sale in March was successful. A dance will be given May 5, at the New Century Club, for the Beneficial Fund. **Pittsburgh.**—KATHRYN JOYCE POST 509 at its March meeting voted to create a special fund in memory of all deceased members to be known as the Memorial School Medal Award Fund of Post 509. This fund is to be maintained by contributions and by ten per cent from the profits of all entertainments given by the Post. Medals will be purchased from year to year to be distributed to girls in the eighth grade of the public and parochial schools and the fund will also help those who wish to continue in high school work with a view to entering a school of nursing. At the April meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, arrangements were completed for a Homecoming Reunion of physicians and nurses of the hospital and a reception to be held at the William Penn Hotel, Pittsburgh, following the graduating exercises of the class of 1924, to be held at the First Presbyterian Church, May 15 at 8 p. m. All graduates are urged to make a special effort to be present. THE ALUMNAE OF THE MERCY HOSPITAL held a special meeting, March 27. Roger Flannery delivered a very interesting address on Organization to the members. The meeting was closed with a luncheon served by the Relief Committee. The name of the "Sick Committee was changed to "Relief Committee". Alumnae dues were raised to \$12 per year for resident members and \$9 for non-resident members. This amount is now due and payable in January of each year. For this amount you have the following: membership in your own Alumnae, in the Sixth district or the district in which you live, in the State Association, and in the National Association. A subscription to *The American Journal of Nursing* is also included. Each year, \$3 of the twelve will be placed in the Reserve Fund which will take the place of a Sick Fund. A special course in Parliamentary

Law and public speaking, under the supervision of the University of Pittsburgh, was finished April 7. The Annual Ball was held at the New University Club, April 25. The annual Reunion will be held May 12. The Alumnae will entertain the Graduating Class at a dance to be given May 13 at the Knights of Columbus Club House. Miss Gannon, parliamentarian, delivered six lectures, three each week at six o'clock for the night nurses and eight o'clock for the day nurses. The members of the Alumnae and the Senior nurses of the training school attended. Expenses were defrayed by the Association. **Reading.**—Graduates of the three hospitals,—Reading Hospital, St. Joseph's, and Reading Homeopathic, united in giving a roast beef supper. More than one thousand people were served. The proceeds will be used to defray expenses of entertaining the State Association which meets here in October. **Williamsport.**—DISTRICT 4 met on March 22 and heard a most interesting address by Margaret Dunlop, a member of the State Board on Registration and the Necessity for Re-registration.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at Pierre, Capitol Building, on June 3 and 4, 1924. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination. **Rapid City.**—DISTRICT ASSOCIATION No. 1 will hold its annual meeting in Rapid City, May 5. **Aberdeen.**—The annual meeting of DISTRICT ASSOCIATION No. 3 will be held in Aberdeen, May 13.

Tennessee: Chattanooga.—DISTRICT 4, at a recent meeting held at the Hamilton Club, heard a most interesting talk on Egypt by Dr. Sarah May White, who had herself witnessed part of the excavation done by Lord Carnarvon.

Texas: THE TEXAS STATE NURSES' ASSOCIATION will hold its annual meeting, June 11-13, in Dallas, at the Jefferson Hotel. It is hoped a large delegation will go from there to Detroit. AN INSTITUTE FOR NURSES was held under the auspices of the State League of Nursing Education at the University of Texas, Austin, February 4-9. Letters and programs were sent to public health nurses,

private duty and institutional nurses in all sections of the state. The Department of Publicity of the University gave valuable aid in publishing notices in the leading newspapers. As a result, about one hundred nurses, representing all branches of nursing were in attendance. The program was carried out as planned. Louise Dietrich, Educational Secretary, State Board of Nurse Examiners, gave a summary of her work in the field. Miss Dietrich stated several small schools of nursing were already considering affiliations with larger institutions and that one or two of the larger schools were planning to give post-graduate work along specialized lines. Clara May Parker, Adjunct Professor of the Art of Teaching of the University, discussed methods of teaching and questioning. Her two talks called forth a great deal of interest. The discussions brought forth by the lectures given by Dr. Caswell Ellis on Psychology and Dr. Max Handman on Sociology bore tribute to the fact that nurses are awakening to the importance of these studies as part of the preparation for nursing. Grace Grey, Dean of the School of Nursing, John Sealy Hospital, Galveston, read a most instructive paper on the teaching of Anatomy and Physiology. Miss Grey stressed the importance of these subjects as basic studies, a thorough consideration of which necessarily comes in the early part of the nurse's training. An interesting lesson on Personal Hygiene was taught to a group of student nurses by Elsie Maurer, Dean of the School of Nursing, Baylor Hospital, Dallas. Miss Maurer emphasized the fundamental importance of health as one of the most valuable assets to the nurse. Ardena Reber, Instructor of Practical Procedure, Baylor Hospital, Dallas, gave a practical demonstration of the application of heat. Other special features added to the general interest of the week. On one evening the Department of Visual Instruction contributed a program of films relating to nursing education. A reception at the Women's Faculty Club; a dinner at the Commons, the University Cafeteria; a scenic drive around Austin furnished pleasant diversions. A Nutrition and Health Institute, sponsored by the Division of Nutrition and Health of the University ran parallel with the Nurses' Institute dur-

ing the last three days of the week. As Dr. William Palmer Lucas of California and Professor C. E. Turner of the Massachusetts Institute of Technology were on the Nutrition and Health program, combined sessions were held in order that all might hear these speakers. Considering Texas as a state of magnificent distances it was very inspiring to realize that so many had traveled for this occasion. It was also very gratifying to note that of those present, so many represented small schools of nursing. In addition, private duty nurses, public health nurses and public school teachers were in attendance during the whole week, or for special sessions. When the small school of nursing is thinking in terms of providing better educational advantages for its students, we feel that the signs of the times are most hopeful. This Institute was the second of the kind attempted in Texas, the first having been held in Dallas about a year ago. Both have proved very worth while and plans for future institutes will be decided upon at the State meeting.

Utah: Salt Lake City.—ST. MARK'S ALUMNAE ASSOCIATION held its annual meeting at the Hospital on March 26, when the following officers were elected: President, M. Jacobshagen; secretary, E. Doherty; treasurer, Mrs. E. Young.

Vermont: THE BOARD OF REGISTRATION OF NURSES will hold state examinations at Montpelier, May 8 and 9. Mrs. Marion Allen, Secretary, St. Johnsbury. THE VERMONT STATE NURSES' ASSOCIATION will hold its annual meeting on May 20 at the New Sherwood Hotel, Burlington. State legislation and consideration of the draft of a proposed new law for the registration of nurses and attendants will be the principal business. Miss Ehrenfeldt of the American Nurses' Association Headquarters will be a speaker. A reception after the evening session will close the meeting.

Virginia: THE STATE ASSOCIATION OF NURSES will hold its annual meeting in Roanoke, at the Hotel Roanoke, May 27-29.

Washington: THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Spokane, June 10-12. **Wenatchee.**—Jeannette M. Sigerson, after

nine years of service as Superintendent of the Central Washington Deaconess Hospital, has resigned to take an extended rest. Lena Worthington, formerly at St. Luke's, Spokane, succeeds her.

Wisconsin: THE BOARD OF EXAMINERS OF THE STATE BOARD OF HEALTH will hold an examination for graduate nurses in Milwaukee and La Crosse May 27, 28 and 29. All applications must be in the office of the Bureau of Nursing Education not later than May 10. **Janesville.**—The March meeting of the SECOND DISTRICT was held at Mercy Hospital. Dr. A. Pleyte of the Wisconsin Anti-tuberculosis Association gave a very interesting paper on Tuberculosis. The District voted its share to the Legislative and Louvaine Library funds. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT held its meeting at the Wisconsin Nurses' Club, March 11. L. Schmidt of the Reel Silk Hosiery Mills gave an illustrated lecture. The St. Joseph's Alumnae were hostesses. The Intermediate class of Mount Sinai Hospital furnished amusement to its fellow students and friends by giving a circus performance last month. Nothing was lacking from toe dancing to red lemonade. The monthly meeting of the MOUNT SINAI ALUMNAE was held March 10. Helen Whipperman, Superintendent of the hospital, acted as hostess. **LaCrosse.**—Myra Kimball has resigned as Superintendent of Nurses at the LaCrosse Hospital on account of the illness of her mother; Stella Brakke, a graduate of the hospital, succeeds her. Juan Mutchman has resigned as Superintendent of the LaCrosse Lutheran Hospital; Edna Miller is acting superintendent. Esther Beach has been appointed superintendent of the Grand View Hospital. **Neenah.**—THE SIXTH DISTRICT, at its March meeting, enjoyed a talk by Dr. Frank Bowman of the State Board of Health on The Work of the Public Health Nurse. The Association has subscribed \$75 to the Nurses' Relief Fund. **Wausau.**—THE EIGHTH DISTRICT held its March meeting here with 21 in attendance. Two new members bring the enrollment to 39. The Association has affiliated with the District Federation of Women's Clubs. J. W. Coates spoke on the Business and Professional Woman's Club. It was decided to send \$1 per capita to the

Nurses' Relief Fund. Luncheon was served at the Hotel Wausau at one o'clock. Following it, an illustrated talk was given by Dr. Merritt Jones on Rehabilitation of the Maimed. W. W. Albers gave an account of his trip to the Orient.

Wyoming: Cheyenne.—THE MEMORIAL HOSPITAL has just completed a new nurses' home which is most attractive and convenient. The hospital and home are as up-to-date as any to be found in the east. The buildings are surrounded by fine trees and a wide lawn. The first class to graduate consists of five members. Exercises were held on April 10, at the Carnegie Library. The interest of the community was shown by the presence of the Governor of the State, the State Superintendent of Public Instruction, the President of the State Nurses' Association, a District Judge, ministers and doctors. Addresses were made by Mrs. Robert A. Morton, Mrs. Fred Phifer, and Judge Kennedy. The diplomas were presented by Rev. R. T. Caldwell and the pins by Katherine Matthews, Supervisor of Nurses.

MARRIAGES

Beatrice H. Burnell (class of 1918, Allentown Hospital, Allentown, Pa.), to Edward Russell, March 26. At home, Philadelphia.

Minnette Belle Butler (class of 1903, Maine General Hospital, Portland), to Norman Emery Seavey, March 17. At home, Dover, N. H.

Ruth Cook (class of 1918, King's Daughters' Hospital, Staunton, Va.), to J. L. Dowling, March 15. At home, Detroit, Mich.

Grace M. DeLude (class of 1922, St. Mary's Hospital, Detroit, Mich.), to Stanley Insley, M.D., March 3. At home, Detroit.

Martha E. Gelineau (class of 1922, St. Mary's Hospital, Detroit, Mich.), to Justin Bammel, February 27. At home, Detroit.

Florence Gerhart (Army School of Nursing), to Capt. Charles Mabbutt, March 15. At home, Reading, Pa.

Florence Elizabeth Gordon (class of 1918, Altoona Hospital, Altoona, Pa.), to Ernest Moffett Harman, Jr. At home, Los Angeles, Calif.

Olive Goseline (class of 1917, F. F.

Thompson Hospital, Canandaigua, N. Y.), to Lawrence Holcomb, March 22.

Edna Grabill (class of 1915, Germantown Dispensary and Hospital, Germantown, Pa.), to Edgar Gifford, March 15. At home, White-water, Wis.

Aldecca Hampton (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to Dan Congleton, April 1. At home, Charleston, W. Va.

Clara Idah Herbert (class of 1919, Pottsville Hospital, Pottsville, Pa.), to Adam Radzierich, March 12. At home, Minersville, Pa.

Helen F. Hill (class of 1919, Children's Mercy Hospital, Kansas City, Mo.), to Ernest McAllister, February 16. At home, Sweet Springs, Mo.

Marjorie Ferris Hill (class of 1918, Boston City Hospital, Boston), to Edward S. Cody, March 22. At home, Chicago.

Rose Israel (class of 1920, Grace Hospital, Detroit, Mich.), to Harry Latt, February 10. At home, Detroit.

Fern Judge (class of 1917, Lakeview Hospital, Danville, Ill.), to Harry Sheridan, March 4. At home, Atlanta, Ga.

Kathleen Kiggins (House of Mercy Hospital, Pittsfield, Mass.), to Robert Coughlin, February 25. At home, Brooklyn, N. Y.

Evelyn Kunkle (class of 1922, Columbia Hospital, Columbia, Pa.), to Robert Wagner. At home, Columbia.

Ellen H. Lees (class of 1917, Presbyterian Hospital, Pittsburgh), to Herbert M. Stahlnecker, February 20. At home, Philadelphia.

Harriet Hoyt McClosky (class of 1922, Clearfield Hospital, Clearfield, Pa.), to Harry G. Shaffer, February 20. At home, Grampian, Pa.

Irene McGough (class of 1921, Altoona Hospital, Altoona, Pa.), to Max L. Yahner, February 19. At home, Ebensburg, Pa.

Adele Lorraine Martyne (class of 1914, Hahnemann Hospital, Philadelphia), to Frank Spellman, February 29. At home, Elmira, N. Y.

Mary Elizabeth Memmert (class of 1917, Germantown Dispensary and Hospital, Philadelphia) to William C. Jones, March 17. At home, Ashland, Va.

Anna C. Raven (class of 1918, Philadel-

phia General Hospital, Philadelphia, Pa.), to William L. Luetzel, February 16.

Lillian M. Reese (class of 1917, Suburban General Hospital, Bellevue, Pa.), to William Ulrich, in February. At home, Detroit, Mich.

Rena Rowland (class of 1920, Erlanger Hospital, Chattanooga, Tenn.), to B. I. Jacobs, M.D., April 12. At home, Chattanooga.

Margaret W. Scott (class of 1911, Germantown Dispensary and Hospital, Philadelphia), to William K. Elderton, February 27. At home, Mt. Airy, Philadelphia.

Blanche E. Sharer (class of 1921, Army School of Nursing, Washington, D. C.), to Arno von Koenneritz, March 20. At home, Princeton, Ill.

Carrie Shoemaker (class of 1908, Methodist Hospital, Philadelphia), to Frank S. Henneberger, March 4. At home, Greencastle, Pa.

Elizabeth F. Swartz (class of 1920, Woman's Hospital, Philadelphia), to Andrew White, April 9. At home, Boston, Mass.

Elise Walters (class of 1919, Erlanger Hospital, Chattanooga, Tenn.), to Branwell Stevens, M.D., April 6. At home, El Paso, Texas.

Cornelia Wilbanks (class of 1923, Georgia Baptist Hospital, Atlanta), to Colonel J. C. Reeves, April 3. At home, Cave Springs, Ga.

Lockie Wilson (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to J. A. Moffitt, M.D., April 2. At home, Chattanooga.

DEATHS

Mary Wolf Baker (class of 1923, Clearfield Hospital, Clearfield, Pa.), on March 4, at the Harrisburg General Hospital, Harrisburg, where she was Superintendent of the Maternity Ward. Miss Baker's death was due to a streptococcus infection of the throat.

Miss Bassett (class of 1886, Boston City Hospital, Boston, Mass.), in February. Miss Bassett suffered from an increasing blindness. Burial was at Mount Hope Cemetery.

Pauline Engleman (class of 1900, St. Louis Baptist Hospital, St. Louis, Mo.), December 21, 1923, at her home in St. Louis, after an illness of several months. Miss Engleman did private duty and as such was a faithful and conscientious worker. She had

many friends in the profession. Burial was at St. Louis.

Mrs. Emma Powers Fenlon (class of 1891, Rochester General Hospital, Rochester, N. Y.), recently, at Waukesha, Wis., of carcinoma of the stomach.

Mary A. Gately, on February 3, at the age of ninety. Miss Gately was Sister Catherine, of the order of The Sisters of Charity. She was, perhaps, the oldest Civil War nurse. In 1923 it was said there were but five Civil War nurses living.

Edna Lorie (class of 1910, Mount Sinai Hospital, New York), at Biltmore, N. C., February 13, of pneumonia.

Edna Pfeifer (class of 1909, College of Nursing, University of Texas, John Sealy Hospital, Galveston), on April 9, after a long and painful illness. Miss Pfeifer was a woman of high principles with mentality above the average and her associates feel that the Alumnae and the nursing profession have suffered the loss of one of their most valuable members.

Ruth Helen Reed (class of 1914, St. Louis Baptist Hospital, St. Louis, Mo.), on January 5, at the Deaconess Hospital, St. Louis, after an illness of one week. Miss Reed entered Army Service in the early days of the World War and was in service until the time of her death. Burial was at Alton, Illinois, with full military honors. Alton Legion furnished the Firing Squad and Legionnaires acted as bearers.

Della Christine Soll (class of 1917, Lakeside Hospital, Chicago, Ill.), on January 25, at her home near Tipton, Iowa. Following her graduation Miss Soll was Superintendent

of Nurses at Lakeside Hospital for two years. To her students she symbolized the best of professional ability and sincerity. All who were trained under her supervision carried away a true picture of all that a nurse should be. Failing health obliged her to seek rest. After regaining her health she took up private duty nursing in her home community, which she followed as long as her health permitted. In character, and in the service she rendered, she represented one of the finest flowers of the nursing profession. She was beloved by all her patients and will be greatly missed. She was patient through her long illness and met death calmly.

Mrs. Alicia Radcliffe Stebbins (class of 1897, Hospital of the Good Shepherd, Syracuse, N. Y.), recently, of a duodenal ulcer, at St. Petersburg, Fla. Burial was at Clayton, N. Y.

Mary Belle Struble (class of 1891, Woman's Hospital, Philadelphia), suddenly, on March 21. For several years Miss Struble was engaged in private duty nursing in Philadelphia and Washington and held the positions of Superintendent of Nurses, George Washington University Hospital, Washington, and Superintendent of the Hebrew Hospital, Baltimore. Three years ago she was assigned to field duty under the U. S. Veterans' Bureau and held this position until failing health caused her to resign last May. The profession has suffered the loss of a faithful member.

Effie Wallen (class of 1925, Good Samaritan Hospital, Lexington, Ky.), on February 13, after an illness of three weeks caused by tubercular cerebro-spinal meningitis. Burial was at her home, Hindman, Ky.

"Look back on time with kindly eyes,
He doubtless did his best;
How softly sinks his trembling sun
In human nature's west."

—Emily Dickinson.

BOOK REVIEWS

MENTAL HYGIENE AND THE PUBLIC HEALTH NURSE. By V. May MacDonald, R.N. 76 pages. J. B. Lippincott Company, Philadelphia. Price, \$1.50.

Mental hygiene has found a clear and vivid interpreter, and public health nurses a most helpful guide, in Miss MacDonald's concise book. It deals with practical suggestions for eradicating "the unfounded distinction between mind and body," which has so long hampered the development of mental hygiene. In order that this alliance be thoroughly understood, a plea is made for special study in the advancement of psychiatry.

That the public health nurse acts as the agent and educator between the laboratory and the community where this vast problem is causing such a heavy toll in human happiness and material resources is the keynote of the book. Into the community where prejudice, blindness and self-deception make it difficult to secure the best results from the discoveries already made, the public health nurse is urged to bring the scientific and hopeful attitude of mental disease. The close link between the success of general public health work and the development of mental hygiene is stressed, and necessity for its inclusion in public health programs is made apparent.

The second part of the book deals with the constructive side of this problem: "Mental Health and the Public Health Nurse." Many instances are given showing how mental health may be promoted and mental disorders prevented. This valuable information to-

gether with the recommended readings at the end of each chapter will help public health nurses to use the great opportunities they have in caring for those in need of mental and physical health.

This book should stimulate many toward further study so that there may be more nurses specializing in this field.

NAOMI DEUTSCH, R.N.,
New York.

MEDICINE FOR NURSES. By George H. Hoxie, M.D. 411 pages. Illustrated. 1923. W. B. Saunders Co., Philadelphia. Cloth, \$2.50 net.

The content of this book consists of two divisions, Part I and Part II.

Part I contains twenty-one chapters on Communicable Diseases, and Part II contains fifteen chapters on Organic Diseases, which embodies a variety of subjects dealing with constitutional and nervous disorders.

In Part I, the author aims to inform the student nurse of the origin of Communicable Diseases and emphasizes the means of preventing them. The best feature of the first part is the arrangement of the subject matter, in which the author has discussed a variety of Communicable Diseases in the light of the modern theory of contact infection. Each subject is treated concisely, giving the mode of infection and a short outline of treatment, a great deal of emphasis is placed on prophylaxis. For this reason the book has value as a reference book for nurses, and will prove a helpful adjunct to their lectures on Communicable Diseases and Community Hygiene.

Part II touches every variety of disease, including constitutional, and nervous and mental disorders.

The author apparently aims to bring to the student the whole scope of disease with its far reaching effects.

The subject material, obviously, is much condensed, and in this as well as in the first part, the emphasis is placed on prophylaxis, and touching such a wide scope of disease only the salient points of each disease are touched upon.

ELIZABETH F. MILLER, R.N.,
Philadelphia, Pa.

OUTLINES OF NURSING HISTORY. By Minnie Goodnow, R.N. Third edition, reset. 420 pages, 114 illustrations. W. B. Saunders Co., Philadelphia. 1923. Price, \$3 net.

Since the first edition of this book in 1916, fifty pages have been added which bring the account of nursing conditions in different countries more up to date. There are 29 additional illustrations. It is true that many of them have no importance as nursing history, but they do serve to increase interest and make a connecting link between the past and present.

There are the same number of chapters, twenty-one, the first thirteen of which are identical in name and content. Chapter XIV, Nursing in Canada, is new as a chapter. It collects the facts of Canadian nursing history scattered through the first volume, and adds a very good summary of the part played by the Canadian nurses in war. Chapter XIX, in the first edition, "Nursing in the Recent European War," has become Chapter XX in the third, and is now entitled, "Nursing in the World War." This has been entirely rewritten

and as is stated in the opening paragraph, confines itself to a statement of the main facts.

When one is thinking of a book to be used for pupil nurses, or others unlearned in the history of our profession, there are three points which must be considered: first, is it accurate? second, will it stimulate the reader to desire further knowledge, and third, will it show ideals which sometimes in the stress of modern living, are almost obscured to the eager young followers of our pioneers?

In our endeavor to answer the first point, comparison is naturally made with our standard History of Nursing by Nutting and Dock. There are various discrepancies, some of which can be attributed to difference in space to be found between an exhaustive four volume study, and a book purporting to be merely an outline. Others perhaps are because of difference in background and point of view of the writers. An example of this is the two accounts of the school of LaSource at Lausanne, Switzerland.

There are other statements which are so different that the seeker after truth wishes for more detail than is given in the Outlines. In Chapter II the Knights Templars are spoken of as a nursing order during the Crusades, whereas the larger volume in Volume I, page 188 says: "They were originally formed for the sole purpose of guiding and guarding pilgrims through mountain passes and other dangerous places on the way to and from Jerusalem. They were never a nursing order." In the Outlines, the statement is made in regard to the history of the American Nurses' Association, that the idea

originated with Mrs. Annette Sumner Rose, then editor of *The Trained Nurse*. The credit of the founding of our national body as it stands today is generally given to Mrs. Isabel Hampton Robb. It would seem as if more should be given to support a statement which differs so much from what is usually taught. It is true that Mrs. Rose was first to publish her idea of a national organization in *The Trained Nurse*, but this was not acted upon. Miss Hampton had dreams of the joining of all the alumnae throughout the country, and when the time was ripe, action followed along the lines she suggested. In the history of Visiting Nursing, on page 190, the Metropolitan Life Insurance Company is credited with originating the idea of establishing a visiting nurse service among its policy holders. Nutting and Dock in Volume III, page 224, say that Miss Wald made the suggestion to Dr. Frankel of the Metropolitan Life Insurance Company. While these instances are not very large divergences in themselves, they may be used as examples of seeming inaccuracies here and there which may account for the distrust of the first volume by some of our teachers.

The pupil nurse is not qualified to judge concerning this first point considered, but is able to express herself in regard to the second. The book is well arranged so that it is easy to find material in a very definite form in a short time. The summaries at the end of each chapter help largely in this. There are interesting bits of information sandwiched in which make it a history of real people, not very unlike ourselves. This, with 117 illustrations,

furnish interest and make a good beginning from which deeper projects can be developed. The account of nursing conditions in South America is particularly good.

The ideal which one gets from reading its pages is really the important thing in a text-book for pupils. However much this book may differ in some facts, the importance of human service is everywhere emphasized. It is dedicated to the Nurses of America. It has the Nightingale Pledge at the beginning, which is a good thing for the student nurse to be thinking of, even before her graduation. It has a good Foreword. One of the touches which is pleasing is the inclusion of the entire poem, Santa Filomena, from which the reference to Florence Nightingale as "The Lady with the Lamp," which is frequently made, is taken.

The book is what it states in its title, *Outlines of Nursing History*, and as such, there is a place for it among our school books.

SUSIE A. WATSON, R.N.,
Rochester, N. Y.

LECTURES ON ENDOCRINOLOGY. By Walter Timme, M.D. 123 pages, 27 illustrations. Paul B. Hoeber, Inc., New York. Price, \$1.50.

This little book is a reprint of the article, "Clinical Endocrinology," which appeared in the *Neurological Bulletin* in 1924. It is published in response to a continued demand. The chapters including the Thymus, the Pineal, the Thyroid, the Suprarenal, the Pituitary, and the Gonads, are simply written in interesting fashion, but the book is intended primarily for physicians.

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METROPOLITAN HOSPITAL SCHOOL OF NURSING ORCHESTRA, WELFARE ISLAND, NEW YORK CITY

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

JUNE, 1924

No. 9

THE NURSING OF RHEUMATISM

BY CARRIE A. BENHAM, A.B., R.N.

THERE is a general tendency at the present to classify as "rheumatism" any condition which is characterized by swollen and painful joints. This classification is erroneous. The term "rheumatism" correctly applied has reference, not to a disease, but to the symptom,—painful and inflamed joints, which is the essential characteristic of the group of diseases known as arthritis. Arthritis exists in varied and numerous forms, of which only the most common will be considered in this paper; namely, gonorrheal arthritis, chronic arthritis and acute rheumatic fever.

GONORRHEAL ARTHRITIS

In gonorrheal arthritis, we are often able to demonstrate the exciting cause, the gonococcus. There are two or three types of the disease, each owing its classification to the prominence of certain symptoms, all or most of which are present in all cases.

Arthritis occurring coincident with an acute or subacute urethritis, or following an exacerbation of a chronic ureth-

ritis, presents a typical group of symptoms. The primary infection may be a urethritis, vaginitis or ophthalmia, or the more chronic infections such as that of the prostate, the seminal vesicles or the female genitalia.

IT is highly desirable that the nurse caring for diseases of the joints should know their various manifestations and possibilities. It goes without saying that she must know how to secure her patient's comfort, immediate as well as that of the future.

A painful joint is the symptom noticed first; this attacks one or more joints at a time, usually the larger ones, as the knee, the hip, the ankle, the shoulder or wrist. It is a curious fact that the knee is most often affected in men, and the wrist in women.

The pain is of an excruciating nature. The joint soon becomes red, hot and swollen. A fever of the intermittent type occurs. In the mild cases the synovial membrane is congested, accompanied by a slightly cloudy exudate; the cartilage and peri-articular tissues are usually involved, but no bony changes occur. All these symptoms are more pronounced in the severer forms of the disease. The synovial membrane presents a hemorrhagic appearance, with a purulent or hemorrhagic exudate. The cartilage may become eroded, and bony changes take

place, causing more or less deformity. The periarticular tissues are inflamed and red; edema often occurs; necrosis frequently is seen. Operative measures are often necessary in treatment.

Gonorrheal arthritis runs a fairly definite course. If but one joint is attacked, recovery takes place in a few weeks. If multiple arthritis is present, the time of recovery is longer and there is a liability of some joint healing with more or less ankylosis and deformity, although complete recovery is the rule.

When this condition is being treated, the removal of the primary focus of infection is paramount. This is given the usual treatment for the condition in question.

The painful joint, the fever and attending malaise have already forced the patient to bed. He should have a large amount of water, and a soft, easily digested diet. Much attention should be paid to all channels of elimination during this stage of the disease.

Immobilization of the inflamed joint is indicated. However, too rigid immobilization will favor ankylosis; so, as soon as possible, massage and passive motion should be begun. The joint is frequently aspirated to remove the exudate. When there is a purulent localization in the periarticular tissues, incision and the establishment of free drainage are required.

There is much doubt as to the value of drugs in the treatment of gonorrheal arthritis. Salicylates are seldom of any use. Certain compounds of mercury and silver have been tried with more or less success.

CHRONIC ARTHRITIS

Chronic arthritis exists in several forms; all will be considered under this

one heading, as the exciting cause, symptoms, course of the disease and treatment of all are very much the same.

Exposure to cold and wet usually precipitates the attack. Chronic arthritis is a secondary infection, the teeth with pyorrhea pockets and abscesses, the tonsils and the accessory sinuses being the most common foci. The periarticular structures are affected in most cases; the cartilages and bones undergo definite changes, sometimes of an atrophic nature, sometimes hypertrophic. The atrophic type is more frequent in young people, while the hypertrophic type assails older people. Under ordinary conditions older people are much more subject to this affliction.

Pain in the joints and limitation of motion are the outstanding symptoms. The joints become swollen, red and hot. As the condition becomes chronic, bony changes and destruction of cartilage take place, followed by subluxations and deformities. This may lead to ankylosis, two types of which occur: the proliferative type in which there is bony growth and union, and the degenerative type in which "spine formation" prevents motion. The periarticular tissues suffer changes also that produce pain on moving. Either fibrosis or muscular atrophy from disuse may be seen.

The treatment of these forms of arthritis conforms closely to that of other joint diseases. The removal of the cause is of primary importance. Tonsillectomy often affords much relief and final cure. The extraction of the teeth is advocated more in this form of arthritis than in others. Less satisfaction has been had when the focus was known to be the accessory sinuses. The usual methods to relieve pain are used. The analgesic

effects of the salicylates is undisputed; large doses are given over a short period during the acute attack, or smaller doses, once or twice daily, at intervals of a day or two, over a longer period of time. Potassium iodide probably produces an acceleration in metabolism, which proves beneficial. Arsenic is given as Fowler's solution or sodium cacodylate with considerable success. Foreign protein has been tried out quite satisfactorily in many cases, typhoid vaccine being the one most frequently used. Subcutaneous injections of milk bring about much the same reaction.

Benefit has been noticed following widespread exposure for x-ray photography; however, x-ray treatments are unsatisfactory because of the difficulty in regulating the dosage. Radium has not been used for the same reason.

Local and external methods of treating chronic arthritis have been the subject of much discussion. Heat is applied by dry baking and hydrotherapy. The whole or a part of the body is exposed, for a short length of time, daily or every other day, over a period of weeks. Increased metabolism follows the exposure to the electric bath, the blood supply of the part is increased, promoting oxidation. Sweating is produced by both methods, although it is not certain that perspiration in itself is beneficial.

Massage, when properly applied, is of great benefit in treating chronic arthritis. It has two functions: "to induce an increased blood supply to the affected part and so accelerate the metabolism, and to replace and augment the effects of exercise in wasted muscles or those which are kept at enforced rest."¹ Un-

less skillfully done, massage can produce more harm than good. It is necessary to know whether the pain and limitation of motion are due to the arthritis or to contractures and deformities that have been produced. Massage restores health and muscle tone; passive motion serves to increase the range of motion. But most important is active motion which must be instituted gradually and persistently. There are various methods and appliances for encouraging developmental exercises.

Many institutions are well equipped for giving treatments by the electric current. The use of the current to induce contractions of the muscles produces undisputed benefit. When the current is used to increase local temperature, the benefit is in direct proportion to the rise in temperature that is induced by an alteration of metabolism.

Change of climate produces a very satisfactory effect upon the chronic cases of arthritis, especially if the patient goes to a dry climate of an altitude of about 2000 to 4000 feet above sea level. After spending several weeks in this climate, improvement continues, in many cases, even after the return home.

ACUTE RHEUMATIC FEVER

Acute rheumatic fever is more prevalent than is generally supposed. The seriousness of its sequelae makes it a disease deserving the careful attention of all doctors and nurses.

Acute rheumatic fever has been defined by Dr. Swift as "a disease of undetermined etiology characterized by the febrile state, by migratory inflammation of the structures covered by serous membranes, by a peculiar inflammation of the pericardium, and finally, by the

¹ Dr. Ralph Pemberton.

tendency for the febrile symptoms and arthritis to disappear following adequate doses of salicylates."

Occurring in temperate and sub-tropic zones, acute rheumatic fever attacks all races, but the number of cases among the whites greatly exceeds that among negroes. It seems to be about the same between the sexes, although chorea, an attending condition, is more frequent among females. One of the most important features of the disease is that it is found almost exclusively among young people, seldom occurring before the fifth year nor after the fortieth.

There is a slight difference in the relation to the season and locality. In the United States the spring months present more cases of the disease, while the early fall months seem the time of greater prevalence in Great Britain. The old idea of cold and wet causing rheumatism seems to be contrary to fact in this condition, as is shown by the records of the soldiers in the World War. Very few cases of acute rheumatic fever developed among them, although there was abundant exposure to cold and wet. Statistics show that it is more frequent in years when the rainfall is lowest.

There seems to be some significance to the fact that several cases of acute rheumatic fever may occur in the same house in the course of a few years. Heredity also plays an important role, at least in producing a predisposition for the disease. Several cases in the same family have been observed.

The symptoms of acute rheumatic fever are often overlooked until the disease is well established. Quite often its onset is insidious, the patient becoming anemic and irritable, there is a loss of appetite and weight and an increasing

lack of energy. Nervousness, even to the extent of chorea, comes on. Headache, epigastric pains, frequent sore throat and fleeting pains in the joints occur. The temperature is slightly elevated. Beginning heart disease may be found at this early stage of the condition.

An exposure may precipitate an acute onset. There has been some question as to whether the sore throat is a predisposing cause or an early symptom of the disease; the latter view is gaining preference. Malaise and fever attend the condition, the temperature often rising as high as 102° F. The patient is usually prostrated, and seeks his bed. The pain in the joints may be the most prominent symptom; again, precordial pain or chorea may be the outstanding manifestations. The joints become swollen and tender, a rash sometimes appearing over the articulations most affected. The inflammation is of a migratory nature, passing from joint to joint, as from knee to ankle, or from shoulder to elbow, to wrist and then to the smaller joints of the hand. Subcutaneous nodules are characteristic features of the disease, especially among children.

During the febrile stage there is much sweating, often necessitating frequent changes of the bedclothes. Thirst and constipation result with an attendant loss of appetite. The urine is scant, highly and strongly acid. The mind remains clear and acute. There is considerable anxiety, the patient dreading the approach of anyone near the bed, fearing an increase of pain if the bed should be touched or jarred. Insomnia, due to excessive pain, is common.

Acute rheumatic fever runs no definite course; this is especially true in children. Some cases never reach an acute stage,

but never subside; one manifestation after another presents itself. The severer symptoms usually disappear by the end of the third week. However, the tendency to recrudescence must always be kept in mind. The cardiac complications are quite apt to be late in appearance; children seldom escape them. Fatalities are due to acute heart disease or hyperpyrexia; the latter is rather rare.

The most serious, and probably most frequent complication of acute rheumatic fever is heart disease. This may be an endocarditis, a pericarditis, a myocarditis, or the entire heart may become involved. Sometimes the attack is rapid and severe, great damage to the heart resulting in a very short time; sometimes it is a gradual progress toward a serious condition. Then, again, it may be of a fleeting nature, leaving no permanent mark. Acute dilatation is often noted both in children and adults.

Since an early recognition is most essential in the treatment of heart disease, a shortness of breath on exertion and weakness should cause anxiety to those attending the patient.

Heart disease when once established shows many manifestations. In endocarditis, single or multiple valves may be attacked. In the subacute type, the inflammation may lead to fibrosis and contraction, resulting in stenosis; mitral stenosis is often associated with chorea. Malignant endocarditis may follow acute rheumatic fever, although it is rare.

Pericarditis is the most serious form of heart disease following acute rheumatic fever, with the exception of malignant endocarditis. It is more frequent in children, occurring at any time, though quite often in the first week. It

may be accompanied by a severe type of infection involving the myocardium. The usual symptoms, rise in temperature, precordial pain, a rapid pulse of low tension and dyspnea occur. Occasionally there is delirium. Adults suffer much more distress than children. The first attack seldom proves fatal, but due to its frequent recurrence, death following rheumatic fever is often caused by pericarditis.

The arthritis of rheumatic fever is probably the most prominent symptom, especially in adults where it is often looked upon as the disease itself. The fact that it may attack several or just one joint makes it difficult to distinguish from forms of chronic arthritis. Great pain accompanies the inflammation; the tendons are often involved. There may be but little exudate or much. Adhesions may form, causing more or less deformity.

The manifestations of acute rheumatic fever as it affects the central nervous system are also very important. Chorea is the most common form in which it is seen; however, all chorea need not be rheumatic. It, too, is most prevalent in childhood.

Tonsillitis is an associate with this disease, as is pleurisy. But there seems to be no relation between the frequency or severity of the sore throat and the rheumatic attacks. The throat undoubtedly is a channel of infection, and must be ever kept in mind. Pleurisy often accompanies pericarditis, presenting its usual symptoms, pain in the chest which is increased upon deep breathing, shallow and rapid respirations, and a rise in temperature. There is frequently a turbid exudate, although aspiration is seldom necessary. Pleurisy is held to

be the second most common complication of acute rheumatic fever.

Having such frequent and such serious sequelae, acute rheumatic fever offers a rather unhappy prognosis. The earlier the attack the more serious it is. Its tendency to recur, or merely to subside temporarily, makes it unsatisfactory for treatment. The patients usually live for quite a while, often in a chronic or semi-invalid state, until finally an aggravation of the heart disease proves fatal. If the heart is not damaged, recovery takes place.

In the definition quoted at the beginning of this discussion, "the tendency for the arthritis to disappear following adequate doses of salicylates" suggests the chief drug used in treating the disease. This is given in rather large doses, as much as two or three hundred grains of sodium salicylate being given daily. The fever and sweating subside, and the swollen and painful joints soon return to normal. However, the salicylates do not prevent heart disease.

The avenues of elimination should be freely cleansed at the beginning. Fluid diet, mainly non-nitrogenous, should be given during the febrile stage. Gargles for the sore throat give much comfort. Local applications to the rheumatic joints are of more or less value; oil of wintergreen or belladonna and opium liniments are used. Then the joint is wrapped in cotton and immobilized. Dry heat, especially radiant heat, is valuable. As soon as the pain disappears light massage and passive motion are begun. Hydropathic treatment for the stimulation of the joints is beneficial.

There is much discussion of tonsillectomy and the extraction of teeth and their relation to rheumatic fever. The

consensus of opinion today is that infected tonsils or those subject to frequent inflammation should be removed in order to give the body an opportunity to raise its resistance. The wholesale extraction of teeth, however, is under serious study. Those which are known to have apical abscesses should be extracted; but it seems more harmful to reduce the patient to the inconvenience of using artificial teeth, and the accompanying faulty mastication, than to allow the teeth to remain. If the accessory sinuses are known to be a focus of infection, the general health and bodily resistance will improve upon their being cleared up. However, it is not held that either of these procedures will prevent a future attack of acute rheumatic fever.

NURSING CARE OF ARTHRITIS AND RHEUMATIC FEVER

It is highly desirable that the nurse caring for diseases of the joints should know their various manifestations, and possibilities. It goes without saying that she must know how to secure her patient's immediate comfort, as well as that of the future.

During the acute febrile stage of either type of arthritis the nursing care is much the same. The patient should be placed in a light, well ventilated room that is free from drafts. The patient suffering from profuse sweating, as in acute rheumatic fever, should be clothed in flannel; these should be made so that they can be removed and replaced with as little discomfort as possible. Blankets should be used instead of sheets because they absorb the moisture and prevent chilling better than muslin does. Frequent baths give comfort and prevent the maceration

of the skin and bedsores that may accompany the sweating.

A cradle may be used to keep the bedclothes from pressing on the painful joints. The patient assumes the most comfortable position possible, it being that of slight flexion. Pillows and cotton pads are arranged to maintain this position. Much skill can be exercised in doing this so that applications can be made with the least disturbance. Padded splints are used in some cases with much satisfaction.

The forcing of fluids is indicated during this stage, to increase elimination, and to replace the body-fluid that is lost. Lemonade, vichy, fruit-juices, barley-water, etc. may be given. As the acute stage of the disease wears away, a soft, nourishing diet is best.

Heat is applied in many ways, both during the acute stage and as chronicity develops. Wrapping the part in cotton or flannel is one way. Thermal light rays and the ultra-violet rays are used. Hot fomentations also give much relief to the painful joint. Lotions and counter-irritants are frequently applied, such as belladonna and opium lotions, or methyl salicylate as a rubefacient.

The nurse should know the action of the salicylates when using them in the large doses usually employed in rheumatic fever. Sodium bicarbonate is given with sodium salicylate to neutralize the acids, to prevent gastric symptoms and acidosis. If given in milk, or the curd of peptonized milk, less gastric distress will result. It is also given per rectum, in a starch enema, without irritating effects. By these methods as much as two hundred grains can be given daily. As soon as the arthritic

symptoms begin to subside, the dosage is gradually decreased and finally discontinued. The symptoms of an overdose of salicylates are ringing of the ears, nausea and vomiting, nervousness even to a wild delirium; the medication should be withdrawn immediately upon the appearance of any of these symptoms. As they disappear, the medication can be started again in smaller doses that will be tolerated.

The patient suffering from acute rheumatic fever should remain in bed for a week or more after all temperature and pains have disappeared, keeping in mind the possibility of a late manifestation of heart disease.

In other forms of arthritis, much the same theory of nursing is applied. The use of massage and passive motion, of baking and hydrotherapy, will be more intensive because of the greater possibility of ankylosis and permanent deformity.

Parents, and teachers of children who are predisposed or subject to acute rheumatic fever should be taught the seriousness of the condition. These children should wear woolen or silk-and-wool garments next to the skin. They should not be pressed at school, and a mid-day rest period should be provided. If there is a tendency toward tonsillitis, the throat should be treated and tonsillectomy done. Change of house, if unsuitable, should be suggested; better still is a change of climate, if possible. By these means the child's health and resistance can be kept as near the maximum as is possible. The responsibility of enlisting the coöperation of the parent and teacher falls upon the private duty nurse and the school nurse.

A PRACTICAL COMB AND BRUSH TRAY

By HESTER K. FREDERICK, R.N.



This shows the tray hung on the inside of the table, which opens toward the patient when in use.

THE matter of individual equipment for patients in a large public ward is a problem which is often difficult to solve, for space is necessarily limited and the nurse in her busy round of work has very little time to carry articles back and forth from the bedside to a central cupboard outside the ward where such equipment might be kept. A simple method of keeping the patients' toilet articles separate has been adopted and carried out so successfully for the past two years at the Johns Hopkins Hospital that the plan might be of benefit

to others who are confronted with such problems.

The accompanying photograph gives an illustration of a white enamelled comb and brush tray which has been made to hang inside each patient's bedside table. The tray is $4\frac{1}{4}$ inches wide by $10\frac{1}{2}$ inches long, and $1\frac{1}{2}$ inches deep. In this tray are placed an aluminum soap dish, a comb, a small tin box of tooth paste, and a tooth brush which is supplied to every new patient who fails to bring one when he enters the ward.

The tray is cared for at the time of the daily dusting, and when the patient is discharged, it is cleansed, the comb soaked in bichloride 1-1000 for a half-hour, and the tray is again equipped for the new patient.

For the morning bath and again at night in the preparation of the evening toilet, a small nurse's basket is carried from bed to bed, containing the other articles which do not come into such intimate contact with the patient. In this basket, which is lined with oilcloth, are kept a bottle of 35 per cent alcohol, a

bottle of listerine, a can of talcum powder, a nail brush, some gauze squares, several small paper bags for waste, a whisk broom, and a small glass cup containing safety pins, rubber bands and tooth-pick swabs. The basket is covered with a piece of rubber sheeting 18 by 22 inches which is used during the bath under the towel to prevent dampening the bedclothes. The nurse's basket is given daily care. In cases of isolation, alcohol and powder are kept in the bedside table and the basket is not used for such patients.

PLANNING STUDENTS' VACATIONS

BY MARY S. POWER, R.N.

IN most schools of nursing vacations are granted at two seasons of the year. One of these seasons is drawing near. The plan below has proved satisfactory to students and administration in one school and may serve to help others.

Suppose a school where seventy students are entitled each to a two weeks' vacation. Classes end, we'll presume, May 9th and commence August 15th. This leaves fourteen weeks for vacation time, or seven rounds of vacation. As the work of the hospital must continue as usual, only a reasonable number can be away at any given time, and this allows ten students to go as ten are returning.

Below are shown the notices regarding vacations as they are placed on the bulletin board. Note that the first notice is posted about ten weeks before vacation actually occurs and remains up for three weeks. This gives the student ample time to consult with her family.

At the end of three weeks—Notice No. 1 may have thirteen names listed under dates July 4-July 17 and only seven under May 9-May 22. Whenever one set of dates has been more popular than another, as here, the youngest students in the school of that group are called and are asked to consult together and choose the available places which remain. I have always found that by putting the situation up to them, they adjust it agreeably among themselves and let us know their decision later.

After all adjustments have been made, the final notice is posted about April 1st. This gives the student a little over four weeks, before even the first vacation starts, in which to make any travelling or other arrangements necessary.

Notice Number 1. March 1, 19—. Students entitled to two weeks' vacation are listed below:

(Here appear the seventy names)

Vacations extend from May 8th through

August 14th and the total time has been divided into two-week sections. As only ten students can have vacation at once, will you place your name under the dates you wish and as nearly as possible the time will be granted. If there are more than ten students wishing any particular time, the preference will be given according to seniority. Dates are inclusive.

May 9-22		May 23-June 5	
1	6	1	6
2	7	2	7
3	8	3	8
4	9	4	9
5	10	5	10

(The other dates are listed in the

same way, covering the periods through August 14.)

Notice Number 2.

April 1, 19—.

The final vacation assignments are posted below. As they are planned as nearly as possible to accord with the individual's choice, it is understood that no further changes will occur. Dates are inclusive. Students are entitled to a whole day off the week going, but not on the week of return.

May 9-22	May 23-June 5	June 6-19
June 20-July 3	July 4-17	July 18-31
August 1-14		

Ten names are filed under each of the above group of dates and this notice remains up until vacations are closed.

ALUMNAE REPRESENTATION

Education is costly. As a hospital has no adequate money appropriation for it, nurses pay their way by the routine work they do. For instance, a student nurse by giving a bath,—100 times more or less—acquires the technic and the proficiency, yet she is called upon to give 1000 baths more or less as her contribution to hospital routine. The same with the serving of food. She serves thousands of meals and walks scores of miles carrying trays, long after the process has any educational value to her. Education along these lines is on the apprentice plan and it is along these lines that changes are sure to come. Law, medicine, dentistry, pharmacy, all have been through the apprentice period and all have discarded it for better ways.

The material from which nurses are made is beautiful young womanhood, potential motherhood. Educators say that to use this material as we have used it, is not for the best interests of either the sick or the well of the next generation, and that our present method combines exploitation with education. Personally, I think nurses and the public will never get together until graduate nurses have representation on the boards of their own schools. No other schools and no colleges that I know of ignore their graduates as do many schools of nursing.

Believing, as I do, that graduates and board members need better mutual understanding, I am happy to say that a member of our Nurses' Alumnae Association has been elected to membership on the Board of Managers of this hospital and that the President of the Nurses' Alumnae Association, by virtue of her office, is a member of the official Training School Committee. Thus encouraged, I venture to hope that some day this, and every other hospital board, will include in its membership an educator as well as a representative nurse.

—From the Annual Report of the Superintendent of the Rochester General Hospital.

IN FAR-OFF INDIA

The thirteenth annual conference of the Trained Nurses' Association of India was held at Madras in February. The Association has a membership of 370 and is working to secure state registration. It is also endeavoring to secure professional representation on any board which is formed to deal with nursing questions. The Association publishes an interesting monthly magazine, *The Nursing Journal of India*.



CENSORING RADIO PROGRAMS

A SOURCE OF HAPPINESS FOR CANCER PATIENTS

BY GERTRUDE W. BUCKWALTER, R.N.



LISTENING IN

THROUGH the generosity of kind friends about one year ago, there was given to the Hospital¹ a six tube, indoor loop radio set. This apparatus was placed on a carrier and moved from one ward to another, or left in the hall for all the patients to enjoy. In 1923 a new wing was added to the Hospital and the radio was too small to entertain but a few at a time. As it had proven a source of such wonderful happiness to the patients, the Board of Women Managers installed one of the latest and most improved radio sets on the market.

This equipment enables 35 patients to

¹ The American Oncologic Hospital, Philadelphia.

listen in simultaneously to broadcasting programs through the medium of head telephones placed at every bed; and a special loud speaking arrangement in the solariums allows the convalescent patient to relax and enjoy the programs at the same time.

The actual receiving equipment is located in the main office near the telephone switchboard so that at all times a careful watch may be kept on the quality and variety of the program it is desired to redistribute to the hospital. Separate switching facilities have been arranged so that either the loud speakers or the head phones, or both,

may be used in order that convalescent patients may be entertained when others are too ill to be annoyed.

We have found that the radio is not only a source of pleasure and entertainment, but a real curative agent. The patients wait with eagerness until it is "tuned in," giving them something to think of other than their bodily ills. The entertainments are so varied that all classes can be entertained,—readings for those who enjoy something light, lectures for the deeper thinkers and music

of all kinds that soothe and quiet the nerves.

It is interesting to go into the rooms and see the change of expression on the faces when they are "listening in"; where formerly we saw frowns and heard complaints, now we see smiles and hear, "That a soloist at XYZ is wonderful." One of our patients who suffers untold agony said recently: "The pain does not seem as bad since we had the radio."

Undoubtedly the radio is a necessary part of hospital equipment.

NURSE TRAINING AS AN EDUCATIONAL PROJECT

FIRST PAPER¹

BY ALBERT T. LYTLE, M.D.

THROUGH all the aeons of existence it has been woman's duty, self imposed, gladly accepted, without thought of self, without heed of consequence, to care for the sick and afflicted. It is no wonder, therefore, that she peculiarly is adapted to carry on successfully those occupations which have for their base the physical welfare of humanity.

To one who is accustomed only to think of the nurse as a capable bedside attendant during sickness, the rapid and extraordinary development of her occupation comes as a profound shock. In the United States in the fifty years since the training of nurses was established, nurses have progressed from only caring for the sick at the bedside to duties that include some of the most vital, far-reaching public health and welfare activ-

ities. The trained nurse is found occupying positions of trust, management and research in institutional, educational, governmental and social service. To best secure the ends sought therein, the nurse personnel should be equipped with efficiency, initiative and vision that can be acquired only through an advanced degree of liberal education, technical experience and general culture. This has proceeded to such a degree that the fundamental reason for nurse training with the fundamental use of the word "nurse" is in danger of being lost to sight.

That this wonderfully rapid expansion should invite caustic criticism was to be expected. From communications from every state in the Union received during the last few months such censure seems to arrange itself under commercialization, class consciousness, dearth of the spirit of service, shortage of nurses,

¹ Abstract from an address given before the New York State organizations of nurses at Buffalo, October 24, 1923.

lack of adaptability, and over-training; and it seems to come principally from three sources—physicians, patients and hospital managers.

When one recalls that nursing has been developed at the hands of physicians it is amusing to note that these very criticisms also within the last few years have been expressed as caustically of the doctor. When physicians talk of commercialism, decline of the spirit of service, shortage and over-education it more than suggests that "the pot is calling the kettle black."

When hospital managers complain of shortage of pupils, class consciousness and commercialization one cannot help but feel that the fault wholly lies with the hospitals, for they have been almost the sole seat for the training of nurses, and their pupils and graduates have but adopted the principles inculcated by association.

When patients complain, caution must be observed in ascribing it to the irritability of the sick. Trained nursing not only has become a necessity in the best care of the sick, but because of the quality of individual sacrifice formerly so pronounced in service to the sick, has endeared itself to and enshrined itself in the fickle heart of the public. It, therefore, must be admitted that honest ground for honest complaint does exist, which strenuous effort should be made to correct.

From the standpoint of the practicing (family) physician the fundamental purpose of nurse training—the production of trained nurses to care for the sick at the bedside in the home—is not producing an adequate supply. Institutional care gradually is replacing domiciliary care, for which deplorable

situation it seriously is stated that undergraduate education is in large measure responsible.

It would seem from governmental statistics that there should be no lack of trained nurses to attend the sick. The complaint, however, is almost universal, and particularly so in regard to domiciliary nursing service. It is the most important problem now presenting and demands immediately to be solved.

In 1919 on the concept of interlocking relationship the author was instrumental in bringing about the incorporation of the Health Conservation League designed to promote economic and legislative coöperation of the four professions of medicine, dentistry, pharmacy and nursing by uniting in a common body annually elected representatives of their several existing organizations. Owing to persistent malicious misrepresentation, the powerful influence for good of this very useful organization has been allowed to languish.

Modern education of nurses in the United States dates from 1903, in which year New York State checked the previous chaotic condition by enacting a law² that determined a minimum standard for nurse training schools and which granted the degree "R.N." to those successfully passing its examinations. Educational or scholastic teaching began to be stressed and nurse training emerged from a trade into a profession. Extra-mural schools began to be established and universities to create nursing-educational departments.

That hospital management still clings to the charitable and disciplinary

² It should be noted in this connection that North Carolina's Nurse Practice Act slightly antedates that of New York.—Ed.

principles of service and nurse education as inculcated by the German-English class-military system of Florence Nightingale, is shown by conclusion No. 5 of the Report of the Committee on Nurse Education. When one considers that this Committee consists largely of individuals closely connected with hospitals and hospital training schools, this conclusion to say the least is illuminating.

Nurse training or education has reached a stage of development in which two distinct types must be considered; the one,—fundamental,—care of the sick under the physician—in which training as distinct from education should be stressed; and the other,—superior,—teaching and health welfare activities—in which education as distinct from training should be stressed.

In the first or fundamental type the personal service or trade idea is uppermost. Its quality and function more nearly parallel those of the highly skilled mechanic. The skill of the mechanic is dependent upon intelligence rather than education; judgment and knowledge are acquired by iteration and by experience, although no sane person doubts the value of education and of culture, in learning and in following a trade requiring a large modicum of skill.

In the second or superior type the professional idea is uppermost. Its quality and function more nearly parallel those of the professions of law, medicine and the ministry than do such other accepted professions as music, drawing, mechanical engineering, electrical engineering and like vocations.

If these concepts are true the difficulty lies in the present evaluation of entrance requirements, both educational

and age; of professional theoretic education, practical training and time; of the relations of schools and hospitals; of domiciliary service and professional activity.

In the three years' hospital attendance generally required, with vacations and days off deducted, 9,874 hours are devoted to educational work, of which theoretical instruction takes 595 hours and practical training (laboratory work) 9,279 hours. For this immense outlay of time, the nurse receives a diploma which has no greater cultural value than that of the high school,—in Philadelphia a high school confers a Bachelor of Arts degree.

To the 9,874 hours of the three years' hospital training add the 3,840 hours of four years' high school attendance, and the Standard Curriculum requires with the extramural study hours many more than 13,119 clock hours to secure an "R.N." degree during the seven years time. Exclusive of the hours given to special technical topics that have little or no cultural value the subjects pursued in the hospital are similar to and in educational value no greater than those pursued in the high school.

As an educational project the fundamental domiciliary type of nurse training school management ultimately will be completely separated from hospital management. Its maintenance and conduct will fall upon the public under the direction if not control of the State Department of Education. Such nurse training schools then will become as much a part of the State Educational system as are the normal schools, the high schools, and the academies.

By a carefully planned gradual advancement covering four years rather

than three, the girl of high school age of sufficient intelligence to carry on the work could cover the theoretical and practical training demanded for the "R.N." as well as the educational requirements for a high school diploma if nurse training became a branch of technical high school work under state control. By proper adjustment her diploma would permit immediate entrance to university schools. With her diploma she would have acquired practical efficiency in nursing of sufficient grade, expertly and intelligently to do domiciliary nursing, or to do nursing in hospitals having no training schools. Hospitals, private physicians as well as the public would be assured of ample nursing service.

The nurse training high school would have a cultural course of education going along with a practical hospital bedside training together covering four years' time of about 10,000 hours. The diploma granted its graduates would stand for a general education equivalent to that of a high school and a technical education nearly if not quite that represented by the degree "R.N." In other words, if the state should require that entrance to a nurse fundamental training school be the same as for entrance to the high school; if it should require that the fundamental nurse training school give a liberal education, equivalent in time and quality to that of the high school and acceptable to the state, the graduate from such nurse training school would meet all the requirements now demanded for the granting of the "R.N." degree. The woman entering nursing could stop at this point to follow domiciliary service, or she could enter university schools and by

further education obtain bachelor, master or doctor degree and thereby qualify for the more important positions in public health and nurse education work. This scheme would require of the pupil extramural living during the early years of the practical hospital course. It in no way would lower the desired technical standards of nurse education and training; in fact it would distinctly and measurably elevate them. In addition it would immediately create a supply of trained nurses to meet the demands of the fundamental calling—the nursing of the sick—and it would stop the efforts of the drastic critics to secure legislation to have several grades of certified hospital trained nurses.

This idea may seem revolutionary to many because it takes a girl into the hospital at an early age, but in many hospitals ward maids are of high school age. And, however, a careful survey of the Standard Curriculum shows that it would be possible by increasing the attendance time to four years, to extend certain of the basic scientific subjects, to add other high school topics of cultural value (see Table "D") and to bring that part of practical hospital training which by virtue of its character has elements of danger for a girl under the age of eighteen to a time now acceptable as quite proper. The girl graduating under such conditions could take up college work several years earlier than it is possible to do today.

In these professional type schools in addition to courses leading to collegiate degrees, advanced practical training must be given, for there is no question of its necessity as an essential part of the equipment of those who are to carry on work in the fields of disease

prevention, health improvement and social welfare. An enlarged vision indicates that the places in life's workshop yet to be filled by highly educated trained nurses are many, although there- in the actual practice of nursing never will be called into use.

No other system of vocational train- ing so nearly can be made to meet the broad aims of a liberal education as that suggested. The adoption of the scheme herein advocated would divide the schooling periods of a girl's life into pri- mary, secondary and collegiate courses,

TABLE "D"

TOPICS, YEARS, DISTRIBUTION AND CREDITS, PPOPOSED NURSE VOCATIONAL HIGH SCHOOL					
CULTURAL			TECHNICAL		
Language and Literature	Years	Credits	Science	Years	Credits
*English	4	16	*Anatomy, Phy. & Hyg.	2	5
Foreign	4	20	*Bacteriology	1/2	1/2
History and Philosophy			*Materia Medica	1	1/2
*American	1	5	*Applied Chemistry	1/2	1/2
*Civics	1/2	2 1/2	*Sanitation	1/2	1/2
*Economics	1/2	2 1/2	*Pathology	1/2	1/2
*Nursing	1/2	2 1/2	Home Economics		
*Psychology	1/2	2 1/2	*Foods	1	1/2
Esthetics			*Dietetics and Cookery	3	5
Vocal Music	4	4	*Clothing	1	1/2
Drawing	2	4	*Home and Hospital	1/2	1/2
Mathematics			*Hospital Housekeeping	1/2	1/2
*Com'l Arithmetic	1	5	Typewriting	1	2 1/2
Bookkeeping	1	5			
*Algebra	1	5			17
Science			VOCATIONAL		
Physical Geography	1	5	Theory		
*Physics	1	5	*Emer. Nursing	1/2	1
Zoology	1/2	2 1/2	*Theory and Practice	3	10
*Biology	1/2	2 1/2	(Medical and Surgical)		
*Chemistry	1	5	*Bandaging	1/2	1/2
*Botany	1/2	2 1/2	*Massage	1/2	1/2
		96 1/2	*Communicable D's	1	2 1/2
			*Pediatrics	2	2 1/2
			*Obstetrics	3	5
SUMMARY			Practice		
Cultural Subjects Credits	96 1/2		*Hospital Service	4	10
Technical Subjects Credits	17				
Vocational Subjects Credits	32				32
Total Credits	145 1/2				
Optional Credits	43				
*Required Credits	102 1/2				

* Subjects required.
Credit is an equivalent of one hour recitation weekly for 40-weeks year.

as is the general plan of today. In all of these periods "book knowledge" which experience has found valuable is obtained, while, beginning at a time when the mind particularly is plastic and impressionable, come a series of contacts and experiences of a personal nature, all under careful supervision, that are more varied than can be found in any other vocational training and which gradually increase in breadth and intensity so that the "eternal verities" of life are visualized more clearly and their values more surely appraised. In addition to the knowledge and training secured is the spiritual stimulation of the possession of skill in a vocation that offers not only a livelihood, but that quite fully satisfies the biologic fundamental yearnings of the female organism.

If the statement is true that 80 per

cent of all girls marry, the potential life occupation of most high school girls is home making and family rearing. It takes little imagination to visualize the utilitarian value of such nurse training education as a preparation for this supreme vocation of life and to appreciate the importance of its obligation to society.

Nurse education "develops practical judgment, self-reliance, responsibility and a knowledge of men and affairs." As "the worth of human society is proportioned to the frequency of occurrence of men and women of keen aspirations, intelligent social purpose and disciplined character," all of which attributes of personality nurse training tends to develop, the value of nurse training as an educational project to round out the individual life easily is understood and admitted.

SECOND PAPER³

BY ELIZABETH C. BURGESS, R.N.

WHEN listening to Dr. Lytle's address before the New York State Nurses' Association last October, I was impressed in two ways,—first, by the fact that Dr. Lytle was greatly interested in seeking a solution of some of the problems which the present day civilization is forcing upon the nursing profession, and second, that the radical plan which he proposed not only would not bring about the remedy he aims at, but that as a measure it is opposed to the principles of modern education.

In presenting his thesis, Dr. Lytle

gives the impression that he has but recently awakened to the fact of the "rapid and extraordinary development of nursing"; that he is accustomed to think of the nurse merely as the capable bedside attendant and is shocked to realize that nurses are engaged in health preservation programs; that they occupy positions of trust and management in the institutions, and are engaged in the educational field, presumably through the teaching of nursing. He claims that in an effort to secure an advanced degree of liberal education, technical experience, and general culture to prepare the nurse for these

³ Discussion of Dr. Lytle's paper, prepared for publication in the *Journal*.

latter purposes, the fundamental reason for nurse training; namely, the production of trained nurses to care for the sick in the home has been lost sight of; that as a result there is not a sufficient supply of nurses for this latter service. He also states that it is said that the increasing use of institutions by the sick is due to the type of education now given to the student (undergraduate) nurse. Is Dr. Lytle correct in these assumptions?

During the fifty years since nurse training schools were started, by far the largest number of the graduates of such schools have devoted themselves to the care of the sick at the bedside. The early object of nurse training, however, was not the care of the sick in the home, which Dr. Lytle says is the conception of the practising physician, but the care of the sick in the hospital and the making of those hospitals fit places for the care of the sick; also the visiting and the care of the sick poor in their homes, a type of social service, was an early feature of English nursing. Within the past fifteen years, with the development in preventive medicine, has come the demand for the nurse in the preventive field. This field of nursing has had a rapid growth. The development of these demands has placed an increased responsibility on the hospital and brought about the need of a larger body of graduate nurses. This is causing the breaking down of the apprenticeship system in our hospitals in the same way that the apprenticeship system has been broken down in other fields. As a matter of fact, all professions have passed through this stage, nursing alone not yet having fully emerged. It means that the teacher and educational meth-

ods must be brought into our schools of nursing and that nurses themselves must be prepared as teachers.

Notwithstanding these demands on the graduates of our schools, there appears no danger that the private duty nurse will cease to exist. To quote the report on Nursing and Nursing Education in the United States which bases its figures on the census of 1920, "There were (at that time) in the United States 300,000 nurses, male and female. Of these about half were trained registered nurses whose number showed an increase during the decade of 83 per cent (from 82,327 in 1910 to 149,128 in 1920). Of these about 11,000 were engaged in public health nursing, approximately the same number in hospitals and other institutions, leaving over 120,000 in private duty. That there is a constant shifting among these groups there is no doubt, but with our schools of nursing sending out into the field approximately 15,000 nurses yearly, it would appear that those who are withdrawing from the field of nursing are more than being replaced; and if the same proportion of graduate nurses are continuing to enter the private duty field today—and we have no reason to doubt that this is so—approximately 12,000 are going into the field of private duty yearly against 3000 who enter the public health and the institutional field.

Possibly this number is not sufficient to meet the needs of the increasing population, yet at certain seasons of the year the private duty nurse is largely idle, private nursing being a seasonable employment. Among this group are nurses who have had their preparation under all types of conditions, and their training

represents that of the past twenty years. Only a small proportion of the group have received the higher type of education which Dr. Lytle takes exception to for this field of nursing service. That the increasing use of institutions for the care of the sick is due to the type of education now being given to the student nurse would be very difficult to prove. Certainly there are many causes which would be less controversial. Among them may be mentioned the modern apartment house with its lack of accommodation for the sick, the facilities at hand in the hospital which make surgery and obstetrics so much safer and simpler for the patient, to say nothing of the value such conveniences provide for the surgeon and obstetrician, the simplification for the physician of the problem of seeing many patients in different parts of the city when they can be gathered under one roof, together with the entire change of attitude toward the hospital on the part of the public.

Dr. Lytle makes an error in taking for granted that all bedside nursing is of the type calling merely for skill in technic and the carrying out of the physician's orders. As a matter of fact the private duty nurse, especially when with the acutely ill person in the home, bears a much heavier burden of responsibility, is called upon more frequently to meet a crisis and to assume in an emergency the duty which a physician may assume in the hospital, than does the nurse who is caring for the patient in the institution. Training alone which may enable the nurse to skillfully perform some task does not give her the background of knowledge which enables her to know how and when to

act, which makes her recognize symptoms, keep the physician informed of conditions, and saves the life of a patient. It is only education which does that. It is not over-education, but under-education which produces the person who merits criticism, whether she be a nurse, a physician, a teacher, or one in any other walk of life.

Dr. Lytle's prescription for the preparation of a sufficient number of nurses for the sick in the homes is one with which I take issue from the standpoint of moral education, general education, and professional education.

First, nursing education lays no claim to being a cultural education; it lays no more claim in this direction than do pharmacy, dentistry or medicine. It claims to be a professional education preparing for the practice of nursing. It is based on a content of general, cultural education which the nurse as well as any other professional worker must have. Second, the R.N. obtained by the graduate nurse after taking a state examination is not a degree, but merely a license given by the state for the protection of its citizens. Moreover, it is an inconceivable thought that children entering high school as they do normally at the age of twelve to fourteen should enter upon the specialized education for nursing which the safety of the sick demands, and that a child passing through the adolescent period should be exposed to the sobering situations and the emotional strain which are inevitable, to say nothing of the material which must necessarily be included in the teaching of all phases of nursing. One of the present problems of our school of nursing is the youth of our students. Only those who have had an intimate connection

with the situation can perhaps fully appreciate the difficulties being met which are due solely to youth. What the situation would be with the girl of high school age is difficult to picture. Certainly there would grow up at once a lack of confidence on the part of the public in the nurse and in the nursing profession which would seem justified.

But let us view the plan from the standpoint of general and professional education. In 1918 a Commission on the Reorganization of Secondary Education appointed by the National Educational Association issued a report known as the "Cardinal Principles of Secondary Education." This report after pointing out the changes in society in the past few decades, the changes in the secondary school population, and the changes in educational theory, gives as the main objective of education the following:

1. Health
2. Command of fundamental processes
3. Worthy home membership
4. Vocation
5. Citizenship
6. Worthy use of leisure
7. Ethical character.

It is probably under vocational education that Dr. Lytle assumes his plan would function. We find, however, that educators particularly interested in vocational education take great care to make certain main divisions of vocational education, such as professional education, commercial education, agricultural education, industrial education, home-making education. They group these under two classes, those requiring technical knowledge, such as profes-

sional education, and those requiring a relatively large proportion of manual and other bodily skill. They also make distinction based on the suitable age at which a worker can take up a vocation. Under professional, they include those forms of vocational education the direct purpose of which is to prepare individuals for the successful pursuit of a recognized profession, and under this heading they indicate that nursing shall be placed.⁴

This professional education is not what is referred to in the aims of secondary education. Here it is meant that the child shall "develop an appreciation of the significance of vocational education to the community, explore his own capacities and aptitudes, make a survey of the world's work in order that he may make a wise selection of a future vocation"; and for those children of the type of mental ability which precludes the possibility of their entering higher institutions, give them such vocational education in the industrial, commercial subjects, agriculture, etc., as will allow them to pass early into such work. The high school vocational course is not intended for the girl who would be able to cover a cultural and technical education such as Dr. Lytle outlines. Such a curriculum should be reserved for higher education. I doubt if any educator would accept Dr. Lytle's plan. It not only does not meet the aim of vocational education, but such a course would exclude and even militate against the other objectives of education.

It would seem desirable, with the objective of Worthy Home Membership in view, that Hygiene and the Home

⁴ See Bulletin No. 21, Bureau of Education.—Vocational Secondary Education.

Care of the Sick should be included in the High School Curriculum for all girls, in order that the eighty per cent of women who, whether or not it be true that they marry, will certainly be concerned in home making and have to do with the health of other people, may be given this valuable information which is not, however, the highly technical education of the nurse. The high school can be of great assistance to the school of nursing through its advice and guidance of students who are interested in

entering the profession, and by strengthening their courses in the sciences, such as chemistry, biology, and physics, and offering courses in nutrition and cookery, in order that the best secondary basis possible may be laid for the professional school of nursing.

There are many other controversial points in Dr. Lytle's paper which I would like to discuss. Space, however, prevents my writing on any but those which appear to me of greatest importance.

RADIO MESSAGES DURING CONVENTION WEEK

Through the courtesy of Stations WCX and WWJ, it will be possible for the public and those nurses who cannot reach Detroit during the week of June 16 to 21, to tune in on several public health messages which will be broadcast during the evenings of Convention week.

On June 16, from 7:30 to 7:40 p. m., Adda Eldredge, President of the American Nurses' Association, will broadcast from Station WCX,—the title of her talk being, *The Place of Nursing in the World Today*.

On June 17, Dr. Charles P. Emerson, Dean of the Indiana University School of Medicine, will broadcast from Station WWJ, from 9 to 9:10 p. m. The title chosen for his message is, *Communicable Diseases and You*.

On June 18, Elizabeth G. Fox, President of the National Organization for Public Health Nursing, will speak on *Nursing the Community*, from Station WCX between 7:30 and 7:40.

On June 19, Laura R. Logan, President of the National League of Nursing Education, will broadcast from 9 to 9:10 p. m., from Station WWJ. Her message will deal with *Preparing the Nurse for Her Work*.

It is hoped that upon his return from Europe, Dr. George Vincent will agree to broadcast some public health message on Friday evening of Convention week.

It is suggested that those who have radio sets make an early notation of these dates on their radio calendars.

SUMMER SCHOOLS

Public Health Summer Schools will be conducted during 1924, at the suggestion of the United States Public Health Service and with its coöperation, at the following institutions:

The University of Iowa—June 9 to July 18.

The University of California—June 23 to August 2.

The University of Michigan—June 23 to August 1 and 15.

Columbia University—July 7 to August 15.

FOUR "CLOSE-UPS" OF HOURLY NURSING¹

I

HOURLY NURSING IN CLEVELAND

BY OLIVE M. DIEDERICH, R.N.

ABOUT ten years ago, two registered nurses commenced hourly nursing in Cleveland and they are still active in the work. Several other nurses entered the field on a part-time basis, doing hourly work in the morning and having some other position in the afternoon, such as in a doctor's office, dispensary from two to five, or delivery service, but they were unable to continue.

At the present time, Cleveland and its suburbs, have two registered nurses doing hourly nursing, three registered nurses doing delivery work exclusively, one registered nurse doing hourly nursing with delivery service. (There are also five undergraduates doing delivery service, this being a private practice).

Hourly nursing is another form of private duty. It is a private practice because the success of the nurse's work depends upon her own efforts. She must, of course, be able to depend also upon the coöperation of physicians if she is to hope for progress in this line of endeavor. It is patronized by people who are in a position to employ private duty nurses, but who employ the hourly nurse when a full time nurse's services are not required.

There is but one exception to the type of cases which may be cared for; namely, contagion. Aside from this, the field covers medical cases, heart, neph-

ritis, rheumatic, obstetrics; post-operative after leaving hospital; or minor operations in the home.

The nurse's equipment for daily visits consists of a bag with the following contents:

- 1 mouth thermometer
- 1 rectal thermometer
- 1 large enema tip
- 1 small enema tip
- 1 glass douche tip
- 1 colon tube
- 1 hypodermic syringe and needles
- alcohol
- iodine
- olive soap
- green soap
- boracic acid
- argyrol, 10 per cent
- 1 scissors
- 1 bandage scissors
- 1 pair forceps
- 1 hemostat
- 1 probe
- 1 glass catheter
- 1 rubber catheter
- 1 pkg. gauze
- 1 pkg. cotton
- adhesive
- flashlight

A visit consists of bedside care, cleansing bath, rub, change of bed linen, and treatments such as colonic irrigation, bladder irrigation, catheterized specimen, hot packs, massage and dressings. Before leaving the patient,

¹ Abstracted from the report of the annual meeting of the Ohio State Association of Graduate Nurses, Columbus, April 16, 1924.

some member of the family is instructed as to treatment, medication, precaution and diet, and a chart is made, so that the physician can see what treatment has been given and can readily leave written orders for the nurse.

While nurses are on call at all hours, an hourly nurse is rarely called at night excepting in the case of a delivery or an emergency. Physicians and patients call nurses through the Central Registry, although many physicians prefer calling nurses directly. This depends upon the service the nurse has given. Work of this kind, when satisfactory, can result in the establishment of a large clientele, but it is very difficult to establish as it takes not months, but years.

Here is one of the methods that was used in working up a practice. About 100 physicians were interviewed, the work was explained, and the doctors were assured of prompt service. Several months later, letters were sent out, reminding them that the work was still being carried on. This brought a better response. After an interval, blotters and cards were sent to about 350 physicians. These created the best impression. Physicians are busy men and need reminders from time to time.

Delivery service in obstetrical cases covers one pre-natal visit, including instruction on general care, diet, exercise, preparation necessary for delivery, symptoms of labor and when to notify physician and nurse. The patient is also urged to see her physician for urinalysis and blood pressure. When the patient is in labor, the nurse goes to the home and prepares for the delivery. Routine treatment is given and

a report is made from time to time to the physician.

Included in the nurse's equipment is a delivery outfit as follows:

- 1 pkg. (2) small sheets
- 1 pkg. (8) towels
- 2 pkg. absorbent cotton
- 2 pkg. (8 sq.) gauze
- 1. pkg. (8 pads) p. pads
- 1 doctor's gown

Instruments

- 1 scissors
- 1 clamp
- 2 hemostats
- 1 large forcep
- 1 emesis basin
- 2 sol. basins
- 1 pitcher
- 1 measuring cup
- 1 irrigation can and tubing
- 1 medicine glass
- 1 Kelly pad
- 1 rubber sheet
- 1 pr. No. 8 gloves
- 1 rubber apron
- 1 pr. 7½ gloves
- 1 tube umbilical tape
- safety razor
- ether cone
- stirrups
- 1 pr. operating stockings

Medicines

- 1 can ether
- 3 amp. pituitrin
- 3 amp. ergot
- 3 amp. camphor in oil
- nitrate of silver, 1 per cent
- No. 2 chromic
- No. 2 plain catgut
- silkworm gut
- needles

Sterile Table

- 1 pkg. small sheets

- 1 pkg. towels
- 1 pkg. cotton
- 1 pkg. gauze
- umbilical tape
- 1 basin with lysol solution
- instruments.

On a separate table or tray are: Boracic acid for eyes, mouth and nostrils of baby and sterile hypodermic syringe and needles.

After delivery, the patient is made comfortable, linens are changed, treatments such as binders applied, ergot, or pituitrin are given as ordered. The baby is given routine care of eyes, including nitrate of silver, an alcohol cord dressing, and it is oiled and bathed. If there is not a full time nurse to care for the patient, the nurse leaves instructions with some member of the family as to routine care and diet for the mother, and makes out a chart and schedule for the baby. Many times hourly nurses give postpartum care. Such visits consist of routine care of mother and baby, with instruction.

Deliveries that have been referred to the hourly nurse by the Visiting Nurse Association or the Metropolitan, are referred back to the organizations after delivery for postpartum care.

Operations in the home are usually of a minor nature, such as curettage, circumcision, and tonsillectomy. The physician leaves orders for the patient and the nurse goes into the home one hour previous to the operation to prepare the patient and the sterile table. After operation, the nurse remains until the patient is conscious.

The average visit requires from one to one and one-half hours. This may vary according to treatments ordered. A nurse having a car can care for more patients than the nurse who has to depend on street car service. The number of calls per day varies, due to distance between cases and time spent on them. A nurse can make from four to six calls per day, but due to irregularities in the work, such as those due to winter being a busier season than summer, she does not really average so many.

The maximum fees for hourly nursing are \$3 per hour for the first hour and \$1 per hour for each succeeding hour for any day cases; and \$3.50 per hour for the first hour and \$1 per hour for each succeeding hour for night cases. The minimum fee is \$2; minor operations, \$7 to \$10; deliveries, \$10. The nurse is privileged to determine what charge she wishes to make for services rendered. The charge for delivery includes the use of the entire delivery outfit. Ergot, pituitrin, and ether, which are carried merely for the convenience of physicians, are charged to the patient at cost.

It is obvious that the upkeep of an outfit such as is described in the foregoing eats into a percentage of the profit, so that the rates quoted are not net. It must also be remembered that if the nurse drives a car, she has the expense of keeping it in excellent condition, that prompt service may be rendered at all times, and there is a depreciation in driving a car that is also no minor consideration.

II

AS A REGISTRAR SEES IT

BY CLARA JUSTICE, R.N.

STATEMENTS of several of our leading physicians point to the possibility that in the near future private duty will mean hourly nursing. The nurses engaged in it today are doing the pioneer work, but in a few years the field will be found to be a large one worthy of cultivation. Hourly nursing develops individuality and success depends on the nurse herself. Hourly nursing is something that, like nuggets of gold, has to be dug out of the bowels of the earth. It isn't lying on the top of the ground. You can't merely join a registry and get hourly nursing, because the registries don't have very many calls for it. The hourly nurse has to make herself necessary to the doctor and necessary to the people, and her fame is spread abroad by one person telling another about the good service.

Many nurses, due to the type of training they have had, become repressed and lack individuality. Hourly nursing will bring it back in no small measure because, after all, it is by personal initiative and effort that success is won.

The irregularity of this work is, in a way, fascinating; even the variation in salary has its fascination, because you make just exactly what you are worth. You get a return in money for everything you do and this is a great incentive to hard work.

The hourly nurse should be supported by the doctors. Just think of the help she is to him, and how he should appre-

ciate it! He calls the hourly nurse and says, "I have a delivery due," or the patient calls her, and the nurse goes with her little bag and has everything ready for the doctor when he comes. If he has forgotten the ergot, or the catgut, or this or that, she has it all there. Don't you suppose doctors are grateful for those things? Don't you suppose such service would build up her reputation as an hourly nurse? And she is doing it for herself, the registry is not doing it for her.

It is a satisfaction to all of us to know that what we get out of life is due to our own efforts, and that is the one thing about hourly nursing that fascinates me more than anything else. There is another fascinating thing about hourly nursing, and that is, it is such an independent life, and yet I know of no one who responds to calls more quickly than does the hourly nurse. The charge is not exorbitant, although it seems so, because there are a great many incidental expenses, and the work is irregular.

We can often help others. Finding a new field of work coming into existence, nurses should be willing to coöperate with its pioneers. Many times, for instance, private duty nurses have been on cases where there was possibly only a dressing to be done and have been simply bored to death sitting around killing time. In such cases they might suggest to the doctor or the family that an hourly nurse could come in and do

that dressing! Help the hourly nurse, for she has to depend on her sister nurses as well as on the physicians.

One hears of other things an hourly nurse might do. For example, some physicians employ nurses at a fixed salary to visit cases. Supposing a doctor were called on an obstetrical case and he had four or five cases to be seen that morning. Imagine what a help it would be to have a trained nurse go in and give him accurate information. I

am sure if a physician realized the value of having a nurse working directly under him, he would be interested. Of course, there are some physicians who have nurses in their offices who also make outside visits.

Yet another form of hourly nursing is that done by a nurse who takes care of the health of the workers in a large office building, and her work as a public health nurse is really an invaluable thing.

III

A PERSONAL EXPERIENCE

BY MARY JANE LEAK, R.N.

AFTER entering Cincinnati University last September, I found it necessary to meet part of my expense by doing outside work. The city being strange to me, I placed an ad in one of the daily papers stating that I was a University student and also a graduate nurse, and that I wanted week-end or hourly nursing. Within a few days I received numerous calls. Some of these were from people who had not understood what was meant by "hourly nursing" and they asked me to take care of children, (or in one or two cases, an aged person) for several hours in the afternoon or evening.

The first hourly nursing case I had was bathing a baby each morning. The grandmother of the baby, seeing the ad in the paper, asked me to come over the next morning. The mother and baby had come from the hospital the day before. I called the next morning, and every morning following, for three

weeks. The baby was normal in every way except a little underweight. As this home happened to be on my way to the University, I made the call before an eight-thirty class. I found after the first two mornings I had plenty of time if I reached the home by seven-fifteen or seven-twenty o'clock.

Perhaps my procedure would interest you. I left an apron after my first call which I slipped on over my street clothes. The rooms upstairs were not always warm enough at that time of the morning to bathe the baby. The small bathroom, however, was always warm, so I found a little folding sewing table which I stood up in the bath tub. I placed a folded blanket on the middle of this, making a good pad on which to lay the baby. On one end of the table I had my wash basin, cotton, etc., and on the other the fresh clothes. I weighed the baby every morning and gave an enema when the doctor advised it.

Another child I was asked to see was threatened with pneumonia. I did not do much real nursing, as the mother was very capable and used good judgment in caring for the child. She was worried and wanted advice and instruction more than anything else. This child, however, did not develop pneumonia and was up and playing in a few days.

On the whole, I cannot say that the answers to my advertisement were very satisfactory for hourly nursing, but in

my opinion it could be worked out well for the University student if the public could be educated to know just what it is. One difficulty I had was in finding someone to take the calls and give information intelligently. I felt several times that the reason I had not received a second call or had a number left was because the person who answered the telephone had not made the proposition attractive enough. All my work was done without any help from the University.

IV

HOURLY NURSING ON A PAY BASIS AS CONDUCTED BY A VISITING NURSE ASSOCIATION

BY MRS. STANLEY MERRILL

THE pay service of the Visiting Nurse Association of Cincinnati is intended to meet that large need for hourly nursing where the patient is not ill enough to need, or for financial or housing reasons, is unable to employ, a full time nurse. Such cases often require a short and definite service only. A fee of \$1 for the first hour and 50 cents for every added hour is charged. Our hourly nurse can also be had to assist in minor operations.

Feeling that this service was not widely known by the public, the Pay Service Committee, a year ago, started to advertise by posters in the hospitals, drug stores, charitable and social institutions, and mothers' clubs, and by sending pamphlets to every physician in the city. It was difficult at first to overcome the feeling that the Visiting Nurse Association was solely a charit-

able association. We feel that in helping to solve the question of nurse shortage, which is often such a serious one, we are helping a lot by offering this service. More and more frequently we are having our nurses called by patients who previously had indulged themselves by employing full time nurses for their comfort, rather than for any real need. We feel that our service is of very great value to the family of small income which would hesitate to use our general service.

The total amount of our fee service in 1922 netted us \$916.70; in 1923 this sum reached \$1,330.35.

One bleak morning we were called to a family through the Metropolitan service. We found a child, Virginia, four years old, who had been seriously burned by the explosion of a hot water heater. The family doctor had ordered

dressings which needed changing once a day. The mother was noted to be pregnant. She stated she was not a Metropolitan policy holder and asked if she could pay for our service. When explained, she gladly used the privilege of our pay service for little Virginia and for her own confinement.

An old lady who seemed to be feeble-minded was making her home there.

The new baby was to arrive in a few months. Instruction was given the mother as to the care of herself and preparation for the new baby, and we assisted in finding a home for the old lady. It is through such cases that the Visiting Nurse Association of Cincinnati hopes, by continued effort, to develop its pay service into a large and useful service to the community.

THE TRAINING SCHOOL COMMITTEE—ITS OPPORTUNITIES AND OBLIGATIONS

BY RUTH HART EDDY

IN discussing the development of training school committee work from the non-professional viewpoint of a committee member, there are three aspects to be considered: the committee in its relation to the hospital, its coöperation with the administration of the school of nursing, and its internal organization.

The first function and the one that is generally accepted as the most important is the committee's position as the representative of the interests of the school of nursing on the board of trustees or directors of the hospital. It is recognized that for best results in the school it is necessary to have a committee made up of those vitally interested in its development who are able through their representation on the board of trustees to keep the interests of the school before that body. This function is so generally accepted that it is needless to touch on it further, but very little has been said on other possi-

bilities for service in its relation to the school of nursing.

In considering the various committee activities it is taken for granted that the hospital and training school administration are sincere in their desire for active coöperation. If this is so, a certain amount of effort must be put forth by them to hold the interest of a committee composed of persons with a multiplicity of other obligations. No principal of a school of nursing can expect to do this by a cut and dried report of the happenings of the past month together with a few figures and statistics. People are interested and willing to work when they see a need for their services and when they are given a definite object to accomplish. It is, therefore, advisable for the principal of the nurse school and the chairman of the training school committee to have some constructive plan in mind and to give each member of the committee a part in carrying it out.

This article does not deal with the permanently endowed school or one operating on an independent budget, but rather on the school maintained in connection with a hospital and coming immediately under the supervision of the hospital trustees.

Assuming that a progressive principal is put in charge of the school, it should be the first responsibility of the training school committee to see in what way it may be of the greatest assistance in the carrying out of a program progressive enough to keep up with the trend of modern nursing education and yet practical in its application to local problems and conditions.

The relation of the training school committee to the principal of the school is of great importance and is one where absolute confidence and coöperation are necessary. After a principal has been placed in charge of a school, it is her opportunity to develop it according to her best judgment and the initiative should come from her in all matters pertaining to its policies. The committee should stand ready to facilitate her plans and to help her in every way to the best of its ability. It should always keep in mind the fact that she has been chosen for this position because of her special training along lines which fit her for the dual responsibility of administrator and teacher, while the committee at best is composed of persons without the technical education needed for the details of management of so complicated an organization as the modern school of nursing. The committee should, however, be consulted on any new departure from the established order of the school, for in many cases there are local conditions not readily

understood by one coming from outside the community which may prevent the successful execution of policies which have worked out well in other places.

Inasmuch as the committee is of necessity a permanent body which will continue in office during many administrations, it is its direct responsibility to see that the school maintains a high standard and that it is not allowed to fall below the strictest educational demands during any change in administration or policy.

If the principal is given a free hand to develop the school along different lines from those to which it has been accustomed, there should be some way by which the committee is able to judge the results obtained. To do this intelligently a certain amount of knowledge is necessary for committee members as to the courses given in nationally recognized schools, so that they may compare them with those given in their own. They should keep in touch with the new ideas that are constantly developing along educational lines and endeavor as far as possible to apply them. Above all they should be conversant with the curriculum of their own school so as to be able to know in what way, if any, it is falling below its requirements and failing to fulfill its obligations as an educational institution.

This knowledge may be gained and the committee kept in touch with the school by the use of the training school records, and the committees should require that the training school office install records that will enable it to check up on the work being done. These records should show not only the amount of time assigned to each student for the various services, but the number

of hours devoted to the theoretical content of the course. If they are kept up to date, it is a comparatively easy matter for a sub-committee to go over them every month and present a report at the committee meeting. This report should show how the student's time is spent, whether she is getting the proper diversity of practice, and also any changes in the curriculum. It will give a basis of comparison during any change in administration and enable the committee to find exactly how the standard of the school is being maintained. Only by the concrete figures given in this report can the committee judge for itself the conduct of the school, for no amount of inspection or of visiting classes will give the detailed information upon which it must rely.

The committee should be in touch in a general way with the budget of the school. It will repay the trouble involved to have a sub-committee that will study out and report on the amount spent by the hospital on the school and the amount repaid by the school through the service of the student nurse. This is a matter of rather exhaustive study, taking into consideration the cost of upkeep of the nurses' residence, salaries paid in the school, teaching, equipment, etc., before reaching the per capita cost of the student to the hospital, and charging that against the value of her service to the hospital, reckoned on the length of time she has been in the school. These figures are interesting and may prove of value when urging the needs of the school before a board of trustees bent on economy at its expense.

Certain expenditures which are purely for the school should not be expected

from the hospital, but should come either from tuition fees or be met through the efforts of the training school committee. If new and elaborate additions to the teaching equipment are desired or new books of reference needed the committee should exert itself and see how the demand can best be met. It would also seem to come within its province to supplement salaries paid by the hospital so as to obtain a higher grade of instructor or supervisor than the hospital feels it can afford to pay.

In its relation to the life of the student body a training school committee can find many ways to be of use. It should in the first place be perfectly acquainted with the living conditions in the nurses' residence. Overcrowding, lack of proper bathing facilities, and poor food are conditions which reflect directly on the efficiency of the school and are frequently due to the failure of the committee to insist on the improvement. Inspection of the nurses' residence with these things in mind should be made at frequent intervals and reports and suggestions given at committee meetings.

If no social director is provided by the hospital, a sub-committee should be appointed to come in touch with the students, for a personal contact between individual committee members and students is conducive to a mutual understanding and interest. Facilities should also be furnished for recreation and no opportunity lost in making the student feel the real and personal interest taken by the committee.

In matters pertaining to the educational side of student life the committee might not only show its interest in the student, but increase the facilities of

the school by offering scholarships available for the third-year student, through which she may acquire elective courses for special preparation in public health work, teaching, or hospital administration.

There is no need for the discussion of matters of discipline in full committee meetings. A sub-committee, composed of the superintendent of the hospital, principal of the school of nursing, president of the board of trustees, and one or two members of the training school committee, can handle them with much less discussion and difficulty.

In this connection it must be remembered that practically every hospital is dependent on the good will of the community which it serves and that nowhere has it a greater asset than the type of nurse it graduates. On the other hand, one irresponsible, incompetent nurse can do incalculable harm to an institution through the people with whom she comes in contact. It is, therefore, to the interest not only of the school, but of the hospital to admit none

but the highest type of student and to eliminate freely those who fall below the strictest requirements. Much criticism, both of individual members of the nursing profession and of the schools that graduated them, could have been avoided had this responsibility been recognized by training school committees and the incompetent and undesirable student eliminated before giving her a diploma and letting her go out into the community as a product of their school.

There is no subject of greater interest to a community than the improvement and conservation of public health, and the aim of all nursing education is to furnish a specially trained group to work toward this end. To give this group the proper preparation and standards is the problem of our schools of nursing today, and members of training school committees should realize their responsibility and opportunity for service not only to the school and hospital in which they are especially interested, but to the community as a whole.

INTERNATIONAL SCHOLARSHIPS

The International Institute at Teachers College is offering scholarships covering the cost of tuition (approximately \$250 per year) to a number of foreign students who are preparing to return to their own countries to carry on educational work. Well qualified graduate nurses from foreign countries who wish to study in the department of Nursing Education at Teachers College may apply for these scholarships. It is essential that such students should have a general education equivalent to secondary school standing and that they should have a good command of English. To qualify for admission to the Nursing Department they must be graduates of nursing schools of good standing and must be recommended by recognized members of the nursing profession in their own countries.

Applications should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.

THE FIELD OF THE GRADUATE NURSE

A valuable contribution in stimulating student nurses to choose a special field of work has been given by Marion Crowe, Superintendent of the Visiting Nurse Association of Portland, Oregon, who brought the Senior nurses of the local hospitals together at a series of teas held in the rooms of the Association, enabling them to become acquainted with the women engaged in many varied lines of nursing activity and to learn some of the aspects of their work.

Too many nurses graduate from training schools with practically no knowledge of any form of nursing service save that concerned with private duty.

EDITORIALS

SOCIAL SERVICE FOR NURSES

MANY years have passed since a wan faced little patient sat up in her bed in the middle of a night of suffering and remarked to the writer, "Who is going to take care of you when you are sick?" Thus penetratingly did a little child state a real problem. All too few grown-ups, even those of our own profession, realize that the sick nurse is quite frequently in a plight somewhat comparable to that of the classic shoemaker's child. The question of who is to care for her is one that requires to be asked with almost tragic frequency.

A number of agencies not only ask but answer it in accordance with the means at their disposal after the needy nurse has been found. In this connection the Red Cross, the Veterans' Bureau, the National Relief Fund and the various nursing organizations immediately come to mind. Pathetically often, however, nurses fall ill away from family and friends and in places where they have made no connection with local nursing organizations. Sometimes the nurse is too ill to make such connection. Oft-times she shudders at the very thought of confessing her plight. Particularly is this true of the lonely ones, those most in need of the sympathetic understanding of a kindred spirit.

We are not sentimental. We dislike trite phrases. But there is only one way in which to describe the social service for nurses that Mary Magoun Brown has given for three years under the aegis of the Red Cross and in co-

operation with Henry Street Settlement and Teachers College in New York City. Miss Brown has quite literally been an angel of mercy to more than six hundred nurses. More than three thousand visits were made, but the service rendered cannot be tabulated in approved statistical fashion. How put down in columns the real worth of the understanding kindness that knows just when to pack a trunk and buy a ticket, when to place the emphasis in treatment on diversion, or when on diet? Many services rendered have been tabulated, such as the number for whom hospital care was secured, the number sent to Bay Shore, that happy retreat on Long Island, for convalescence; but things of the spirit can neither be weighed nor counted. Neither words nor figures ever do justice to the shining spirit of true social service.

Miss Brown is now on the far side of the Atlantic or we should not have dared mention that modest person in these pages. We are deliberately holding her up as an example, because we know that in every city there are nurses pining for companionship, needing care, or maladjusted in some way. We know that no one person could ever uncover all the sick and unhappy nurses in a city like New York—nor perhaps in any other city—but we believe that Miss Brown has opened up a vista of what may be done, through coöperative effort, to help restore many useful members to society. We know we shall be forgiven for turning on the spot light of publicity if somewhere, somehow, this type of social service is extended.

A DISTINGUISHED OCCASION

NEVER were meetings more truly inspiring than the Alumnae conferences of the Department of Nursing Education at Teachers College in April. Every alumna rejoiced in Miss Nutting's restoration to health and in her address and contributions to the discussions, for she was at her own stimulating and inspirational best.

The feature which will make this year's conference forever memorable to those who attended was Miss Goodrich's response to the presentation by the Alumnae to the College of the Annie W. Goodrich Lecture Fund. The Fund will be used to secure occasional special lecturers. Of the gift Miss Goodrich writes:

I cannot let pass the establishment of the lectureship fund, which was made to seal, as it were, my little part in the development of nursing education at Teachers College, without some farther-reaching expression of my appreciation of the beautiful thought and tribute of my colleagues and friends than my poor, stumbling words on that occasion—an occasion which seemed to gather, as does the sky at sunset, in one massed loveliness, all the rays that have lighted the path throughout the heat and stress and strain of the long day, and that made a wonderful setting for those figures around whom must always be woven the history of nursing education—Dean and Mrs. Russell, Mrs. Helen Hartley Jenkins, Miss Nutting and Lillian Wald. It was a lovely thing to have one's connection at the college sketched by a pen that never fails to enrich and dignify whatever it touches. It meant much to have a colleague make the presentation who had worked close beside one through a period of unprecedented demand and anxiety. It was a profoundly touching thing to feel radiating through one the love and sympathy of those—some present and many absent—whose fellowship of thought and action have created whatever of enduring value those classroom

hours held. I wish I knew how to thank my dear colleagues and friends. I only know that I never can.

"DYING TO WIN?"

A MIGHTY social and intellectual force is assuming tangible and imposing form in Cleveland. The schools of nursing of Lakeside and Maternity hospitals are merging with the new School of Western Reserve University and, instead of organizing its own school, the Babies' Hospital will become the pediatric department of the greater school. How thoroughly logical the mere announcement sounds. What could be more reasonable than that the new hospitals forming what is known as the University Group Plan, together with the well established University Public Health Nursing District, should provide the teaching field for the University School? ¹

How pregnant with significance the announcement becomes when it is recalled that the Lakeside school has borne an honored name for more than a quarter of a century and that its record of achievement is an enviable one. It requires courage, vision and idealism to submerge such a school. Lesser in degree, because of its brief history, but not in kind is the action of the Maternity School. Is this a case of "dying to win?" It is death so far as form is concerned. We believe it is no more death of the spirit of these schools than we believe that the spirit of a great leader, such as Isabel Hampton Robb, dies when the body dies. Well we know that the spirit of that great woman still lives. The intellectual and

¹ Catalogues of the University School of Nursing are now available.

spiritual forces that have made Lakeside and Maternity what they are will live on in the new school, enriching and vitalizing it, endowing it with honorable tradition and, in a profound sense, perpetuating that spirit of service that must forever be the essence of nursing. With such a heritage, with suitable equipment, and with wise leadership, the great new school must surely attain its goal, that of developing and fostering a type of nursing education that will adequately prepare young women for community needs as expressed by the demands for administrators and teachers, in both the institutional and public health fields and for nurses for the care of the sick in institutions and homes.

IN REGARD TO INSTRUCTORS

NURSING schools are still having difficulty in securing instructors. Many schools are going to be hampered this year again because they cannot secure properly trained instructors for their work.

What is the trouble? There is a rare field for service here for those who are interested in nursing education. Salaries are improving and the opportunities opening up to instructors in the new central schools, in university schools, in visiting and hospital work are often very attractive to ambitious young women who enjoy study, who like the personal contact with students, and who prize a certain degree of independence in their work. What can be done to keep the ranks full and to prevent such a large turnover in this field? The main difficulties seem to be:

First. The heavy teaching schedules in many schools. It cannot be repeated too often that teaching requires a much

greater expenditure of nervous energy hour for hour than almost any other form of work. It requires more preparation. It is not completed in the classroom but follows the teacher to her office and bedroom in the form of papers and notes and examinations to be corrected. This means that the teacher must have a much lighter schedule of hours "on duty" than other workers in the hospital. Twenty hours a week is considered a maximum schedule of actual teaching hours for high school teachers while many nursing instructors carry fifty hours a week in teaching and in other assigned duties which may have no relation whatever to her main job.

Second. The average instructor has too many subjects to teach. It is still not uncommon to have a request for an instructor "to teach the Standard Curriculum." No teacher can do justice to ten or twelve subjects. If she carries two or three, it is all she can usually do well, though in the pioneer stage of any teaching work this limit may have to be extended a little. The vaudeville teacher is never a real asset, however, to an educational institution, though she may seem to be a great economy. The more subjects she tries to carry, the thinner and poorer the teaching, as a rule.

Third. In order to get any real satisfaction from teaching, it is necessary to have time and facilities for doing the job in something better than the sketchy, superficial way, and at the breakneck speed we often find in nursing schools. The teacher of science, for instance, knows that her students lose at least fifty per cent of the value of the course without good demonstration and

laboratory work, and she can't be really happy in her work until she can offer them the best she can give.

Fourth. The instructor has not yet won a recognized status in the majority of nursing schools. She is a sort of nondescript extra, sandwiched in somewhere near the end of the hierarchy of superintendent, assistants, head nurses, *et cetera*. That situation is improving, however, and we have now a few educational directors who rank as they should with first assistants both in status and salary. Few ambitious young women will put the time, money and effort into special preparation for teaching if they find themselves no further on at the end, than if they had remained on salary on the hospital staff. They must prove themselves, of course, before they are advanced to the higher positions and salaries, but such incentives should be provided if we are going to get and keep teachers in our schools.

It is reasonable to expect that these adjustments will take a little time and that the instructors will cheerfully bear their share of the difficulties during the reconstruction period, but we shall carry the present scarcity on through the years unless we can make the younger nurses see that there is something really interesting and tremendously worthwhile in this field and that the teacher has a very promising future before her.

In the meantime, what is each individual school doing to fill *its own vacancies*, not to mention any contribution to other schools? Would it not be expected that every school and particularly our larger and more fortunate schools, should aim to make their production at least equal to their consumption of instructors? Instead of wait-

ing, on the chance of securing a trained instructor from somewhere else, could more of our schools assist their own promising graduates with loans or scholarships and urge them to take training, assuring them of positions on their return? Much more might be done along these lines.

In order to interest young graduates in teaching, there is nothing better than giving them a little teaching to do. All head nurses and supervisors should, if possible, have *some* teaching in the form of quizzes or ward clinics or other class work. This helps also in relieving the regular instructors.

Institutes, summer sessions and evening courses are excellent ways of getting a little introduction to the teaching field, and extra time might more often be allowed as a special incentive to nurses in service who desire to equip themselves better in this way.

Trained supervisors and assistants are needed quite as much as instructors and many of these suggestions apply just as much to them, for they are responsible for most of the ward teaching. It is from these two groups that we are going to draw our superintendents of nurses, our deans of University Nursing Schools and our educational leaders, and unless we can get them started early in their special preparations we shall go on bewailing, as we do now, the lack of qualified women for our big responsible positions in nursing schools.

ISABEL M. STEWART

TUNE IN ON DETROIT

NO Convention has ever been planned with greater perfection of detail than the Biennial to be held in Detroit the week of June sixteenth.

Even the stay-at-homes, those who from choice or necessity will not attend the meetings, may experience the thrill of hearing the presidents of the national organizations and one or two other speakers over the radio. Note the radio program on another page and tune in on Detroit during convention week.

INTERESTING EXHIBITS AT DETROIT

THE program for the Detroit Convention is so rich and varied that those who attend are bound to feel like the small boy who, at Thanksgiving dinner, requested permission to slide down the banisters between courses, thus hoping to increase his capacity. Undoubtedly we shall all wish for some mental substitute for banisters during the great week in Detroit!

No one with any breadth of interest can possibly see and hear all that would prove profitable, so it is important that a wise choice of sessions and round tables be made. The program as published in April, with some additions and few changes, is increasingly promising. Long in advance delegates will have

planned for their more important conferences. We recommend that each one develop a convention technic! Immediately after registering, check on a program the events that must not be missed. Note on it all engagements. Allow definite time for exhibits. *Exhibits should be classed with those things one cannot afford to miss.*

Every inch of available space was long since "snatched up" by exhibitors. It will be used in a thoroughly educational fashion. Exhibitors, of course, will be delighted to receive orders, but their main purpose is that of letting nurses know about their products. Many of the wares to be shown are already well known. All should be better known.

If the time and thought spent on the non-commercial exhibits, of which there will be many, is any measure of their interest, they will be constantly surrounded by spectators. The lessons to be learned have to do with many phases of the nursing and health programs of the country. We urge you to make careful plans to see both commercial and non-commercial exhibits. You will be repaid.

A PRIZE ESSAY COMPETITION

Preliminary announcement of a prize essay competition on the vitally important subject, "The Inter-relationships of Hospital and Community," is made by The Modern Hospital Publishing Co., Inc., in the June issues of *The Modern Hospital* and *The Nation's Health*.

Three cash prizes of \$350, \$150 and \$100 will be awarded, and there will be such honorable mentions as may be authorized by the Committee of Awards.

The purpose of this competition is to concentrate the thought of hospital, public health, medical and social welfare workers on this timely subject for the purpose of crystallizing opinions and defining future objectives.

The general program for the competition may be obtained on and after June first from The Modern Hospital Publishing Co., Inc., 22 East Ontario Street, Chicago, Ill.

WHO'S WHO IN THE NURSING WORLD



XXXV. AGNES GARDINER SHEARER DEANS

BIRTHPLACE: St. Mary's, Ontario. PARENTAGE: Scotch. PRELIMINARY EDUCATION: Private and public schools of Ontario. BUSINESS COLLEGE: Detroit, Mich. PROFESSIONAL EDUCATION: Graduate in 1896 of Farrand Training School, Harper Hospital, Detroit. POSITIONS HELD: Supervisor, Children's Free Hospital, Detroit, 3 years; Superintendent, Woman's Hospital, Duluth, Minn., 2 years; established Central Directory for Nurses, Detroit, and served as Registrar, 1 year; Acting Superintendent, Visiting Nurse Association, Detroit, 1 year; Associate Superintendent, 6 years; Head Nurse, Tuberculosis Clinic, Department of Health, Detroit; Superintendent, City Hospital for Tuberculosis, 2 years; Department

of Nursing, American Red Cross, June, 1917, to July, 1920; Director, Social Service Department, Washington University Dispensary, St. Louis, 2 years. OFFICES HELD: Secretary, Wayne County Nurses' Association (now First District); Secretary, Michigan State Nurses' Association. Helped draft and secure enactment of law for registration of nurses in Michigan; Secretary, American Nurses' Association, 1909-1913; Member, Board of Directors, American Nurses' Association, 12 years; Member, National Committee on Red Cross Nursing Service, 1918 to present. PRESENT POSITION: Secretary, American Nurses' Association and representative at headquarters. ADDRESS: 370 Seventh Avenue, New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

OUTLINE OF A COURSE IN PEDIATRIC NURSING¹

BY GLADYS SELLEW, M.A., B.S., R.N.

THE demand for courses in pediatric nursing and child hygiene is constantly increasing. This demand comes from three sources; the students in schools of nursing, the students of the kindergarten training schools, and the practical workers who care for children. I feel that the schools of nursing are the logical centers for such instruction and their curricula should include definite courses in pediatric nursing. Such courses, planned for the student nurses, could be modified to meet the needs of the kindergartner and the practical worker.

The student nurse of today must fill a far more exacting position than she held a decade ago, and if she is to take her legitimate place as a prepared nurse she must be thoroughly competent to meet the new demands upon her skill and ability. The school of nursing gives a basis of instruction leading to the title of graduate nurse, but this is not all-sufficient; such instruction should make it possible for the nurse, during the later part of her training or as post-graduate work, to specialize in some

branch of nursing. The primary course of pediatric nursing must, therefore, include such nursing procedures and elements of child hygiene as will fit the student for the duties of a graduate nurse, and at the same time form the basis for specialization; although it cannot include the subjects peculiar to any specified branch of pediatric nursing.

In planning the course we must remember that the child is an entity; his needs cannot be divided into groups of physical and mental, nor can this entity be separated from his environment. The pediatric nurse must have some idea of social work and the elements of kindergartning, for she cannot adequately meet even the physical needs of the child without such knowledge. This is true even if the nurse limits her work to the care of the acutely sick child; and we know that the majority of our nurses will not limit their field to bedside work, but will advance to various forms of public health nursing. A nurse of this group will need the broad outlook even more than does the bedside nurse, and she cannot trust to late training to gain the social outlook or the elements of Froebel's teaching. She must receive the knowledge while she develops her skill in pediatric nursing. It must be an integral part of her training, guiding her work from the onset to the end.

If what I have just said is true, and both the ability to guide the child's

¹ This outline does not include nursing procedures, since there are many excellent books giving procedures necessary to pediatric nursing, nor does it give the principles of child hygiene, for there is also much literature on this subject. I have attempted to give an outline that might help an instructor who had not worked upon a large pediatric ward nor seen the conditions existing in the tenements of a large city, so that she may teach a class of nurses to meet these conditions if called upon to do so.

mental growth and the social outlook are necessary in the type of work for which the graduate nurse is preëminently fitted, they are of even greater importance in all branches of work where the nurse, the kindergartner, and the practical worker are being tried out, to prove who best meets the needs of the situation. The care of the sick child, the follow-up work of these cases, and the teaching of child hygiene in the homes, if not in the schools, belong to the nurse; the kindergartner will always fill those positions where the psychological needs of the normal child are preëminent, and some social organizations will always employ the practical worker where they consider that no special training is necessary. But there are other positions. For instance, in a day nursery the caretaker (I use the word caretaker advisedly to emphasize the precious charge that is hers, the care of the body, the training of the mind, and the vast opportunity for social service) shall she be a nurse, a kindergartner, or shall we leave this fertile unploughed soil to the practical worker? This is a problem to be answered by the needs of the individual case, but if the nurse is to fill positions of this nature she must have adequate training, that the children under her care may develop normally in body, mind, and character.

The kindergarten training schools have recognized that the physical and mental needs of the child cannot be separated and that their students must have training in child hygiene. In the Cincinnati Kindergarten Training School such instruction is given by the instructor in pediatric nursing in the School of Nursing and Health of the

University of Cincinnati, the course being an adaptation of the work given to the students of nursing. These lectures were included in the curriculum of the Kindergarten Training School primarily that the students might practice and teach by example the laws of hygiene in the kindergarten and the home. But this course has a secondary function; viz., to fit the young woman for positions open to both kindergartner and nurse.

I doubt if any untrained woman is competent to be in charge of a group of children. She should be taught the fundamental principles governing the care of the child and every school of nursing ought to stand ready to offer such a course. The primary reason why the practical worker is chosen for the care of the child in the day nursery, the orphan's home and the fresh air farm, is because she will work for a lower wage than does the trained worker. It is not a purely theoretical discussion of who is best fitted for the position; unfortunately we cannot disregard the economic side of the situation. The selection of the woman to fill these positions is influenced by the question: does the practical worker, with or without a minimum of training, the graduate nurse, or the kindergartner give the greatest service for the wage received? If the nurse is to fill these positions, the importance of which we are only beginning to appreciate, we must give her the best training that lies in our power. She must be able to prove beyond doubt that in value of service rendered for pay received, she outstrips all other workers.

We have shown that the conception of what should be required of a

pediatric nurse has changed in the last decade. We must consider the difference between the present type of student nurse and that of twenty years ago. Formerly our students were women of twenty-five or thirty years of age, accustomed to working in the home and to dealing with a situation as a whole. Now we have the student fresh from high school accustomed to study, and accustomed to performing definite forms of hand work under definite instruction, but unaccustomed to work, either mental or manual, away from the class room. We have in this girl an excellent foundation, the foundation which we need for the nurse of today, but she requires a different type of training than that given to the student of twenty years ago. This change, both in the product which the training school must turn out and in the raw material which it receives, calls for complete reorganization of educational preparation of student nurses.

An adequate course in pediatric nursing should include at least nine weeks upon a large pediatric ward where baby nursing procedures are demanded, and may be carried out by the student under the close supervision of an instructor in pediatric nursing. This course should be preceded by or accompanied by a series of lectures upon pediatric nursing, given by a physician. These lectures should include child hygiene and a discussion of the diseases of children, but in my opinion should not include any nursing procedures. The student's knowledge of pediatric nursing is increased by adding to these lectures a course given by the instructor in pediatric nursing. She might present the nursing procedure adapted to the dis-

ease discussed by the physician, or her demonstrations might be independent of his lectures and bear a close relation to the work in the ward at that particular time. It is possible that there is no pediatrician available to give the required instruction in child hygiene and diseases of children. It is then necessary that the instructor in pediatric nursing assume this function. She lacks the knowledge of disease that lies behind the physician's lecture, but a nurse of wide experience and earnest study may give a series of lectures from which the student may benefit as much as from the instruction given by the physician who is pressed for time and to whom the pediatric class is a matter of secondary importance. There are many books upon the diseases and general care of children which the instructor might use as reference or text books. If the pediatric ward is small and does not contain representative cases, it is necessary for the instructor to present a mental picture of those cases which the student is certain to meet in her later work. If possible such a picture can be made more vivid, more helpful, by a visit to a large pediatric hospital. There are many excellent text books giving nursing procedures peculiar to children and the adaptation to pediatric nursing or procedures common to other fields of nursing. But it lies with the instructor to bridge the gap between the detailed and mechanical procedure of the text books and its application to the living child. The lectures should be an integral part of the instruction upon the ward.

Since pediatric nursing is best taught through the clinical method, it is well to combine in each lecture a definite

nursing procedure with the care of a definite sick child upon the ward, impressing upon the mind of the student that each procedure is only one necessary detail in the general plan for the patient's recovery,—a plan worked out by the doctor and carried out by both doctor and nurse. Since few wards have cases illustrating every type of problem in the ward at one time, there can be no set sequence of lectures. But a tentative outline is as follows:

In the *first lecture* the student is shown how to lift and hold an infant. The flexibility of the neck and spine is shown and the need for adequate support. The danger of the nurse soiling her hands with the stool and thus carrying infection to the baby's face, is pointed out. We then show the necessity for the nurse washing her hands before touching another child.

This demonstration is followed by the bathing of an infant under one year of age. We choose a child who has the sores behind the ears, under the arms, and in the groin, resulting from careless bathing, whose body is rough from the use of improper soap and whose head is covered with the greasy scale common to the neglected child. A correct bath aims to avert these evils, thus giving the child bodily comfort, the basis of the doctor's plan for its recovery. It is well to assign this child to one of the students, not necessarily one who is working upon the pediatric ward at the time, to follow up and to report to the class upon its progress.

In the *second lecture* we show the students how the infant is fed at the breast, from a bottle, a Breck feeder, a spoon, a medicine dropper, and by gavage. Feeding the infant at the breast is demonstrated by the wet nurse feeding her infant before the class. This includes the care of the breast and the nipple and the manner of expressing the milk if the child is not to be put to the breast.

To feed the infant from the bottle is a simple task if the infant is well and strong, but to feed a weak capacious infant taxes the intelligence, ingenuity, and patience of the best pediatric nurse. The size of the hole in

the nipple must be adapted to the contents of the bottle and to the child's ability to suck and swallow. This point is demonstrated at length; several types of feedings should be used and nipples with large, small, and medium holes. A representative group of babies must be presented to the class and the students shown the different ways in which infants suck; that some babies draw the mouth closely around the nipple and so do not draw in air when sucking, while others grasp the nipple between the gums, holding the mouth in a horizontal position which causes the infant to suck in air while nursing. Nothing can be done to teach the infant to nurse properly, but he must be watched for abdominal distress.

The class is shown how to hold the infant and the bottle, and we stress the fact that the milk must always fill the nipple, covering the hole. We illustrate upon the blackboard (since we cannot do so under the x-ray) the position of an air bubble, due to the child's sucking in air while nursing, within the stomach, and how distress is relieved by placing the infant over the nurse's shoulder and patting him upon the back.

The preparation of the formula is not given at this point, as complete instruction in the preparation of feeding formulae is given to each student during her term in the milk laboratory; but the nurse is taught how to warm the bottle to the desired temperature and the length of time in which the infant should take its food. We find it necessary to teach this early in the course since all nurses on the floor must help at feeding time.

In this lecture we also consider the problem of teaching the child to eat its first solid food. The student nurse finds it hard to understand why a spoonful of cereal is of sufficient importance to warrant fifteen minutes or more spent in coaxing the child to eat. Our method of teaching the child to eat solid food is to place the cereal in the mouth and gently replace it as the child expels the mass. We use a tongue blade rather than a spoon to prevent hurting the gums and because a child's lips do not touch and empty the hollow of the spoon. The child gradually becomes accustomed to the sensation of the solid food in the mouth and throat and eats its cereal feeding. The same result may be obtained by gradually

thickening a liquid food. But whatever method is used, the importance of the child receiving solid food cannot be too deeply impressed upon the mind of the student.

We were fortunate in having an excellent example of the difficulty in feeding an unwilling child, and the results following a diet of milk not supplemented by any solid food. A child of about two years of age was sent to the hospital from an institution. He had the deformities resulting from rickets, the cross-bun head, the open fontanel, delayed dentition and enlargement of the epiphysis of the long bones. This child had consistently refused solid food and was still upon a fluid diet consisting chiefly of milk. It took three weeks of the most patient effort to teach this child to eat solid food, but when he left the hospital he was upon a regular diet for a child of his age.

The *third lecture* deals with the suitable clothing of the child. Many good text books give the proper clothing for the child, under varying conditions and at different years of age. Model outfits are of great assistance and should include clothing at different prices. We must teach the nurse to adapt the clothing to the scope of the parents' income.

In the *fourth lecture* we speak of the necessity of charting. In a home, the sick child is the object of absorbing and constant interest. Among the many irrelevant details in the mother's account of the child's day, the facts which the doctor must know are not always forthcoming. This individual interest is not possible upon a large pediatric ward with any force of nurses which it would be expedient to demand in a city institution. With our present forces we must rely upon exact and minute charting of all phenomena which the doctor must know.

This is difficult to achieve, for the nurse is apt to feel that a group of babies are delicious, amusing, lovable bits of humanity whom she cannot regard as seriously as she does her adult patients. Her delighted interest in this group of babies must be fostered; it is the nurse's substitute for the mother love which plays such an important part in the development of the child. The precious motive force must be entirely diverted into hard work, into detailed charting, and it is the task of the teacher to develop this natural love of

children until it suffices to keep the nurse at her difficult task, daily, hourly meeting the child's physical needs, with a rich surplus to fill his desire for affection.

But since the mother's mental registration of the child's day is impossible, the nurse must observe and chart every detail which the doctor would desire to know. This applies not only to the temperature, pulse and respiration, and all changes of the patient's condition but also to the manner in which the child has spent his day, the length of time spent in sleep, when he has cried and for what cause, the amount of food taken, refused or expelled, together with the number and character of the stools and the frequency of urination.

In pediatric nursing more than in any other field the doctor depends upon the nurse. For instance, in the case of the child who has contracted that most unfortunate habit of rumination, it is only consideration of the child's entire day that leads to diagnosis and cure. We had in the ward a child of about ten months who ruminated constantly and apparently lost the greater part of her feedings. As a result she lost weight to an alarming extent. The child was taken before the class to illustrate the necessity for charting the manner in which a feeding is expelled as well as the amount ejected. At the beginning of the hour the baby was fed and a nurse was detailed to carry her about the room and direct her attention from one object to another. The class was asked to observe the child during the period. The past history of the child was given and the change from milk to heavy cereal feedings was noted. The thicker the feeding the more difficult is it for the child to ruminate. It was explained to the class that such a case may be treated by tying the hands, thus limiting self-induced vomiting by preventing the child from putting the hand in the mouth and the fingers upon the back of the tongue.

A model cap designed to prevent movement of the jaw was shown. It was placed in position upon the child's head. The difficulty of keeping the cap in position was pointed out and also that this device did not absolutely prevent rumination while worn, nor break the child of the habit of attempting to indulge in the disgusting trick.

It is hard for the student to understand that

it is the bright and not the dull child who develops this habit. A bright child left in bed without diversion seeks to find pleasure for himself and stumbles upon the phenomenon that he can bring food back into his mouth and enjoy the pleasure of feeding twice. The food is then expelled and the child uses the mass as a plaything, much as an older child plays with sand or mud, stirring it round and round with his small finger and smearing it upon his face.

While these facts were explained to the class, the baby had been constantly entertained. Forty minutes after the food had been given the nurse ceased to amuse the baby by carrying her about the room and sat down with the child in her lap to take a few notes. Instantly little Katherine began to ruminate and expelled several drams of her food, but when placed upon a table before the class, she was so delighted with the novel experience of being the center of attention that she ceased to ruminate. The child was taken back to the ward and placed in her crib; it was one hour and ten minutes after the feeding had been given, but she began to ruminate at once and continued to do so until she fell asleep. Thus plainly was illustrated the point that we desired the nurses to grasp,—that mental stimulation is all that is needed to prevent a child of this age from ruminating.

The class was interested in the case and volunteered to amuse the child in their hours off duty. Katherine was played with during all of her waking hours for two days. She gained in weight and progressively demanded less stimulating amusement. After several days, close observation and a new toy at intervals were all that the child required. At the end of five days she had gained nine ounces in weight and had apparently forgotten that rumination was possible.

It was fortunate that Katherine was an exceptionally pretty child. She made such an attractive picture when happy and cared for, that the class was forced to separate their disgust at the habit from disgust for the child. In a plain child this separation is difficult and habit and child are alike condemned.

Of course in this case, the nurse was able to assist the doctor in both diagnosis and cure in greater degree than if the condition had

been pathological or organic, but it serves to illustrate my point that it is only by close observation and obtaining a detailed record of the child's entire day that we are able to be of true assistance.

The *fifth and sixth lectures* present the nursing care of the premature. The causes of prematurity and congenital debilitation as well as the characteristics due to these defects are given to the nurses by the physician in his course of pediatric lectures, but we may add to and supplement this instruction by many details of nursing care. We must remember that it is functional and not anatomical characteristics that should govern the maturity of the child. We illustrate this point by reference to past cases in the ward. Many of the infants who have not lived even twenty-four hours have exceeded in weight and length infants who have survived. In the absence of acute diseases, it is the ability to lead an extra-uterine life, viz., the strength of the heart, the ability to obtain oxygen through the lungs as opposed to conducting this transfer through the blood of the mother, to maintain the temperature of the body, to suck and swallow without increasing the difficulty of respiration, that determine if the child shall live. The nursing care must be directed toward helping the child in the performance of these bodily functions.

An adult maintains body heat within a wide range of external temperature, but the premature and congenitally weak infant cannot do this. Covering with unwarmed blankets prevents radiation, but the infant generates heat so poorly that the body heat is not perceptibly raised. This is illustrated constantly when children are brought to us who, though rolled in blankets and quilts, are cold to the touch and whose temperature is so low that it does not register upon the clinical thermometer. External heat in some form must be applied. The infant may be placed in a warm room or an incubator, or hot water bottles and jugs may be used. The nurse must clearly understand that it is her duty to learn what external temperature will produce a normal body temperature in each individual infant. This is done by frequent comparisons of the temperature of the surrounding media and the body heat. When the relationship is established the external

temperature is kept at that degree which will produce a temperature of 99 to 100 degrees in the infant. There is as much danger from overheating the child and subjecting it to fever temperature as from allowing the body heat to be subnormal.

It should be explained to the students that an abnormal temperature wastes the infant's strength and in this way temperature plays as important a part in the gain or loss of weight as does the feeding. A child's strength is dissipated by a high temperature or by the effort to maintain bodily heat in a cold atmosphere. Even an older child who lies cold and wet does not gain, for an undue part of its nourishment is used for energy and heat, leaving less for gain in weight. At this point all procedures for keeping an infant warm are discussed.

The feeding formula is the doctor's responsibility, but feeding the infant is the nurse's part. If a bottle is used, the size of the hole in the nipple is of great importance. If we find that a hole large enough to enable him to suck with ease gives such a free flow that he strangles, we are forced to use a very small hole, and though the infant is allowed to nurse for an indefinite time and obtains the entire feeding, he has wasted his feeble strength. Such a child should be treated as if he were unable to suck. He should be fed with a medicine dropper, a Breck Feeder, or by gavage. The fact that an infant will take an ounce of milk from a bottle if he is permitted to suck for three-quarters of an hour does not compensate for the muscular exercise involved, and the infant inevitably fails to gain in weight or even loses weight. The danger of suffocation is ever present. The child must be constantly watched and the nurse taught to recognize the first signs of difficulty in breathing. The danger is greatest when the child is being fed, especially if fed by gavage, and we impress upon the nurse the need of the utmost care. All means of promoting respiration should be ready at hand.

Lectures seven and eight are devoted to nursing procedures peculiar to children and the adaptation to pediatric nursing of procedures common to other fields of nursing. There are many good text books upon this subject.

In the *ninth lecture* students are taught

nursing procedures common to a routine admission of the child to the hospital. They are taught to set up trays for the general examination as well as for Shick and tuberculin tests and for the taking of a Wasserman. The students are shown how to restrain a child for various treatments or examination.

In the *tenth lecture* we show the social importance of the child receiving medical attention. The procedures given in the ninth lecture are a necessary part of the child's admission to the hospital, but they are not an end in themselves, they are a means to an end—the relief of a sick child. The nurse's part in the realization of this end demands more than good nursing; it demands an appreciation of the social side of the problem. If the child's parents are unable to pay for doctor and nurse, the removal of the child from the free hospital means that he suffers physical harm. Rudeness or lack of tact upon the part of a nurse in a private hospital may result in the patient leaving that hospital, but he has the opportunity of entering another. A similar situation in a municipal hospital may mean that the patient forfeits his chance of hospital care. Whether the child who needs hospital care receives adequate attention depends primarily upon the parents' willingness to leave the child in the institution, for there is no law compelling a mother to feed her baby clean milk, to keep a heart case in bed, to furnish rest, quiet, and good food for the chorea, and to send the child to the hospital if she is unable to carry out the provisions of the law outside of the institution. The nurse must remember that the ignorant parent judges the whole treatment of the case from that small portion which she sees and is able to comprehend. A hasty word, an unchanged diaper, stand to the mother as the symbol of all the mysterious things that are done during the time that she is not present. We cannot over estimate the nurse's part in the creation of an atmosphere of confidence or the reverse.

This lecture may be given by a public health nurse, a worker from the hospital social service, or the instructor of pediatric nursing. But whoever gives this lecture it should include the answer to this question: What has been the effect upon him?

For three years, under the auspices of the Hospital Social Service I visited the homes of little patients and found the answer to this question awaiting any one who came with the sincere desire to help the child. The home conditions of the patients in any large municipal or charitable hospital vary from wretched poverty to comparative comfort. Very few have the means to purchase health. Much of the distress is due to unwise expenditure and ignorance of the advantages which the city and charitable organizations offer to all who need them. Education is the best remedy for this evil and social workers unite in attacking it from every side. Instruction is given by pamphlets, the newspaper, and magazines; but the more efficient method is by example and experience. To live out a precept is the best way for an individual to appreciate its true value. While our patients are under our care we can show them the principles of hygienic living, adding to our care of their bodies work of great educational value.

In a campaign for better physical environment we may divide the factors of environment into two groups. First, those which the individual purchases for himself; and second, those which are provided for him by the community.

We must teach wise expenditure of the income. There is a right way and a wrong way to feed, house and clothe a child on any given income, however small. To do the best that can be done on a sum of money is very different from haphazard expenditure. The nurse must constantly teach the rules of health and concretely show how they can best be followed on a small income.

In regard to the second group, the advantages offered us by the community in which we live, many of our patients are wholly ignorant or confuse accepting the aid that is necessary to make themselves or their family of greater social value, or lessen the burden of their dependence on society, with pauperism, which many realize to be degrading. Of the advantages offered by the community many are given us in proportion to our need without regard to our ability to pay. Police and fire protection are in this group. Other advantages are offered only to those who are unable to pay for the service

rendered by a private source. Advantages of this type are hospital care, free lodging, and the many advantages offered by the various social organizations. There is no stigma attached to the first group, for rich and poor alike enjoy and appreciate the privilege bestowed. Both truck driver and tourist enjoy a good road. On the contrary, to benefit by the advantages of the second group is thought akin to pauperism. The social point of view is completely lacking in this conception. To illustrate the point by reducing the question to the ridiculous, the tramp who has taken advantage of the free bath is thought by some to have confessed himself a pauper. He has not; he is less of a social drain than if he had spent the fifteen minutes on a dusty street corner rather than under the shower. There should be no stigma attached to the acceptance of any benefit through which the individual may contribute to the social good. It is not accepting charity; it is the parent's duty to place the child in a free hospital if she cannot procure adequate care in any other way.

Again, many of the poor of the city feel that an advantage must be worthless when those who can afford to pay do not, or are not permitted, to accept it. The intrinsic worth is disregarded, for it is human nature to consider anything of little value which is offered without price. Education must correct this false point of view and at the same time the service conferred without charge must be made more adequate to meet the need than it is at present. The nurse must take her part in procuring health for the community both by education and by nursing service.

We often find it hard to understand why our little patients are so unruly, spoilt in the true sense of the word, and why the parent is at the mercy of the child's varying whims. After eighteen years of work among the children of both the rich and the poor I tentatively offer this explanation: Much, perhaps the purest part, of an adult's happiness is reflected from the happiness of a child. We love to see happy children and we especially love to have them attribute their happiness to us. Father and grandfather compete for the child's favor by bringing home toys and candy. Mother and grandmother let the little

fellow do just as he wishes, repaid by a hug and a kiss for all the inconvenience that his baby caprice may cause. But the educated parent curbs the desire to give the child happiness here and now, by a deep and controlling vision of perfect manhood and womanhood,—a vision which never has been realized but which stands before us with each successive generation. We feel the mistakes of our own bringing up; we will not make the same mistakes with our children; they shall be all we might have been. This power to postpone enjoyment, to build for the future, goes hand in hand with a feeling of permanency in surrounding conditions and is a concomitant of education and comparative leisure. The parents of our little patients have as deep a love for their children as the parents of the rich; we see that at every turn. But the concrete manifestation of their affection is very different. When the present existence is from hand to mouth, the individual of necessity lives in the present moment, he cannot build for the future. The child is the joyous spot in a hard life, but he is also the helpless being who can be made happy or miserable at the parent's will. A hard day's work means a worn out man. The child is disobedient; the natural impulse is to scold or punish it; the father obeys this impulse. The child cries. The parent's love of power having been gratified, his exasperation having been spent in the correction, his love exerts itself and the child is kissed and caressed. The whole performance is repeated a dozen times in an evening until we find a child constantly disobeying, a parent constantly scolding or punishing, and confusing the effect of the scolding by petting the child and proudly repeating the story of misdeemeanor, punishing and caress to every neighbor. The whole situation is considered the normal method of bringing up a child. The boy's rebellion is considered spirited and cunning. It is not a real annoyance since it can be temporarily crushed when the parent desires; and the future is left to take care of itself. This may help us to understand the problem of handling this child when he is under our care.

We are often surprised to find to what extent parents will follow the lead of the child. This is particularly true among the

ignorant class. The parent desires to give the child every benefit that he should receive, but frequently makes the mistake of letting the child be the judge of what is for his best good. A society is judged by the care which it gives its children, but it is the height of folly to let the child be the judge of what this care includes. A parent who at some expense and much thought and trouble has brought a child to the hospital, will take it home again because the child cries or is unwilling to stay. This indulgence is explained by several factors in the life of the poor, primarily because the child of the poor is of economic value to the parent. At a very early age he helps his elder, though only by wiping dishes, running errands or caring for the younger children. Usually the parent, perhaps a low grade moron, mental age twelve years, soon begins to consider the child's opinion as of present value, not as an indication of future development. This is especially true among immigrants where the child knows the bewildering ways of a new country, speaks and reads the language, and is in fact the connecting link between the parents and the new world. Until the parent can be educated to the point where he understands and assumes the responsibility of giving to the community a valuable adult for every infant that he brings into the world, society must assist the child, by legislation where it is necessary, by less drastic methods where possible. A nurse with tact and patience and wisdom can win over both child and parent to a voluntary compliance with what is obviously for the child's best good.

Lectures eleven and twelve are devoted to the various ways of amusing a sick or convalescent child. The sick and convalescent child must be amused, but we should remember that the excitement which is normal for the healthy boy or girl may be a drain upon the strength of the weak child. The amusement must serve to keep the child quiet. Its primary aim cannot be to arouse new interests nor further mental development. This applies to games, hand work and even to stories.

If it is not possible to devote several hours to instruction in games and hand work, preferably given by one of the instructors of a Kindergarten training school, a few of the

simpler forms of paper work may be shown by the instructor of pediatric nursing. Cutting out paper dolls, making paper furniture, turning a blank book into a doll's house, making paper caps, etc. are all so simply done that it is more necessary to impress upon the mind of the student the requirements of the amusement than to show how the toys are made. In a hospital where a kindergartner teaches upon the floor, the students have the opportunity of observing her work.

The *thirteenth lecture* teaches the student how to select and tell a child's story. The art of selecting and telling a good story should be taught by a kindergartner and unfortunately it cannot be acquired in a few hours. But a few guiding principles may be given, trusting to the student's ingenuity to make up for the lack of training.

The story must be suited to the age and mental development of the child and to the purpose that we have in view. For instance, a story told to comfort the child after visiting hours when his parents have left the ward must be more thrilling than the tale which serves to prevent his restless movements and quite different from the bed-time story. But whatever the story may be, there are several points which will enable the story teller to produce the desired effect. In fact, I believe that the real charm, the magic power, lies in this:—the child must identify himself with the characters in the story, he must no longer be a little boy listening to a story, he must be in the story, be the hero, schoolboy, prince or gingerbread man, living the life you choose to make him lead. How do we produce this illusion? The story must be realistic,—this does not mean that the story must be true to life. It means that the circumstances must appear probable to the child, and of a nature that he is able to understand. What is impossible upon our earth is the natural course of events in "the land of faerie," and such a land is full of interest to the child. For example, "The prince caught the winged horse by his golden bridle and jumped upon his back. Up, up they flew toward the moon, the silver wings of the great black horse beating the air." In a fairy story this chain of events is probable.

It would destroy our interest completely, it would not be true to our past experiences in fairyland to hear that the horse which the prince had found did not possess wings, had a bridle of leather and was totally incapable of carrying any one to the moon even if that time-honored belief in the Man in the Moon were true.

Another interesting thing about the fairy story is that the hearer must be made to assume the mental attitude of the inanimate object to which we impute human characteristics. Little gingerbread boys are always eaten. It is their sole reason for existence. Little Christmas trees are always chopped down and carried to some home where they are trimmed and lit for Christmas Eve. Afterward they are tossed on a dump. If instead of that uneventful fate, the tree is found by a little boy and girl who carry it home and, tearing off the small twigs, build up the dying fire in the cracked and broken stove, the little tree quite naturally is delighted to be once more the center of attention, once more to make the children happy, and every pine needle crackles joyously in the tiny tongues of flame. The child may still put himself in the place of these inanimate objects; but since theirs is the fate common to these objects he is not disturbed. As soon as he loses the point of view of the object he is out of the story, so with the normal child, we do not find him frightened when the tree is burnt or the gingerbread boy is eaten. To reiterate, if he is the gingerbread boy he thinks it a little untimely but quite natural that he should be eaten; if out of the story, it is quite impossible that he should be eaten, but natural that the little brown effigy should be.

But always remember that when you have forced your child back to earth by too great a discrepancy between the adventures of the inanimate object and those which he could experience, close the story.

The *fourteenth and fifteenth lectures* are devoted to child psychology. A discussion of the Binet-Simon tests should be included; a nurse must realize that such a test is not conclusive proof of the child's intelligence; it is merely a help in dealing with a difficult situation.

ON THE NATIONAL LEAGUE OF NURSING EDUCATION

(Continued from May)

WHAT RECORD HAS YOUR STATE MADE

In The National League of Nursing Education Membership Campaign
beginning March 15th and ending June 15th?

HOW MANY Nurse Superintendents of Hospitals,
HOW MANY Principals of Schools of Nursing,
HOW MANY Assistants in Schools of Nursing,
HOW MANY Teachers in Schools of Nursing,
HOW MANY Supervisors in Schools of Nursing and Hospitals,
HOW MANY Head Nurses in Schools of Nursing and Hospitals,
HOW MANY Head Workers in Social, Educational and Preventive Nursing,
HOW MANY Executives and Chief Nurses in the Government Nursing Services,
Have joined The National League of Nursing Education during that time?

IN YOUR STATE

IS THE NATIONAL LEAGUE MEMBERSHIP TWICE THE
NUMBER OF ACCREDITED SCHOOLS OF NURSING?

IF NOT

Help your State attain this goal.

Multiply your efforts.

Reach every individual nurse eligible for membership.

Make these last fifteen days the most compelling and telling in the Membership Campaign.

A GOOD SLOGAN

JOIN THE NATIONAL LEAGUE OF NURSING EDUCATION
BEFORE THE DETROIT CONVENTION

Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

RED CROSS' PART IN BIENNIAL CONVENTION

THE eyes of the nursing world are focused on Detroit this month, for the Twenty-fourth National Nursing Convention is being held in that city from Monday, the 16th, to Saturday, the 21st. An unusual degree of interest is manifest, for the present is an important time in the history of nursing. In this biennial meeting of the American Nurses' Association and of the National Organization for Public Health Nursing and the annual meeting of the National League of Nursing Education, the Red Cross has its due part. On the opening night, Monday, Clara D. Noyes, as Chairman of the National Committee on Red Cross Nursing Service and National Director, will speak on The American Red Cross Nursing Service.

As President of the N. O. P. H. N., Elizabeth G. Fox, National Director of the Red Cross Public Health Nursing Service, will take a prominent part in those meetings for which that organization is responsible. On the opening day, she will deliver one of the three presidential addresses which are to be broadcast. Miss Fox has just returned from Europe, whither she sailed on April 9 to attend the meeting in Paris April 23-25, of the Advisory Board for the League of Red Cross Societies, of which she is a member, whose members then came together for the first time to confer on international nursing problems. She remained over to attend the

third session of the General Council of the League, April 28-May 2.

On Tuesday afternoon Miss Noyes will preside at the Round Table of State and Local Committees on Red Cross Nursing Service, and on Wednesday afternoon at a meeting of the National Committee on Red Cross Nursing Service. She speaks again on Friday afternoon at the meeting of the National League of Nursing Education when, under the general subject, Some Outstanding Activities in the Nursing Field, she will discuss the specific one, Schools of Nursing in Foreign Countries Assisted by the American Red Cross. Later that same afternoon (Friday) Mrs. Isabelle W. Baker, National Director Home Hygiene and Care of the Sick, American Red Cross, will be chairman of the Round Table discussion on Home Hygiene and Care of the Sick.

During the week the Red Cross Division Directors and Field Staff representatives present at the Convention will attend a special luncheon for an exchange of Red Cross opinion.

A description of the attractive Red Cross exhibit is to be found elsewhere in this number.

INTERNATIONAL COURSES IN LONDON

It is announced by Katherine Olmstead, Chief of the Division of Nursing of the League of Red Cross Societies, that the Fifth International Course of

Training in Public Health Nursing established by it in coöperation with the principal official and unofficial British health agencies, will open in London on September 1, 1924, continuing to July 1, 1925, at the Bedford College for Women (Regent's Park), University of London, England. In the four years since this course began, forty-eight nurses from thirty-one countries in many parts of the world have come together each year for preparation to enable them to take executive and teaching positions in connection with health nursing activities.

Some countries, such as the United States, have ample facilities for fitting its public health nurses to meet the needs and circumstances peculiar to local communities, but other countries with an adequate system of hospital training have little or no training in public health nursing; and yet others have no organized facilities for adequate training in either. It is to women in countries coming specifically under the last two categories that this International Course is of marked value. But it is also interesting to nurses in countries under the first category, as a means of broadening their educational standards and gaining valuable experience.

No student is accepted for this International Course unless her application is endorsed by the Red Cross Society of her country of origin and unless she is engaged, or has reasonable prospect of being engaged, by the Red Cross Society of her country, or by some approved public or private organization, to undertake public health nursing which will raise the standards there. Those taking the full course are entitled

to try for the certificate of the British Ministry of Health and the Board of Education, as well as the diploma given by the League of Red Cross Societies and the Bedford College Certificate. The most important of the nursing and social organizations in London afford help to the students of the course which includes lectures, conferences, individual field demonstrations, and excursions to centers of instruction in the practical functioning of health services. The cost of the course is two hundred and fifty pounds sterling (approximately \$1,100 at the rate of exchange at the moment of writing, and about \$1,210 normal rate of exchange) which covers all tuition, maintenance, and incidental expenses, exclusive of travel and clothing.

It will be recalled that as a token of good will and approval of the effort of other nations to prepare nurses for public health nursing, the American Red Cross sent Dorothy Ledyard and Charlotte Simon on full Red Cross scholarships to attend the first International Course in Public Health Nursing, 1920-1921.

NEW COURSE ESTABLISHED

Following many requests for information regarding the best methods for securing advanced instruction for directrices and teachers of schools of nursing, the League, in conjunction with Bedford College for Women and the College of Nursing, London, has arranged for a second course—an International Course for the Training of Nurse Administrators and Teachers in Schools of Nursing—for the special purpose of providing an advanced course of study in administration and other training

school problems. Those details above regarding the first International Course are applicable to this also, and some of the theoretical part of both courses is identical. But there are additional lectures, and the practical and observation work of the courses are entirely different. Only fully trained nurses with a thorough knowledge of the English language are eligible for this course.

At the very moment of writing, Nursing Supplement No. 4 of the Information Circulars of the League of Red Cross Societies arrives. It contains two interesting articles by Milda Karin, graduate of the International Course 1922-23, on Infant Welfare Work in Riga and by Miss Xavier, graduate of the International Course, 1921-22, on A Public Health Nursing Center in Siam, describing the work they have been carrying out since returning to duty.

Another list of names of nurses is included this month, but the present one comprises those who have had their Red Cross enrollment annulled. This action has been taken by the National Committee on Red Cross Nursing Service for various reasons after due investigation and consideration of the facts in the individual cases; in many instances it is due to the fact that neither National Headquarters nor the local Committees have been able to get in touch with the nurses despite every effort to locate them made through every possible known source for a period of two years or longer.

Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to

the Nursing Service at National Headquarters, as these always remain the property of the Red Cross.

Sophie Albert, A. Beulah Alwein, Eva May Anderson, Margaret E. Anderson, Agnes Martin Archer, Christine F. Arndt, Gertrude Edna Asher, Rebecca Flower August, Mary Baber, Mrs. R. V. Babcock (nee Edna Underhill), Loutie Isabelle Baker, Mrs. Katherine Beale (nee White), Mrs. James C. Beatty (nee Laura W. Bryant), Mrs. Verna Bender (nee Cramer), Leonora Bennett, Mrs. Elaine Bessinger (nee Brown), Mary I. Bierstein, Anna Katherine Bitner, Ruth C. Bliss, Antoinette Boecker, Mrs. Charles Bold (nee Marie Ann Ott), Frances Marion Bourns, Margaret Elizabeth Bowland, Mrs. Mary J. Boyd (nee Sheehan), Mrs. Catherine P. Boyden (nee Harrington), Mary M. Boyle, Mae Agnes Brennan, Mary A. Brightbill, Mrs. Mary Bronson (nee Anderson), Mrs. Emily D. Brown (nee Harron), Mittie May Burns, Mrs. Marguerite E. Bryne (nee Darcey), Claire M. Bush, Gertrude Emily Buch.

ITEMS

An American Red Cross nurse, Helen Lillian Bridge, Director of the Warsaw School of Nursing, Poland, has been the first foreign woman to be decorated with the highest Polish order, the Order Polonia Restituta. So far as is known, this honor has been bestowed previously on but three Polish women. Miss Bridge, who is a native of Franklin, Ohio, a graduate of the Miami Valley Hospital Training School, Dayton, Ohio, a B.S. of Teachers College, Columbia University, and who was formerly Acting Superintendent of the Washington University School of Nursing, St. Louis, sailed for Poland in April, 1921.

Other decorations awarded Miss Bridge are the silver medal of the Polish Red Cross, presented by its President; and the silver medal on the ribbon of St. Anna, presented by the administrator of the Primorsky district on behalf of the all-Russian Government for her work among Russian nursing aides and as Director of the Bureau of Nursing Education in Vladivostock, when she was serving under the American Red Cross Siberian Commission, 1919-20.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

BREAST FEEDING

BY E. J. HUENEKENS, A.B., M.D.

IT is a truism that public health is purchasable, but the time has come when we must balance our budgets and decide which divisions of public health are paying dividends. We must begin to place public health on an efficiency basis and figure out how much in preventive mortality and morbidity we are getting for our money. If we find that a disease with an extremely high death rate, such as pneumonia, does not in the present state of our knowledge, readily lend itself to preventive work, then we must retrench in this particular department and expend our money and effort in more profitable fields. If we look at public health from this business-like standpoint, we cannot fail to rank the promulgation of breast feeding education as one of our best investments. To prove the truth of this statement will be the object of this article. I shall endeavor to demonstrate two theses. First, that increased breast feeding dramatically reduces infant mortality; second, that the breast feeding education plan inaugurated in Minneapolis definitely increases breast feeding.

For years loose statements have been made concerning the relative mortality in breast fed and artificially fed infants, but until recently there has been scant statistical evidence to support this. However, a recent study by the Children's Bureau at Washington has remedied this defect. This statistical study comprised 22,422 live-born infants in eight American cities and a preliminary

study of these figures has just been published.¹

TABLE NO. 1

MONTHLY MORTALITY RATES, BY TYPE OF FEEDING; INFANTS IN EIGHT CITIES

MONTHLY PROBABILITY OF DYING PER 1000 INFANTS

Month of life	All types of feeding	Exclusively breast-fed	Partly breast-fed	Exclusively artificially fed
First -----	44.8*	16.9	36.4	54.7
Second -----	9.3	5.8	14.7	24.6
Third -----	8.1	3.7	12.9	21.2
Fourth -----	8.0	3.4	9.0	19.2
Fifth -----	7.7	3.3	5.7	18.1
Sixth -----	7.4	2.1	5.9	17.7
Seventh -----	6.3	1.9	4.0	14.1
Eighth -----	5.8	2.9	3.3	11.3
Ninth -----	5.7	3.2	2.9	10.7

Woodbury² has carefully analyzed these figures and has shown that even after deducting the unusually large numbers of prematures and twins from the artificially fed group and after making due allowance for the economic circumstances of families, the relative proportions are not markedly changed.

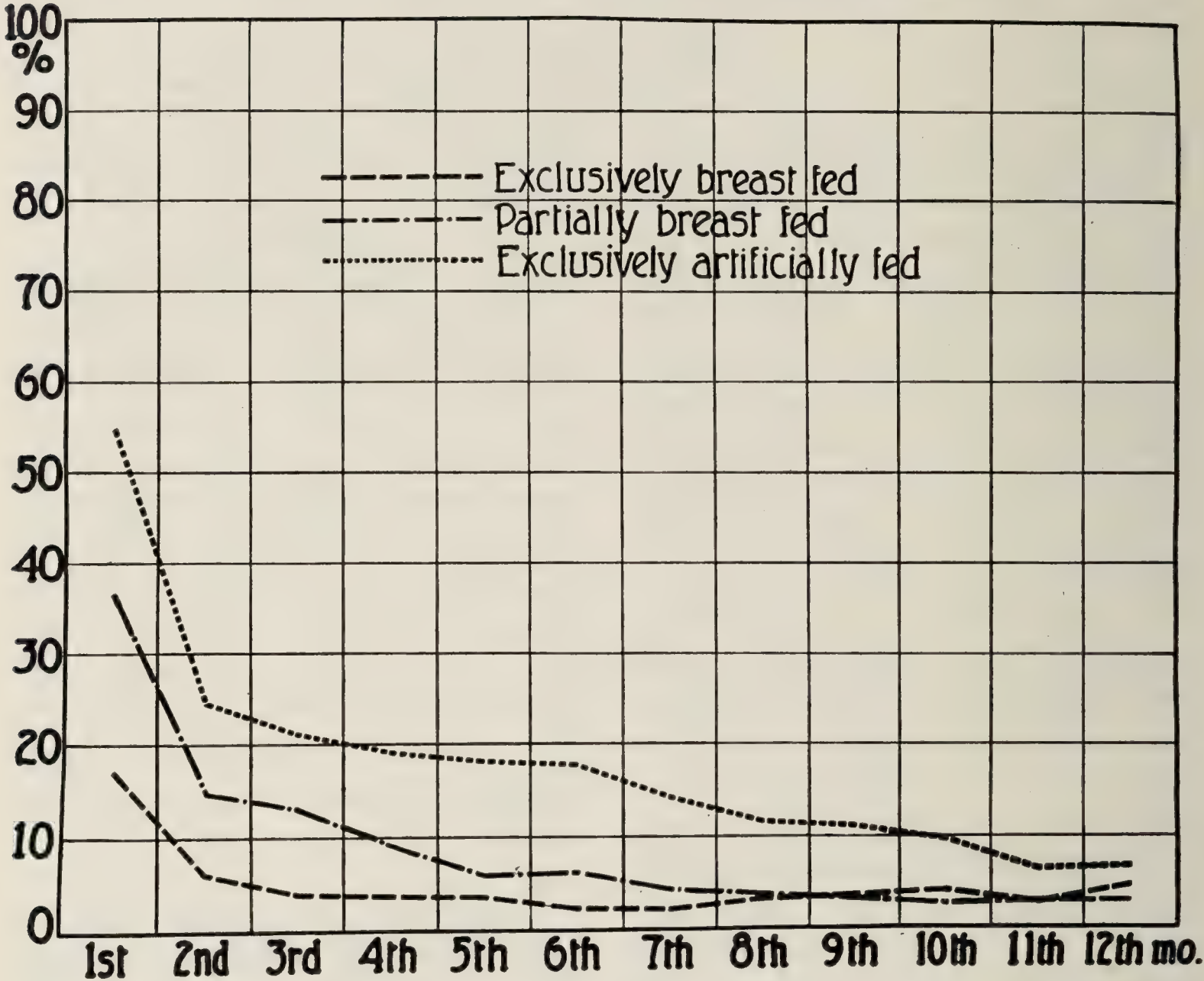
He summarizes the work as follows:

The analysis has shown that artificial feeding, as actually practised in typical city populations, is associated with mortality between three and four times as high as the mortality among breast fed infants. This excess mortality is not to be explained either by the

¹ Table No. 1 shows that the mortality in artificially fed infants is between three and four times as high as among breast fed infants.

² The Relation between Breast Feeding and Artificial Feeding and Infant Mortality. Robert M. Woodbury, *American Journal of Hygiene*, Vol. 2, No. 6. 1922, p. 688.

MONTHLY MORTALITY RATES BY TYPE OF FEEDING
MONTHLY PROBABILITY OF DYING PER 1000 INFANTS



slight overweighting of the group of artificially fed with infants in certain groups characterized by high mortality rates; and it appears in all nationality and earnings groups, though with variations depending probably upon the particular conditions prevailing in these groups.

This study by the Children's Bureau establishes beyond all doubt the relative mortality of breast fed and artificially fed infants.

The second question to be determined is, Can our breast feeding education work really increase the practice of breast feeding enough to repay our efforts? I will first give some general facts about breast feeding.

In the last ten years great advances have been made in the knowledge of

artificial feeding of infants, but in spite of this progress, we have no food which begins to compare with mother's milk. The best of the artificial foods are but poor substitutes. The two main advantages of breast milk are: first, its almost perfect digestibility for all sorts of babies and under all sorts of conditions; second, its protection against every kind of infectious disease except tuberculosis. Tuberculosis is highly fatal for young infants and no mother with open tuberculosis should nurse her baby. If, however, she has small-pox, scarlet fever, diphtheria, tonsillitis, or any other infectious disease, she may do one of two things, either express her milk and feed it to the baby, or have

it nurse directly from the breast, the mother taking the precaution of wearing a mask over the nose and mouth. (This face mask should also be worn when the mother has a common "cold."). The breast milk contains antibodies, or protective bodies, against these diseases and the baby will not contract the disease at all or will have it in a very mild form.

It is now almost universally recognized that breast milk is the best food for infants, so that of late years our main problem has not been so much the education of people as to the value of breast milk, but more in showing mothers how breast feeding can be continued under adverse conditions. Two most frequent reasons for prematurely weaning the baby are: first, the breast milk does not agree with or is "poison" for the baby; second, the supply is insufficient. As regards the first reason, the breast milk may vary in its food value, some being richer than others, but it is always good. There is, however, some show of reason in the widespread belief that some mother's milk disagrees with the baby. Shannon has recently shown that occasionally certain articles of the mother's diet, such as eggs, may pass unchanged into the breast milk. If the baby should be sensitive to that particular food it may cause colic, digestive disturbances, eczema and so forth. However, even when this occurs, it is never an excuse for weaning the baby, but rather, the offending foods should be eliminated from the mother's diet. The second excuse given for premature weaning, that of insufficient or total loss of breast milk, is much more commonly employed. In the vast majority of cases

the mother has plenty in the beginning, but the baby being a poor nurser, or as the physician would say, having its sucking reflex poorly developed, does not properly drain the breasts, especially of the last part of the milk, which is the richest in cream, so that gradually the breasts secrete less and less. If proper precautions are taken early, this can be avoided. As it is often difficult for the mother to discover this soon enough, physicians now advise all mothers to take their babies to their private physician or to Infant Welfare Clinics within two or three weeks after birth and continue this at regular intervals until the final weaning. The best time for weaning the baby is from the ninth to tenth month, though the child should be prepared for this by gradual addition to the diet of cereals, vegetables and cow's milk, so that there is no possibility of a digestive upset.

There are various measures by which the supply of breast milk may be maintained. The baby should be nursed regularly every four hours if possible, or if that is not feasible, every three hours. The breast feeding should never be omitted and a bottle feeding substituted, for this invariably decreases the milk supply. If artificial feeding must be resorted to, it should be complementary, that is, given after each nursing and the smallest amount compatible with making the baby gain. The mother's diet should consist of plenty of any good nutritious food within range of her digestion. The old idea, widely held, that she should drink vast quantities of fluids, should not be carried to such an extent as to interfere with her appetite for more substantial food. Accompanying these measures,



FIG. 20.—First position in the expression of breast-milk from a large, pendant breast, showing the thumb and fingers properly placed and pressing backward.



FIG. 21.—Second position, showing compression of the breast between the thumb and fingers, well behind the nipple, and the milk coming in streams.

the mother or attendant must thoroughly empty the breasts after each nursing. Formerly this was done by means of a breast pump, but experience has shown that after the knack is acquired, manual expression works much better.

The technic of expression is as follows: The breast is grasped between the thumb and forefinger, just back of the areola, the fingers pressed firmly but gently together, squeezing a portion of the breast between them, and then with a *sudden* motion toward the nipple the milk is ejected in a stream. In the last motion the fingers do not move their relative position, the breasts being allowed to slip between the fingers. The technic requires practice, but when once learned is easily done.³ The success of this method depends on the fact that with a weak or "lazy" nursing baby the breasts are not fully emptied and as a result secrete less and less. The objection has been made that the success is entirely due to psychological suggestion to the mother, but the underlying biological principle is well recognized in the dairy industry where the thorough emptying of the cow's udder is recognized as a necessity for a continued maximum supply.

We have many examples of mothers whose milk supply has practically disappeared and who, in two weeks, by faithful attention to emptying the breasts, have had a full supply for their infants.

When there are anatomical defects in the infant, such as hare lip or cleft palate, or in the mother defective nip-

ples or breasts, which prevent proper nursing, the above method will save the breast milk for the baby. The writer had under his care a baby whose mother was never able to put it to the breast, but for nine months she expressed enough milk to fully supply its needs.

Five years ago the late Dr. Sedgwick began to apply these well known facts in an organized way to the city of Minneapolis as a whole. The work introduced by him has been continued down to the present time, though modified somewhat by financial considerations.

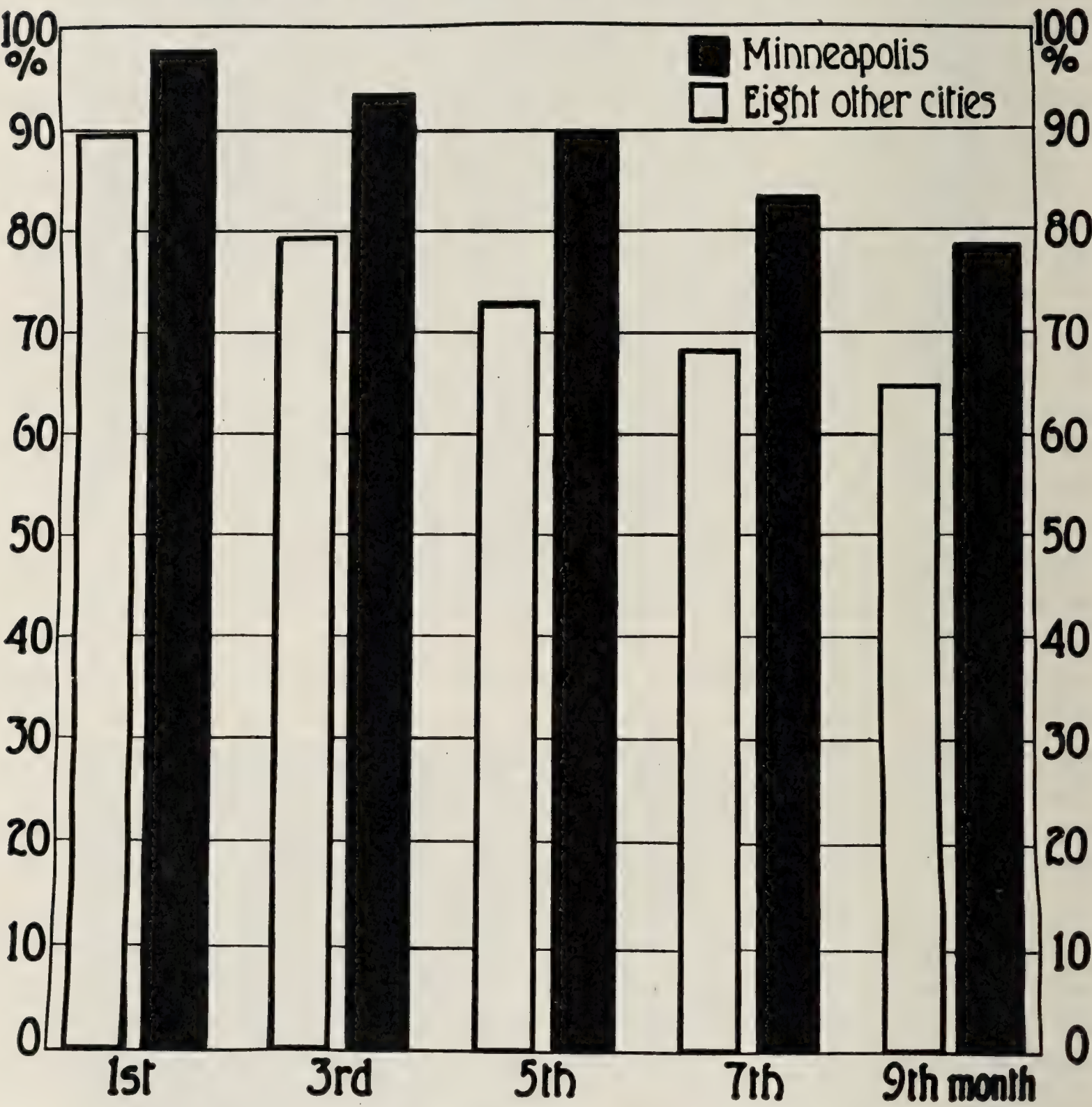
There are two outstanding features of our procedure: first, the visit into the home soon after the birth of the baby; second, the teaching of breast expression. The purpose of the "birth-list" visit is first, to urge every mother to nurse her baby; second, the teaching of manual expression where necessary and desired; third, to tell the importance of a regular and complete physical examination, and advice by a physician; fourth, to judge whether the mother is able to secure this advice and if not to urge her to attend the Infant Welfare Clinics. The nurse also leaves in the home a four-page pamphlet, in which the above mentioned general facts about breast feeding are emphasized.

The importance of the personal visit of the nurse at three weeks of age cannot be overestimated. Mailing information does not get across. Pre-natal education as to breast feeding is often forgotten. The time to bring forward our facts is at the critical moment when the mother begins to doubt the advisability or the possibility of nursing her baby.

The important question remains to be decided—Do these methods perceptibly

³ Mother and Child, Vol. 3, No. 6, June, 1922. The Importance of Breast Feeding. E. J. Huenekens.

COMPARATIVE NUMBER OF BREAST FED INFANTS
MINNEAPOLIS AND EIGHT OTHER CITIES



increase breast feeding? The following table which compares Minneapolis figures with those of eight other cities will show the degree of our success:

TABLE NO. 2
NUMBER OF BREAST FED INFANTS

Month of Life	Minneapolis	Eight other Cities
First -----	97.9	89.8
Third -----	93.6	79.6
Fifth -----	89.8	72.8
Seventh -----	83.4	68.5
Ninth -----	78.7	64.9

The breast feeding propaganda as outlined above is purely an educational matter. It can be done by Infant Welfare Societies in connection with their Infant Welfare Clinics, but to obtain the best possible results the two should be separated. Infant Welfare Clinics are partly educational and partly relief work; it hampers breast feeding propaganda to be tied up with the clinics, and the coöperation with private physicians is made more difficult. The

ideal way to have this work done would be to have specially trained City Health Department nurses who have no connection with clinics of any kind and who would carry these visits into every home in the city regardless of the economic status. This is a tremendous piece of

work which might well be fostered by one of our big national foundations until the public has been convinced of its value.

NOTE.—In the current issue of the *Public Health Nurse* may be found an admirable article, *The Nurse's Part in a Breast Feeding Campaign*, by Helen Chesley Peck, R. N.—Ed.

OUR CONTRIBUTORS

Carrie A. Benham, A.B., R.N., is supervising and teaching medical nursing in the School of Nursing of Washington University, St. Louis. She is a graduate of Oberlin College and of the School of Nursing of the University of Cincinnati.

Hester K. Frederick, R.N., a graduate of the Johns Hopkins Hospital School for Nurses, has been an instructor in that School for the past six years, holding the post of Practical Nursing Instructor for the past four years. Previous to this she was Superintendent of the King's Daughters' Hospital, Staunton, Va.

Mary S. Power, R.N., graduated in 1920 from the Massachusetts General Hospital. She has had one year of executive work at the University of Michigan Hospital, Ann Arbor, and two years as Assistant Director of Nurses, University of California Hospital, San Francisco.

Gertrude W. Buckwalter, R.N., graduated from the Phoenixville Hospital, Phoenixville, Pa., after which she did private nursing for three years. She came to the American Oncologic Hospital, Philadelphia, to take charge of the operating room, which she did for two years, then specialized in x-ray and radium work for three years and was then given the position of Superintendent, which she has filled for the past twelve years.

Albert T. Lytle, M.D., is a member of the Nurse Training School Council of the University of the State of New York and so has given much thought and study to the problems he discusses. The address abstracted represents several months of research, much of which was derived from correspondence with the many groups interested in the topic. Dr. Lytle has been practicing medicine for 31 years, and has taught in the allied professions of medicine, pharmacy, dentistry and nursing.

Elizabeth C. Burgess, R.N., B.S., is a graduate of Roosevelt Hospital Nursing School, New York. She has held the following positions which well qualify her to speak at first hand on Nursing Education: Assistant Superintendent, Roosevelt Hospital Nursing School; Instructor, Bellevue Hospital, St. Luke's Hospital, New York; Superintendent of Nurses, Michael Reese Hospital, Chicago; New York State Inspector of Nurse Training Schools; Secretary, Board of Nurse Examiners, New York State; Instructor, Teachers College.

Olive M. Diederich, R.N., graduated from Grace Hospital, Conneaut, Ohio, and had postgraduate work at Bellevue. She has done private duty nursing, public health work and has held an institutional position. She has been doing the work of which she writes for two years.

Clara Justice, R.N., is a graduate of the Huron Road Hospital, Cleveland, Ohio. She has been registrar of the Central Registry in that city for the past four years. Before that time, she did private duty, public health work, and school nursing. She went to France under the Red Cross and has taught Red Cross classes in this country.

Ruth Hart Eddy is Chairman of the Training School Committee of the Samaritan Hospital, Troy, N. Y., a position she has held for three years.

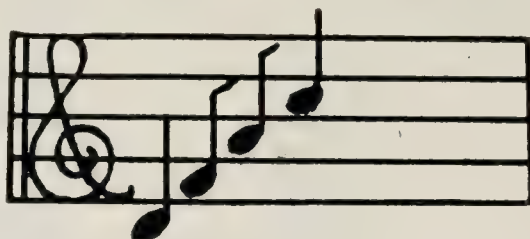
Gladys Sellew, B.S., A.M., R.N., Instructor in Pediatric Nursing in the School of Nursing and Health of the University of Cincinnati.

STUDENT NURSES' PAGE

KEY NOTES

BY JESSIE S. ROSS AND ELSIE GREEN

Metropolitan Hospital School of Nursing, Welfare Island, N. Y.



WITH interest turned toward new phases of experimental training, perhaps a little space devoted to the "musical therapy" in progress at the Metropolitan Hospital School of Nursing may not be amiss.

Idle instruments in several of the nurses' rooms aroused the ever-active brain of our Assistant Superintendent, Mrs. E. Beatrice Christie, and resulted in the suggestion that these old treasures be put into working order, polished if necessary, and brought forth to claim their rightful place in the music world.

Our first practice hour, early in 1922, was humorous rather than harmonious, there being but six members, some of whom had not played their instruments for a long time. With each new class entering the school, we sought for additional recruits; the orchestra at present is composed of eleven players.

The various instruments played are: Xylaphone, one; violins, four; piano; mandolins, two; banjo-mandolin, one; ukulele, one; Hawaiian guitar, one. Two of our members are also accomplished soloists.

The incidental expenses, for music, stands, etc., were met, at first, by Mrs. Christie and members of the orchestra, but later a definite amount was allotted

to the orchestra from a gift of money to the nurses at Christmas time.

After a few months' practice, the evident progress made warranted an invitation to play at the Commencement Exercises of the 1922 class, and since then we have been able to render pleasurable evenings in our home and elsewhere.

During the past winter we played at the annual meeting of the New York Counties Registered Nurses' Association, District 13, at the Central Club for Nurses, and we accepted an invitation from Commissioner Coler to play and sing on various occasions at the Grand Central Palace during the New York Silver Jubilee. Last, but not least, we gave a Sunday concert for the patients in the main building of our hospital.

We do not boast of being accomplished musicians, although one of the leading New York papers kindly so designated us, but we are proud of our Nurses' Orchestra. There is no other (to our knowledge) and we hope this may be the means of arousing interest among the students of other schools, for who can prophesy but that the Board of Examiners may require nurses, in the near future, to have some knowledge of the magic charm of music?

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

ANOTHER SCHOOL ORCHESTRA

DEAR EDITOR: The lad whose contribution you accepted started a school orchestra on the check which came, so the nurses have an interest when off duty in something beside gambling and gossiping. It is a hard struggle out here to get creative recreations which help and do not harm.

China

N. D. G.

THE OLD-FASHIONED PRIVATE DUTY NURSE

DEAR EDITOR: Someone asked in the March number of the *Journal*, what had become of the old-fashioned private duty nurse. Here she is, recovering from a surgical operation. When that *Journal* came she was in a hospital, just able to begin to read a little, and determined to let you hear from her as soon as her strength would permit. She has been doing private duty nursing for twenty years; now while sick, she is trying to adapt herself to the very latest ways of nursing. Still she maintains her old-fashioned ideas, that when a patient is sick, the little things that would mean so much for her comfort should be done when needed, and that if the nurses understood what it means to the patient, they would be willing to do them, even at the expense of one minute of their time off duty, which would not be needed if they would just think a little bit in the patient's place while on duty. She is also old-fashioned enough to want to go back to private duty as soon as she is able.

MISSOURI.

AN OPPORTUNITY FOR MISSIONARY NURSING IN THE SOUTH

DEAR EDITOR: There is need at St. Augustine's School, Raleigh, N. C., for a trained nurse, a member of the Episcopal Church, to take charge of the Training School for Nurses. St. Augustine's School was founded in 1867 to provide training for young people of the Negro race as teachers and leaders of their people. It has been a magnificent piece of work. The school has an

enrollment of nearly 500. It is comfortably housed in adequate buildings of brick and stone, and while it has need for new equipment and endowment, has the necessary fabric for a most valuable work. Please correspond with the Rev. A. B. Parson, 281 Fourth Avenue, New York City.

AN OVER-SUPPLY OF NURSES IN HAWAII

DEAR EDITOR: R.N.'s from the most reputable schools are walking the streets here in search of employment; they have the coöperation of the doctors but there is simply that congestion. Last month I was informed that the Salvation Army had financed two fine nurses back to their respective homes in the States. The registry discourages any new members, as they entertain too long a waiting list. Daily papers in their editorials advise no one to come unless able to maintain a living for three to six months without aid. It is most embarrassing and cheapens the profession.

Hawaii

L. M. H.

TRAINING SCHOOLS SEPARATELY INCORPORATED

DEAR EDITOR: The statement is made in an article by Grace E. Allison in the March *Journal* that: "Although the Nightingale School of Nursing, established at St. Thomas Hospital, London, was endowed and controlled by a separate and independent committee organized solely for the development of the school, a similar organization, in all particulars, had not been introduced in this country." The writer had previously referred to the recent establishment of such a school in this country as "an epoch-making event, as it marks the development of a new system of training school control in this country which will provide for the more liberal preparation of our student nurses," and she goes on to say it may seem surprising to those unfamiliar with the history of nursing work that such a plan was not started earlier because "it has been only through this plan of organization that other institutions of learning

have developed and received financial and other support necessary for their existence and maintenance." As a matter of fact such a training school with separate organization from the hospital has been in existence in Waltham, Massachusetts, for almost forty years, and for a time it had a few companions, as in Framingham, Massachusetts, until the disapproval felt by the hospital schools for the independent ones drove these newer and smaller schools out of existence as separate organizations. It is only recently that those with most influence in the field of nursing education have begun to appreciate the advantages to be derived from the independent training school board, whose one concern is the best instruction of the nurse. As they have come to lay more and more stress on the theoretical part of the nurse's training and have felt the desire to get the training schools put on a par with other educational institutions, the hampering effects of hospital control have been forced upon their attention and the strangeness of the failure to follow the great pioneer in modern nursing in keeping the training school purely educational in character is becoming apparent. The Waltham Training School for Nurses was founded along the lines of the Nightingale School and had Miss Nightingale's sanction and hearty approval, but of that little was known in nursing circles, and the fact that the laying of all emphasis on the fullest and best rounded training of the nurse led to various divergencies from the standard generally accepted in the training schools of this country has given its methods the stamp of disapproval many times. Miss Nightingale thought only of obtaining for nurses the best opportunities for learning the art of nursing. The modern nursing world, with its rapid multiplication of hospitals and its great need for nurses, has given less attention to the nurse's education

as such than to getting the work of the hospital done. The pendulum shows signs of swinging too far the other way at present, but the swing is bringing a realization of the fact that an educational institution will never give the highest type of education so long as it has other aims that take rank over its educational aims. Those in charge of the training school must be interested primarily in the education of the nurse if she is to get the best kind of training. It is interesting, therefore, to note that one school has followed this unique method of training quietly and inconspicuously for many years, so quietly and inconspicuously that the nursing world has seemed to be unconscious of its unusual status.

Massachusetts

ANNETTE FISKE.

NOTE.—The Illinois Training School, Chicago, has also been an independent school with separate management since its founding in 1880.—Ed.

BOOKS ON NURSING FOR SALE

DEAR EDITOR: The Vassar College Library has copies of some nursing texts, little worn and unmarked, which are for sale. The list includes: Dock, *Materia Medica*, 6th edition; Fox, *Elementary Bacteriology*; Parker, *Materia Medica*; Sanders, *Modern Methods in Nursing*. For further information, address Adelaide Underhill, Librarian, Vassar College Library, Poughkeepsie, N. Y.

JOURNALS ON HAND

Beulah Rhinow, 107 Arthur Avenue, S. E., Minneapolis, Minn., will sell back numbers of the *Journal*, December, 1916, through 1923, with some exceptions.

K. Toomey, 1088 Fairfield Avenue, Bridgeport, Conn., will sell, for postage only, copies of the *Journal* for 1921, except April, June-September; 1922; and 1923, through October.

POISON IVY, POISON SUMACH

Some persons are very susceptible to the volatile poison of such plants as those named above. Everyone ought to be able to distinguish the most dangerous of these plants which grows in clumps along banks and fences and roots of trees. It is known by its three-leaf clusters and the reddish yellow that it assumes late in the season. *Never try to destroy poison ivy by burning.* This makes the poison more volatile and its influence may extend for a number of feet away from the burned place and attack susceptible people. If you feel that you have been poisoned by one of these plants, the first thing to do is to wash the surface with soap and water; then apply lime water or dust the part with baking soda or a little carbolized vaseline, the part to be covered by a bandage or a saturated solution of citric acid.

—From the Report of the Health Bureau, Rochester, N. Y.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

23. Is a nurse who is registered in the State of Michigan eligible for positions in hospitals in any other State in the Union without taking an examination?

As the laws governing the registration of nurses in the United States are not uniform, a nurse contemplating moving from one State to another should communicate directly with the Secretary of the State Board of Examiners of the State into which she is going, requesting information regarding the requirements for practicing in that particular State.

Names and addresses of the Secretaries of the State Boards of Examiners may be found in every number of the *American Journal of Nursing*, in the Official Directory.

24. Which states give nurses registration by reciprocity?

There are two states which have no reciprocity clause in their laws.

Two states have a reciprocity clause, provided the standards are equivalent, and also require individual qualifications.

Nine states have a reciprocity clause, provided the educational requirements are equivalent, and also provided that a similar courtesy is extended by other states.

Twenty-three states have compulsory registration.

The thirteen remaining states have a reciprocity clause in their laws, provided the standards are equivalent.

NOTE.—Further information regarding the names of these states may be secured by writing to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York.

AGNES G. DEANS, *Secretary*.

CONFERENCE OF THE NURSES' ASSOCIATION OF CHINA

The Nurses' Association of China is growing rapidly and now has seven hundred and fifty members, about one-half of whom are Chinese. The figures may seem small to those who are accustomed to the many thousands of the American Nurses' Association, but the deeds of the N. A. C. are mighty. One hundred and seventy-seven delegates attended the Conference in Canton in February and the Chinese nurses took an active part in the program.

The report of the work of the Association given at the Conference by the General Secretary, Cora E. Simpson, teems with interest and is replete with enthusiasm.

It will be remembered that this Association has set up the machinery of registration in China, registers the schools (87 are now so registered) and conducts the examinations of state registration of nurses and midwives. Despite the many difficulties of transportation, the Secretary reported covering 25,000 miles of travel in her effort to reach every school.

The Association secures translations of standard text books on nursing, an expensive process, and is responsible for their publication. It publishes a quarterly journal which is of steadily increasing interest. It is a member of the Council on Health Education of China and is undertaking a program for the teaching of hygiene and home care. Last, but by no means least, we note in the report that N. A. C. will send four delegates to the meeting of the International Council of Nurses in Helsingfors, Finland, in 1925.

The great majority of women suffer no appreciable lowering of efficiency during the menstrual function. According to this study based on 2,077 consecutive examinations of women employees in a large department store, 65 per cent had no menstrual handicap; 30.6 per cent had a slight menstrual handicap; whereas only 4.4 per cent were seriously handicapped.

—Margaret Castex Sturgis, M.D., (*The Journal of Industrial Hygiene*).

RABIES

If you are bitten by an animal, call the Health Department immediately and report all circumstances. Remember that rabies may not develop until from 60 to 90 days after being bitten. To prevent rabies one must get under treatment early. The disease may result from even the most minor bite from an animal suffering from rabies. In order to convey the disease it is only necessary for the saliva of the rabid animal to be forced through the skin. Have your dog immunized against rabies and be safe. Non-immunized dogs cannot be licensed and unlicensed dogs will be picked up and put in the pound.

—Weekly Health Review, Detroit, Mich.

NURSING NEWS AND ANNOUNCEMENTS

The convention of the three national organizations of nurses will be held in Detroit, Michigan, June 16-21, with headquarters at the Woodward Avenue Baptist Church. Details regarding transportation, hotels, and program will be found in previous issues of the *Journal*.

THE AMERICAN NURSES' ASSOCIATION

The Headquarters office of the American Nurses' Association is again indebted to the following organizations and individuals for contributions to be used for the Headquarters office: Mrs. Charles D. Lockwood, Pasadena, Calif., \$10; Port Huron Hospital Alumnae Association, Port Huron, Mich., \$10; Jewish Hospital Alumnae Association, St. Louis, Mo., \$10. The total amount of contributions received for the German Nurses up to date is \$194.35. These contributions came from individuals and organizations from eleven different states, Canada and Alaska.

The American Nurses' Association has been accepted into membership by the Women's Joint Congressional Committee.

Katharine Olmsted, Director of the Division of Nursing of the League of Red Cross Societies, has been appointed the representative of the American Nurses' Association at the Conference to be held by the International Council of Women on the "Prevention of the Causes of War," in London, England, in July, 1924. Adda Eldredge and Bertha Knapp were its representatives at the annual meeting of the American Hospital Conference held in Chicago in March. Jean Harrell, President of the Georgia State Nurses' Association, was appointed delegate to the annual meeting of the National Tuberculosis Association held in Atlanta, Ga., May 4-11. Mrs. Janette F. Peterson, President of the California State Nurses' Association, has consented to serve as delegate at the annual meeting of the General Federation of Women's Clubs to be held in Los Angeles, June 2nd to 14th.

Miss M. Helena McMillan wishes to advise the members of the American Nurses' Association that she has been obliged to withdraw her name from the nominating ticket as a nominee for First Vice-President.

The Graduate Nurses' Association of Porto

Rico has been accepted into membership by the American Nurses' Association.

AGNES G. DEANS, *Secretary*.

NOTICE.—A report has been made by a Committee representing the New York State Nurses' Association, New York State League of Nursing Education and the New York State Organization for Public Health Nursing, relative to suggested changes in the organization of the national associations of nurses. As this report is partially based on data secured at the Headquarters of the three national organizations, some confusion has arisen in the minds of several members of the American Nurses' Association as to whether this plan has the endorsement of those organizations. Because of this confusion, we wish to explain that this report was submitted to the Presidents of the three organizations in January, 1924, for consideration with the request that a place be given on the program for its discussion at the Convention in June. As there already existed a committee composed of representatives of the three national nursing organizations to consider the same question, the report with the request was referred to that committee. Such report as this committee may have to present will come up in the regular order of business under reports of committees.

ADDA ELDREDGE,

President, American Nurses' Association.

LAURA R. LOGAN,

President, National League of Nursing Education.

ELIZABETH G. FOX,

President, National Organization for Public Health Nursing.

CONVENTION HOSTESSES

Alabama: Zoe LaForge, Birmingham; Arkansas: Elizabeth Scherer; California: Mrs. Janette F. Peterson, Pasadena; Colorado: Jessie D. Stewart, Colorado Springs; Connecticut: A. Elizabeth Bigelow, Meriden; District of Columbia: Eleanor Maynard, Washington; Georgia: Jane Van de Vrede, Atlanta; Idaho: Beatrice Reichert, Boise; Illinois: Mabel Dunlap, Moline; Iowa: Adah L. Hershey, Des Moines; Kansas: Mrs. Chas. C. Bailey, Topeka; Louisiana: Mrs. Lydia Breaux, New

Orleans; Maine: Mrs. Lou S. Horne, Portland; Maryland: Elsie M. Lawler, Baltimore; Massachusetts: Carrie M. Hall, Boston; Michigan: Mary A. Welsh, Grand Rapids; Minnesota: Irene English, Rochester; Mississippi: Mrs. B. M. Hopper, Meridian; Missouri: Mary E. Stebbins, Columbia; Montana: F. L. Kerlee, Helena; Nebraska: Jennie Higgins, Lincoln; New Hampshire: Mabel Potter, Manchester; New Jersey: Virginia Chetwood, Hackensack; New Mexico: Teresa McMennamin, Albuquerque; New York: Mrs. Anne L. Hansen, Buffalo; North Carolina: Blanche Stafford, Winston-Salem; North Dakota: Sarah Sand, Bismarck; Oklahoma: Mrs. Ada Godfrey, Tulsa; Pennsylvania: Jessie J. Turnbull, Pittsburgh; Rhode Island: Ellen M. Selby, Pawtucket; South Carolina: Anastasia McConnell, Charleston; South Dakota: Ellen McArdle, Aberdeen; Tennessee: Marie Peterson, Memphis; Texas: Ellen Louise Brient, San Antonio; Virginia: L. L. Odom, Norfolk; West Virginia: Mrs. Susan Cook, Wheeling; Wisconsin: Agnes W. Reid, Madison; Wyoming: Mrs. Fred W. Phifer, Wheatland.

The names of hostesses for the National Organization for Public Health Nursing will be found in *The Public Health Nurse*.

NURSES' RELIEF FUND

REPORT FOR APRIL, 1924

Balance on hand, March 31	\$17,785.87
<i>Receipts</i>	
Interest on bonds	82.12
California: District 5, \$25; Dist. 8, \$52; Dist. 9, \$42; Dist. 10, \$8; Dist. 11, \$6; Dist. 15, \$53; Dist. 15, \$53; Dist. 18, \$55	241.00
Colorado: State Nurses' Association	41.00
Hawaii: Graduate Nurses' Assn.	138.50
Illinois: Anonymous, \$10; Mercy Hospital Alum., Chicago, \$50	60.00
Maryland: State Nurses' Assn.	100.00
Massachusetts: Middlesex County Branch	35.00
Michigan: Dist. 2, \$23; Dist. 3, \$1; Dist. 4, \$1; Dist. 14, \$62	87.00
Minnesota: Four individuals, Asbury Hospital Alum., Minneapolis	4.00
Montana: District 8	25.00
Nebraska: Dist. 2, \$5; Paxton Memorial Alum., Omaha, \$10	15.00
New Jersey: Dist. 1	5.00

New York: Dist. 2, Rochester General Alum., \$100; Dist. 4, Hospital of the Good Shepherd Alum., Syracuse, \$186; Syracuse Memorial Hospital Alum., \$18; Dist. 9, Troy Hospital student body, \$10; Dist. 13, St. John's Riverside Hospital Alum., Yonkers, \$65; individual member of the same, \$25; Dist. 14, Alumnae Association, Jewell Training School, Bushwick Hospital, \$10; Methodist Episcopal Hospital student body, Brooklyn, \$25; three individuals, \$25	464.00
Ohio: Dist. 12, \$1; Dist. 13, \$21	22.00
Pennsylvania: One individual, Pittsburgh	100.00
Rhode Island: One individual, Newport	2.00
Texas: Dist. 6	32.00
Wisconsin: Dist. 38, \$39; Columbia Hospital Alum., Milwaukee, \$25; Kenosha General Hospital Alum., \$10	74.00
	\$19,313.49

Disbursements

Paid to forty-eight applicants	\$745.00
Postage	20.00
Printing	39.85
Farmers Loan & Trust Co., exchange on checks	.70 805.55
Balance on hand, April 30	\$18,507.94
Invested funds	71,951.57
	\$90,459.51

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address.

For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON
ROBB MEMORIAL FUND TO
MAY 10, 1924

Previously acknowledged-----	\$28,415.84
California: District 18, Long Beach, \$25; San Francisco County Nurses' Assn., \$10-----	35.00
Georgia: Georgia State Nurses' Association -----	25.00
Idaho: Idaho State Association----	20.00
Indiana: St. Mary's Mercy Hos- pital Alumnae, Gary -----	2.50
Massachusetts: Chester Hospital Alum., North Cambridge, \$5; Faulkner Hospital Alum., Ja- maica Plain, \$10; Massachusetts Homeopathic Alum., Boston, \$15; Massachusetts State Infirmary Alum., Tewksbury, \$5; Peter Bent Brigham Alum., Boston, \$25; St. Elizabeth's Hospital Alum., Brighton, \$5 -----	65.00
New Jersey: Second Dist. Assn., \$25; Englewood Hospital Alum., \$10--	35.00
New York: Binghamton Hospital Alum., \$5; Genesee Valley Nurses' Assn., Rochester, \$10 -----	15.00
North Dakota: Bismarck Hospital Alumnae -----	5.00
Ohio: Ashtabula General Hospital Alumnae -----	10.00
Oregon: District 3 -----	5.00
	<hr/> \$28,633.34

REPORT OF THE McISAAC LOAN FUND
TO APRIL 10, 1924

On hand at last report (reported as \$503) -----	\$503.52
California: Dist. 18, Long Beach, \$25; San Francisco County Nurses' Association, \$10 -----	35.00
Idaho: Idaho State Association----	20.00
Indiana: St. Mary's Mercy Hospital Alumnae, Gary -----	2.50
Massachusetts: Faulkner Hospital Alum., Jamaica Plain, \$10; Me- morial Hospital Alum., Worcester, \$10; St. Elizabeth's Hospital Alum., Brighton, \$5 -----	25.00
New York: Binghamton Hospital Alum., \$5; Genesee Valley Nurses' Assn., Rochester, \$10; Lenox Hill Hospital Alum., New York, \$10--	25.00

North Dakota: Bismarck Hospital Alumnae -----	5.00
Oregon: District 3 -----	5.00
	<hr/> \$621.02

Contributions to either fund may be sent to the Treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, made payable to Mary M. Riddle, Treasurer.

REPORT OF COMMITTEE ON FEDERAL
LEGISLATION

On April 7 the application of the American Nurses' Association for representation on the Women's Joint Congressional Committee was acted upon and accepted. The representative of the American Nurses' Association on this Joint Congressional Committee is Lucy Minnigerode. The Committee holds its monthly meetings on the first Monday of every month. The bills in which the American Nurses' Association is interested are: The Educational Bill, the Child Labor Amendment, and the amendment to the Reclassification Bill, which abolishes the present Personnel Board and places the classification of Government employes in the Civil Service Commission.

LUCY MINNIGERODE, *Chairman.*

ARMY NURSE CORPS

During the month of April, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Ida E. Gorman; to Station Hospital, Fort Benning, Ga., 2nd Lieut. Marguerite M. Fischer; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Kathryn M. McCarthy; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieuts. Bessie M. Jackson, Ethel F. Carson, Melicent E. King, Clara Swenson, Caroline K. Struck, Claudia E. Sykes; to Station Hospital, Fort Sill, Okla., 2nd Lieuts. Joanna Peters, Anna L. Barry; to Walter Reed General Hospital, Wash., D. C., 2nd Lieut. Zoe Golden.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Mary C. Barker, Ruth Beahmer, Mary E. Cardwell, Ruth Farrell, Elizabeth S. Gerhard, Agnes Greenshields, Gladys A. Handley, Betty C. Iverson, Emma Ella Jones, Nelly C. Kregel,

Myrtle M. Martin, Mildred McCatharn, Anna S. Nielsen, Martha J. Rose, Esther Van Scoyk.

JULIA C. STIMSON,
*Major, Superintendent,
Army Nurse Corps.*

ARMY SCHOOL OF NURSING

The Board of Directors of the Army School of Nursing Alumnae Association voted to hold its third annual reunion in Detroit during the Convention in June. Headquarters will be at the Hotel Tuller. Members expecting to attend are requested to communicate with Louise C. Bentley, 409 Third Avenue, Asbury Park, N. J., and also write Mr. E. B. Cookson, 821 Ford Building, Detroit, Mich., giving him the information listed in the *Journal*. The Alumnae, however, will be represented at the Walter Reed Hospital at the graduating exercises of the class of 1924, which will be held June 6. Gertrude Thompson has been appointed Chairman of the Arrangements Committee for the Washington meeting. Her address is the Walter Reed Hospital, Washington, D. C.

NAVY NURSE CORPS

During the month of April, the following nurses were transferred: To *Annapolis, Md.*, Caroline W. Spofford; to *Annapolis, Md.*, Naval Dispensary, Elizabeth Hoag, Chief Nurse; to *Brooklyn, N. Y.*, Frances D. Johnson; to *Canacao, P. I.*, Margaret M. Aughivan; to *Chelsea, Mass.*, Julia Higbie; to *Cleveland, Ohio*, Lakeside Hospital, Course in Anesthetics, Mathilda E. Hume, Olga A. Osten; to *Great Lakes, Ill.*, Olive I. Riley, Frances L. Winkler, Chief Nurse; to *League Island, Pa.*, Gertrude N. Campbell, Chief Nurse, Ethelyn S. Everman, Anna E. Gorham, Chief Nurse; to *Mare Island, Calif.*, Carrie H. Lappin, Chief Nurse, Ella V. Parrot; to *Norfolk, Va.*, Anna W. Gray; to *Portsmouth, N. H.*, Myn M. Hoffman, Chief Nurse; to *Quantico, Va.*, Elizabeth M. Bartlett; to *San Diego, Calif.*, Adah M. Pendleton, Chief Nurse, Ada P. Baird; to *St. Thomas, V. I.*, Jennie M. Jason; to *U. S. S. Relief*, Sue H. Dauser, Chief Nurse, Lois M. Harkness; to *Washington, D. C.*, Mabel G. Milks, Frances V. P. Haines; to *Washington, D. C.*, Naval Dispensary, Navy Yard, Minnie D. Stith, chief Nurse.

Honorable Discharge: Helen A. McGrath.

Resignations: Georgia E. Ferguson, Martha J. Kessler, Rosemary Lawrence.

Discharged from Inactive Status: Nina Anderson, Kathryn E. Burns, Della Cleary, Elizabeth A. Cleary, Mary V. Ennis, Nora J. Hampton, Hazel G. Herringshaw, Mabel B. Johnson, Ellen Samuelson, Gertrude S. Wagner.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following transfers and reinstatements have been made during the month of April:

Transfers: Gaynelle Finks, to Baltimore, Md.; Mary J. Herring, to Stapleton, N. Y.; Julia Doyle, to Ellis Island, N. Y.; Christena MacIver, to Boston, Mass.; Grace Collopy, to Hudson St., New York City; Dorothy O'Connor, to Chicago, Ill.; Monelta Berlis and Jessie MacFarlane, to Mobile, Ala.; Louise Kuhrtz, to New Orleans Quarantine Station, Quarantine, La.; Edna Roberts, to U. S. Quarantine Station, Angel Island, Calif.

Reinstatement: Anna J. Crews.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE. *Transfers:* Della M. Fannin, to Whipple Barracks, Ariz.; Lynda Berkey and Eleanor Tromanhauser, to Ft. Bayard, N. Mex.; Alma E. Wrigley, C. N., to St. Paul, Minn.; Gertrude E. Fortune, to Ft. Lyon, Colo.; Rose Amerkhan, to Camp Kearney, Calif.; Lula Greene, C. N., to Memphis, Tenn.; Katharine Hegarty, Acting C. N., Algiers, La.; Nellie Bauldry, Acting C. N., to Ft. McKenzie, Wyo.; Mrs. Anna Graham, to Kansas City, Mo.; Bertha I. Adams, to Boise, Idaho.

Reinstatements: Harriet O. Johnson, Mrs. Anna McC. Kovic, Adele Heaton, Mamie Ashford, Mrs. Sadell S. Fellenz, Mrs. Mae K. McCanna, Rhoda W. Helbert.

DISTRICT MEDICAL SERVICE. *Transfers:* Helen A. Weston, to San Antonio, Tex.; Mary C. Sedlacek, to Act. C. N., Washington, D. C.; Gertrude Vail, to Palo Alto, Calif.; Mrs. Josephine E. Bartz, to American Lake, Wash.; Norma Dack, to Oteen, N. C.

During the month nurses have been assigned to the new Veterans' Hospitals at

Northampton, Mass. and Chillicothe, Ohio, for the care of mental patients.

The Director's approval has been secured for nurses who can be spared from their duties without detriment to the Service, to attend the Convention of the American Nurses' Association, in Detroit, on official leave.

MARY A. HICKEY,
Superintendent of Nurses.

The Guild of Our Lady of the Visitation at Detroit, Michigan, has arranged the following program to welcome visiting Catholic nurses who come to the American Nurses' Association Convention. On June 18, 8 a. m., a Mass and Communion breakfast at the Church of Our Lady of the Rosary, Woodward and Medbury Avenues. At the Communion breakfast, Reverend E. F. Garesche, S. J., spiritual director of the International Catholic Guild of Nurses, will speak on the plans for the Guild. On Thursday evening, June 19, a meeting of the Catholic nurses will be held at the Providence Hospital Auditorium, at which Father Garesche will again speak and there will be a discussion followed by a musical program and reception. The conference at Detroit will be preliminary to the work of organization of an International Catholic Guild of Nurses which will be carried on at meetings to be held at Spring Bank, Wis., June 21-28.

Nurses who have taken the POSTGRADUATE COURSE AT THE BOSTON FLOATING HOSPITAL are asked to get together during the Detroit Convention, (at a time to be stated on the bulletin board) to form an Alumnae Association.

A SUBSCRIPTION BANQUET for the graduates of the FARRAND TRAINING SCHOOL FOR NURSES will be held at the Statler Hotel, Thursday, June 19, at 8 p. m.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will hold its annual meeting in Hamilton, Ontario, June 23-25, (not 25-28).

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its annual meeting in Toronto, June 25-July 2.

REPORT OF ALUMNAE REUNION AT TEACHERS COLLEGE, APRIL 24 TO 26

The outstanding social event of the meetings this year was the tea in honor of Miss Good-

rich, which was held Thursday afternoon. It was delightful to welcome back so many old students who joined with the staff and present student body, members of the Teachers College faculty and professional friends of Miss Goodrich in making the afternoon a very happy one. An interesting part of the proceedings was the presentation of a tribute to Miss Goodrich by the former students and staff of the department and by their good friend, Mrs. Jenkins. Miss Nutting, who was warmly welcomed back after her long illness, spoke first of Miss Goodrich's long association with the College, and of the unusually rich and varied experience in Training School Administration which she brought to her work there; of her untiring devotion to her students, and of the priceless ideals they gained from her. The Department realized fully what it meant to lose so inspiring a teacher as Miss Goodrich, but all agreed that she was the ideally equipped woman for the development of the new school at Yale University. Staff and students were united in efforts to find a suitable way of showing their pride in their distinguished colleague and their personal affection for her, and had finally chosen a way which Elizabeth Burgess was asked to describe. Miss Burgess then spoke briefly of the fund of \$1,500 which is to bear Miss Goodrich's name and the interest of which is to be used every two or three years to provide for a public lecture by some outstanding speaker on some subject relating to Nursing Education or Public Health. Dean Russell, in accepting the fund for Teachers College, praised nurses for the way in which they recognized their leaders and commented on the appropriateness of a lectureship fund in honor of Miss Goodrich, since he knew of few people who could use the gift of eloquence so effectively. He felt that much of the success of the newer movement in Nursing Education was due to the fact that nursing leaders, such as Mrs. Robb, Miss Nutting and Miss Goodrich, were unusually keen women, quick to seize on every new development which might be turned to advantage in their field. The department had been most fortunate in the leadership of such women, in the interest and assistance of Mrs. Jenkins, and in the loyal support of its large body of graduates. Its influence is felt all

over this country and in many other countries. Splendid as its contributions have been in the past, the Dean believed that the future holds even greater things in store. Miss Goodrich replied with her usual warmth and readiness, thanking her former students and friends for their tribute, but wishing that it could be shared with those who practised what she had tried to preach. She spoke most appreciatively of the fund of scientific knowledge opened up so freely to all who came to the college, the attitude of helpfulness and openmindedness on the part of the leaders in all branches of education, the personal relationships with staff and students which she missed. A few minutes were spent in outlining the new piece of work at New Haven, and what it means to Nursing Education. The Main Conference section on Friday morning dealt with the subject: What Progress Are We Making in the Actual Care of the Patient? This was approached from many points of view and brought out warm discussion. Every one enjoyed Miss Nutting's characteristic challenge of some of our common fallacies in nursing education, and our uncritical acceptance of old traditions in private nursing and other phases of nursing. It was good to have her back in her old fighting form and to feel her searching mind playing on our problems with all its old clearness and its abounding fertility of suggestion. Round Tables were held on Saturday for teachers, administrators, rural nurses and school nurses, and there were a number of general meetings of the whole Alumni which filled the rest of the time.

Arkansas: THE BOARD OF DIRECTORS OF THE STATE ASSOCIATION met May 7, at the State Capitol in Little Rock. Delegates to the Biennial Convention were appointed. The Constitution and By-laws of the Private Duty Section were approved. The State Association will hold its annual meeting October 9, 10, in Pine Bluff. HOSPITAL DAY, May 12, was observed by several of the hospitals throughout the State. A CORRECTION.—The report from District 4B was listed under Kansas, in the May *Journal*, instead of Arkansas.

California: Los Angeles.—The new GLENDALE SANITARIUM AND HOSPITAL was opened on May 18. It is beautifully located and is equipped for modern treatments of

all kinds. The training school of 75 has as superintendent Mrs. Daisy D. Harris. **San Francisco.**—SAN FRANCISCO HOSPITAL graduated a class of 34 on March 25. The graduates put out an interesting little journal, *The Cap and Seal*, the proceeds of which will be used to establish a students' educational loan fund. SAINT FRANCIS SCHOOL OF NURSING held exercises for a class of 42 at the Fairmont Hotel on May 6. STANFORD SCHOOL OF NURSING has made the following changes in its staff: Anne Duryea is first assistant superintendent; Miss Anderson second assistant, and Myrta Wolford, assistant night supervisor. Alumnae Day was celebrated on May 14, when exercises were held in the afternoon at which a welcome was given by Maude Landis, greetings by Emma Vogelgesang, and greeting by six physicians. In the evening the reunion banquet was held at the Palace Hotel. On Commencement Day, May 15, groups were taken through various departments of the school and hospital. In the afternoon, a reception was given by the Seniors to the Alumnae in the Nurses' Home. In the evening commencement exercises were held for a class of 39, with an address by President Wilbur.

Colorado: Denver.—ST. JOSEPH'S HOSPITAL held graduating exercises for a class of 18 in the Hospital Chapel, on May 12.

Connecticut: Hartford.—The enthusiastic spirits of the ST. FRANCIS HOSPITAL ALUMNAE ASSOCIATION prevailed among the one hundred and fifty members, present from various of the New England states, attending the semi-annual meeting held at the hospital April 12. It was voted to pay \$3000 on the second free bed supported by the Alumnae for sick members. A fund is to be maintained by setting aside \$1000 to which a yearly sum will be added. A social hour followed the meeting. **Willimantic.**—ST. JOSEPH'S HOSPITAL held graduating exercises for a class of 5 on May 12, the exercises being held in the Town Hall. The address was given by Rev. William Keefe; Dr. Guild presented the diplomas, the class pins and the prizes. A reception and dancing followed the exercises.

District of Columbia: Washington.—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on May 5, when the

following officers were elected: President, Eleanor Maynard; vice-president, Gertrude Bowling; corresponding secretary, I. Malinde Havey, 5611 37th Street, Chevy Chase; recording secretary, Mrs. Maude Aiton; treasurer, Katherine Douglas. The Association now has a membership of six hundred and forty. The members voted to appropriate \$25 to the Isabel Hampton Robb Memorial Scholarship Fund, and \$15 to the McIsaac Loan Fund. The club house at 1337 K Street has recently undergone renovation, all the rooms having been repapered and painted. The Association voted to entertain the Seniors from all of the local hospitals just prior to Commencement. THE LEAGUE OF NURSING EDUCATION held a meeting at Georgetown University Hospital on April 24, when Miss B. I. Mullen gave an instructive talk on How the Hospital Social Service Department May Function in a Practical Way and Be a Medium Through Which the Hospital May Reach the Patient. After a discussion of this subject, the regular business of the meeting was considered. One of the most important questions discussed was Ways and Means by which the League can assist in financing the Central School of Nursing. The interest given by Major Julia C. Stimson has helped very materially in starting a fund for this worthy project. Arrangements for a card party at the New Willard Hotel were made. The special course of lectures in Nursing Problems for the benefit of the Senior classes of all the hospitals consisted of twenty topics given by well qualified speakers. After the business meeting, luncheon was served by Sister Roderiquez and her staff. The Baccalaureate sermon for all the Schools of Nursing in Washington was given on May 11.

Florida: The members of the STATE BOARD OF EXAMINERS have adopted resolutions expressing regret at the loss by death of Dr. James M. Jackson, who had been a good friend of Florida nurses. **Tampa.**—DISTRICT 4 held the first of a series of social summer meetings at the Hillsboro Hotel, in April. The banquet was attended by about twenty-five nurses, from Orlando, Lakeland, Clearwater, Bartow, and Dunedin. A business meeting preceded it, and a delightful program of music and toasts was later enjoyed. The president, Miss French, gave an excellent talk

on Our Married Nurse. The summer meetings will be held in surrounding towns of the District for the purpose of getting better acquainted and promoting interest.

Illinois: ILLINOIS NURSES have planned a get-together dinner during the convention in Detroit. It will be held at the Statler Hotel, Thursday, June 19, at 7 p. m. Tables will be planned for Alumnae associations, with a separate table for individual members of the different districts. All Illinois nurses who expect to attend the Convention, please send their names, including the names of their schools to Ellen V. Robinson, 660 Rush Street, Chicago. Telephone, Superior 7062. Those Illinois nurses who have not made reservations with Miss Robinson may do so at any time before Thursday noon, June 19, at our special booth at the Woodward Avenue Baptist Church. Illinois badges will be provided. Each Alumnae will plan for their decorations, using their school colors, if desired. The Illinois song and other popular songs will be provided also. **Chicago.**—THE JANE DELANO Post has presented to the Club House of the First District Association a portrait of Jane A. Delano, painted by William V. Cahill. The presentation was made by the chaplain of the Post, Rev. Mr. Ewert, and was accepted by Minnie H. Ahrens, executive secretary. At a meeting of the First District Association, June 10, Dr. Gladys Henry Dick will speak on Recent Investigations in Scarlet Fever. THE RAVENSWOOD HOSPITAL held graduating exercises for a class of 7 at the Chase Park Community House on May 13. MICHAEL REESE HOSPITAL is erecting a magnificent new nurses' home which will include such luxuries as a roof garden and a swimming pool. It is hoped that the 1924 graduation can take place in the new building. Wilhelmina Agnew, class of 1902, is doing x-ray work in Los Angeles. THE ILLINOIS TRAINING SCHOOL held graduating exercises for a class of 39 on May 27 at the University Church of Disciples of Christ. The address was given by Dr. Malcolm T. McEachern. The Alumnae banquet was held on May 28 at the Congress Hotel. THE SWEDISH COVENANT HOSPITAL held graduating exercises for a class of 14, on May 21, at Swedish Mission Church. Addresses were given by Rev. Carl J. Andrews and Rev. F. O. Kling. The diplomas were distributed

by O. V. Julin and the pins by Selma Nelson. **Decatur.**—DISTRICT 13, comprising eleven counties, held its regular meeting May 6, at the Decatur and Mason Hospital, Tuberculosis Sanitarium. The Public Health Nurses held a conference and luncheon at the Y. W. C. A. at twelve o'clock. A general session was held in the afternoon with an attendance of seventy. Dr. I. H. Neece gave a very instructive talk on Endocrine, followed by a social hour. The next meeting will be held in Springfield in July. **Jacksonville.**—PASSAVANT MEMORIAL HOSPITAL held graduating exercises for a class of 9, on May 12, on the lawn, following the picnic dinner. The Alumnae Association gave a banquet and dance at the Colonial Inn on the evening of May 16, in honor of the graduating class. OUR SAVIOR'S HOSPITAL SCHOOL FOR NURSES held graduating exercises for a class of four, on the evening of May 12, in the Chapel at Routt College. **Springfield.**—THE SPRINGFIELD HOSPITAL will graduate a class of 11 on June 6, exercises to be held in the beautiful Centennial Building.

Indiana: THE INDIANA STATE LEAGUE OF NURSING EDUCATION held its April meeting in conjunction with the Indiana section of the American Hospital Association, at Fort Wayne, April 23. The League met at the German-Lutheran Hospital with Anna Holtman, Superintendent of the School of Nursing, at 11:30 a. m. After being taken through the new, well equipped building for doctors' offices of the staff of the Hospital, the members were served luncheon in the Nurses' Home. The business meeting was called to order at 1:30 p. m., Edna Hamilton acting as chairman pro tem and Lizzie Goeppinger as secretary pro tem. Attendance upon the National Convention at Detroit in June was urged. Every member of the State League was urged to become a member of the National League, at once. The resignation of Josephine Mulville as president was accepted with regret. Miss Mulville has rendered a valuable service while in Indiana and the League is sorry to lose her from the state. Ida J. McCaslin, who has been secretary of the State Board of Registration and Examination for Nurses, died in April, at the Robert Long Hospital. A committee was appointed to form resolutions upon her death.

The members were very fortunate in having Mary M. Roberts, Editor of the *American Journal of Nursing* on the program. She gave a very interesting talk on the value of the National League of Nursing Education Headquarters. She also gave a talk on How to Use the *American Journal of Nursing*. Dr. W. W. Carey of the Lutheran Hospital gave demonstrations of Massage and Electrotherapy, assisted by some of the student nurses of the Lutheran Hospital School of Nursing. The meeting adjourned at 4 p. m., to meet with the Indiana section of the American Hospital Association. THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES held its annual meeting on May 6, and elected: President, Nellie G. Brown, Indianapolis; vice-president, Elizabeth Springer, Huntington; secretary, Clare Brook, Fort Wayne. Mrs. Alma Scott has been engaged as Educational Director for the coming year. Mrs. Scott is a graduate of the Presbyterian Hospital, Chicago, and has had experience in private duty, institutional, and public health work. Lula Cline, supervisor of school nurses, South Bend, has been appointed to fill the unexpired term of Miss McCaslin on the Board. Miss Cline is well known in the northern part of Indiana and her appointment to the Board will be very pleasing to the nurses of the state. **Bloomington.**—Lettie Wadsworth, formerly Red Cross nurse for Owen County, has been appointed Public Health Nurse for this city. **Fort Wayne.**—THE FIRST DISTRICT held its twenty-fifth regular meeting at St. Joseph's Hospital, May 10. There were forty-one in attendance. Dr. Bell gave an interesting lecture on Acidosis. The next meeting will be held at the Adams County Hospital, Decatur, on July 12. **Indianapolis.**—Students from the schools of the City, Deaconess and St. Vincent's Hospitals met with students of the University School of Nursing at the Indiana University Medical School on April 22, to hear an address on the *American Journal of Nursing* by the editor, Mary M. Roberts. An informal reception followed.

Iowa: Hampton.—Miss R. Juergens, surgical assistant at the Hampton Clinic, has become surgical supervisor at the Lutheran Hospital, Sioux City. She is succeeded by Alvina Grenapp. **Marshalltown.**—THE

ALUMNAE ASSOCIATION OF THE EVANGELICAL DEACONESS HOSPITAL met on April 1, when Sister Erna Schweer read a paper on Psychology for Nurses. **Waterloo.**—Nanna Colby, who has been President of District 4, has gone to Millville, Florida, to do industrial nursing.

Kansas: Wichita.—*Memorabilia* is the very handsome first Yearbook of the students of St. Francis Hospital. Although edited by the Seniors, generous space is given also to the Intermediate and Junior Classes.

Kentucky: THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting at the Brown Hotel, Louisville, June 25, 26, 27, after the convention in Detroit. A large attendance is hoped for; a good program has been prepared, and it promises to be an enjoyable and interesting meeting. **Louisville.**—THE JEWISH HOSPITAL held graduating exercises for a class of 8, on May 26, at the Young Men's Hebrew Association. A reception followed the exercises.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and Shreveport, June 16, 17, 18, 1924. For further information, address Dr. George S. Brown, Secretary, 24 Cusachs Building, New Orleans, La. THE LOUISIANA STATE NURSES (COLORED) CONVENTION AND INSTITUTE will be held in New Orleans, Pythian Temple, June 8-11. For further information address Sarah J. Buddington, 3611 South Rampart Street.

Maryland: JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for a class of 60 on May 22, in the Hospital. Dr. Warfield T. Longcope gave the address; Hon. Henry D. Harlan awarded the scholarships; Dr. Winford H. Smith distributed the diplomas. THE HOSPITAL FOR THE WOMEN OF MARYLAND held graduating exercises for a class of 20, at Brown Memorial Chapel on May 21. The address was given by Harriet Frost, School of Social and Health Work, Philadelphia. Dr. Louis P. Hamburger distributed the diplomas; Miss M. M. Gardner awarded the scholarships. A reception followed the exercises, at the Nurses' Home.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its an-

nual meeting in the Lecture Hall, Public Library, Boston, June 6-7. The Public Health Nurses' Section, June 6, 1:30-3:30 p. m., will be in charge of Helen Fowler, Chairman. Private Duty Section, 4-6 p. m., Minnie Hollingworth, Chairman. Evening Session, 8 p. m. Carrie M. Hall will preside. There will be music, reports and a lecture. June 7, Saturday, 10 a. m.: The State League of Nursing Education. Session to be held at Thayer Nurses' Home, Massachusetts General Hospital. Round Table Discussions. Demonstrations of Procedure by Preliminary Students. 2 p. m.: Lecture Hall, Public Library, State Nurses' Association. Carrie M. Hall will preside. Ballot box open 1-3 p. m. Annual Reports will be presented. Election of officers. 5 p. m.: Tea will be served by the Boston Nurses' Club, 839 Boylston Street. **Boston.**—THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held graduating exercises for a class of 30 on March 27 in the Evans Memorial Auditorium. Dr. Alexander S. Beggs gave the address; Mr. Baker presented the diplomas; and Mrs. Thomas Bailey Aldrich, the pins. The class made a gift of \$30 to the School as a nucleus of a Loan Fund. The Seniors gave a dance at the Franklin Square House during commencement week and a class dinner was held at the Hotel Brunswick, followed by a theater party. **Jamaica Plain.**—EMERSON HOSPITAL held graduation exercises for a class of 9 on April 11, at Eliot Hall. Addresses were delivered by Rev. F. E. Heath of the First Baptist Church and by Cecilia Stephansky. Dr. N. R. Synvester of Somerville presented the diplomas. Four of the students also took part in the exercises. A reception and dance followed. **Lawrence.**—THE LAWRENCE GENERAL HOSPITAL held graduating exercises for a class of 23 on April 11, at Trinity Congregational Church. The address was given by Bernard M. Sheridan, Superintendent of Schools; Mrs. Wilbur E. Rowell presented the diplomas. The class took the Florence Nightingale Pledge. **Northampton.**—U. S. VETERANS HOSPITAL No. 95 was opened on Hospital Day, May 12, with a capacity of 462 patients. **Westfield.**—THE NOBLE HOSPITAL ALUMNAE held a postponed annual meeting and elected the following officers: President, Mrs. Mary M. Hyde; vice-presidents, Mrs. Caroline K.

Spooner, Mary A. Rogers; secretary, Hazel E. Cowles; treasurer, Mrs. Ann R. Austin.

Michigan: THE MICHIGAN BOARD OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants at Lansing, Michigan, July 1 and 2, 1924. Helen deSpelder Moore, Secretary, 622 State Office Building, Lansing. Anna M. Coleman has resigned as Training School Inspector. **Ann Arbor.**—Alice L. Lake has been appointed Director of the University of Michigan Hospital School for Nurses, and Edith M. Stoll, a well qualified public health nurse, has accepted a position as instructor. The bazaar which the U. of M. School for Nurses Alumnae Association held on April 4 and 5, added \$80 to the Nurses' Loan Fund. A letter was sent to each alumna asking for a contribution to the fund, and many responded very generously. However, a large number of letters were returned unclaimed. The Alumnae Association requests every graduate to send her permanent address to the Training School office. **Detroit.**—Alice Buchanan, class of 1915, Massachusetts General Hospital, Boston, for the past year a member of the First District Association and Directory, sailed from New York May 15 for Hayti, West Indies, where she has accepted an executive position at the Municipal Hospital. Florence Prenzlauer, Farrand graduate, has accepted a position on the Directory Staff. THE GRACE HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class at a theater party, May 7. THE GRACE HOSPITAL TRAINING SCHOOL gave a dance and card party at the Nurses' Home on May 3. The proceeds will be contributed to the Entertainment Fund for the A. N. A. A reception was held for the thirty-seven members of the graduating class on Thursday evening, May 15, following the Community Graduating exercises at the Arcadia. The Private Duty Section met at dinner at the Pekin Cafe, May 7. The progress of the State Section work was outlined and the proposed University Extension Course for Private Duty nurses was discussed. The Trustees of the Woman's Hospital and Infants' Home gave a reception for the graduating class on May 8, at the Hospital. **Flint.**—HURLEY HOSPITAL held a commencement exercises for a class of 11 on May 21, at the Durant Hotel. **Saginaw.**—Suc-

cessful beyond expectations was the dancing party given at the Bancroft Hotel, April 22, by the Eleventh District Association. The party was given to raise funds to finance sending three Senior Student Nurses, one from each hospital, to the National Convention in Detroit.

Minnesota: Duluth.—Miss Newcombe has been appointed Superintendent of Nurses, St. Luke's Hospital. She has been Assistant Superintendent at the Miller Hospital, St. Paul. **Montevideo.**—THE MONTEVIDEO HOSPITAL ALUMNAE ASSOCIATION was organized in February. Officers were elected at the second meeting as follows: President, Minnie Kvien; vice-president, Marie H. Garbe; secretary-treasurer, Mrs. Ernest Young. **Rochester.**—Joint Commencement exercises for St. MARY's and the KAHLER SCHOOLS OF NURSING were held in the Armory, May 27, 96 students graduating. Addresses were made by Bishop Heffron, Dr. William J. Mayo, and Professor Georgine Lommen of the University of Minnesota. The candidates were presented by Dr. John deJ. Pemberton; the diplomas were distributed by Dr. Norman M. Keith; scholarships and prizes were awarded by Dr. Herbert Z. Giffin. Events of Commencement Week were: a reception on May 20 by Dr. and Mrs. Charles H. Mayo; "On Board the North Star." May 22, Dr. and Mrs. William J. Mayo; Class Day, May 24; Alumnae banquet, May 26. **St. Paul.**—THE NORTHWESTERN BAPTIST HOSPITAL ASSOCIATION held graduating exercises for a class of 25, of the Mounds School of Nursing on May 16, at the First Baptist Church.

Mississippi: THE MISSISSIPPI STATE BOARD OF NURSE EXAMINERS will hold an examination in Jackson, July 7 and 8, 1924. Application may be obtained from Mrs. Ernestine Bryson Roberts, Secretary-treasurer, of Mississippi State Board of Examiners of Nurses, Houston, Mississippi.

Missouri: THE SECOND ANNUAL CONFERENCE FOR PUBLIC HEALTH NURSES was held at the State Capitol, Jefferson City, April 10-12, with a most interesting program. **Kansas City.**—ST. JOSEPH'S HOSPITAL held graduating exercises at St. Theresa's Junior College, for a class of 19, on March 30. The address was given by Dr. Buford Hamilton. The diplomas were conferred by Dr. J. D.

Griffith. St. Louis.—WASHINGTON UNIVERSITY TRAINING SCHOOL FOR NURSES has completed plans with Washington University for a five-year course leading to the B. S. degree from the University, and the diploma in nursing. Claribel Wheeler, Superintendent of Nurses in the present training school will be the Dean of the new School of Nursing. The first class will enter next September. It is planned to devote the first and second years to theoretical work in the University, the third and fourth years to practical work in the hospital, the fifth year to elective work in one of the following subjects,—Supervision in Schools of Nursing, Hospital Administration, or Public Health Nursing. In any case, the first term will be spent in theory, along the special lines of the student's choice, and the last half year in practice. The standard three-year nursing course will be continued as heretofore. THE THIRD DISTRICT ASSOCIATION was quite successful in raising some money to complete the furnishings of the new Central Club, 4543 Westminster Place. Through the kind coöperation of the manager of one of the large moving picture theaters, the nurses received 25 cents on every ticket they sold in advance of the showing of *The Confidence Man*, the week of April 20th. The receipts to date amount to \$700. Most of the bedrooms of the club are rented now, but one or two rooms can be used by nurses passing through St. Louis who wish to stay a short time. On Saturday, April 26, a most enjoyable informal tea was given at the Central Club for the members of the District Association and their friends. The refreshments were attractively served, and since the hours were from 3 to 9 p. m., every nurse had an opportunity to attend.

Montana: THE MONTANA STATE ASSOCIATION will hold its annual meeting in the Chamber of Commerce, Billings, on June 12. It is hoped to have a speaker on Organization and Spirit.

Nebraska: Omaha.—CREIGHTON-MEMORIAL ST. JOSEPH'S HOSPITAL held graduation exercises for a class of 27 on May 31, at Creighton University Gymnasium. W. Mae Myers, for the past two years Superintendent of the Lord Lister Hospital, has resigned her position, effective in June. She will go

abroad for two months before resuming hospital work.

Nevada: THE NEVADA STATE NURSES' ASSOCIATION holds meetings on the first Tuesday of each month at the Colonial Hotel, Reno.

New Hampshire: Hillsboro. — THE HILLSBORO GENERAL HOSPITAL ALUMNAE held their annual meeting, April 2, and elected: President, Ruth Carey; secretary, Bertha McCue; treasurer, Annie Stevens. Luncheon was served by student nurses. **Portsmouth.**—Rosanna O'Donoghue, formerly assistant Superintendent at the New England Hospital, Boston, has succeeded Florence McLennan as Superintendent of Portsmouth Hospital. Miss McLennan has accepted a position at the Massachusetts General Hospital.

New Jersey: THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold the next examination for certificate of registered nurse on Friday, June 20, 9:30 a. m., at the State House, Trenton. Applications must be filed with the Secretary-treasurer at least fifteen days prior to date of examination. For further information apply to Mrs. Agnes K. Fraentzel, Secretary-treasurer, 302 McFadden Building, Hackensack. **Elizabeth.**—THE ELIZABETH GENERAL HOSPITAL AND DISPENSARY held graduating exercises and the 32d anniversary of the Training School in the Central Baptist Church, May 12. The address was made by Frank A. Smith, D.D. Remembrances from the visiting staff were presented by Stephen T. Quinn, M.D.; the school pins by Kate Madden; prizes by DeWitt C. Jones; the diplomas by Frederic J. Faulks. A reception followed the exercises. The baccalaureate sermon was preached on May 11 by Eben B. Cobb, D.D. **Hackensack.**—THE HACKENSACK HOSPITAL graduated fourteen nurses, April 30. The exercises were held in Oritani Hall; the address to the graduates was given by Dr. Fordyce St. John of New York City, whose father was the founder of the hospital. The Florence Nightingale pledge was administered to the graduates by Mary Stone Conklin, Superintendent of the hospital. This was the first graduation since the opening of the splendid new hospital. **Jersey City.**—JERSEY CITY HOSPITAL held graduating exercises for a class of 27 at Lincoln High School,

May 21. **Orange.**—THE GUILD OF ST. BARNABAS held a service at Grace Church on the evening of May 11 for doctors and nurses in honor of the 104th anniversary of the birth of Florence Nightingale. The sermon was preached by Bishop Carroll M. Davis, Vice-Chaplain General of the Guild. In the Processional were 265 nurses and students in uniform. Each nurse was given a small card with the Nightingale Pledge. **Plainfield.**—DISTRICT 1 held a regular meeting at Muhlenberg Hospital on May 13. Mrs. F. E. Feichert was the speaker.

New York: THE NEW YORK STATE NURSES' ASSOCIATION issued the first number of the *State Bulletin* in April. N. Grace Bissell of St. Luke's Hospital, New York, is editor. It contains interesting news and announcements from the State Association and the districts. **Albany.**—THE ALBANY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 8 and elected: President, Mrs. Kathryn Lamb; vice-presidents, Anna Goldsmith, Edith Lowe; secretary, Kathryn Quinlan; treasurer, Mrs. Nellie Bright. During a recent drive for funds with which to build a much needed addition to the Albany Hospital, the Nurses' Alumnae Association contributed \$36,000 for the purpose of obtaining an Endowed Room for the members of the Association to occupy free of charge when ill. One-half of this amount was a gift to the nurses from Mrs. Emily N. Huyck, and the other \$18,000 will be raised by the Association. This room will be in the new wing. June, 1924, marks the twenty-fifth anniversary of the Training School and plans are on foot to entertain all graduates of the school on June 9 and 10. The Alumnae Association will give a banquet in honor of the graduating class on June 9. All former graduates are invited to attend. The Hospital will conduct graduating exercises in the afternoon on June 10, and entertain with a dance in the evening. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE met on April 25 and heard an interesting report of the District meeting from Helen T. O'Hearn. **Brooklyn.**—LONG ISLAND COLLEGE HOSPITAL held commencement exercises for a class of 22 on May 29 at the Academy of Music. A scholarship at Teachers College and a scholarship medal were awarded. A dance followed the exercises.

Buffalo.—MILLARD FILLMORE HOSPITAL held commencement exercises for a class of 12 at the Westminster Parish House on May 15.

Canandaigua.—FREDERICK FERRIS THOMPSON HOSPITAL held graduating exercises for a class of 8 at the Congregational Chapel on May 19. The speaker was Major Julia C. Stimson of the Army Nurse Corps. A reception followed the exercises at the Nurses' Home.

Ithaca.—ITHACA CITY HOSPITAL graduated a class of 15 on May 1, exercises being held at Barnes Hall, Cornell University. The Alumnae gave the class a banquet on April 30. Elizabeth G. Hugg, class of 1919, has been appointed County Tuberculosis Nurse. The Alumnae officers are: President, E. Hugg; vice-president, Ann Ludlow; secretary, Dorothy Van Buren; corresponding secretary, Clara M. Woolsey; treasurer, Laura A. Head. The Association has raised \$145 by means of the sale of a Hope Chest for a Sick Nurses' Fund. **Mineola.**—THE PUBLIC HEALTH NURSES' ASSOCIATION held its fifth annual conference at the Court House on May 15. Addresses were given by Dr. Haven Emerson and Dr. Richard Slee. A dinner was given the Nassau County Public Health Nurses in the evening.

New York City.—The annual meeting of the NEW YORK STATE LEAGUE OF NURSING EDUCATION, Section One, was held at the Henry Street Nursing Center on May 7. The "get-together" dinner proved a delightful innovation. Christiane Reimann, Secretary of the International Council of Nurses, made an interesting address on the history of the Council and Mary M. Roberts gave Some Impressions of Nursing in the West. Helen Young was elected President and Marion Durrell, Secretary. Bertha Lehmkuhl has succeeded Delia Dowling as Superintendent of Nurses at the Fifth Avenue Hospital. Josephine Hughes has resigned the position of Superintendent of Nurses at the Hospital for Ruptured and Crippled. THE NURSES' UNIVERSITY CLUB, a purely social organization of which Mrs. Deborah Allee is President, meets monthly at Allerton House. The Club is especially interested in assisting overseas nurses who are still unadjusted. The third annual meeting of the INDUSTRIAL NURSES' CLUB OF NEW YORK was held on May 8 at the Allerton House. The following officers were elected:

President, M. Nichols; vice-president, M. W. Phelps; secretary, G. King; treasurer, Mrs. Long. The Club members are to have an outing on Saturday afternoon, June 7, to Scarsdale, and dinner at the Tea Room managed by Mrs. Hill, a member of the Club. There will be no meetings during the summer months. **THE CITY HOSPITAL SCHOOL OF NURSING** held graduating exercises for a class of 25, on May 15, at the Nurses' Home. **ST. LUKE'S HOSPITAL** held graduating exercises for a class of 69 in the Chapel on April 29. **THE PRESBYTERIAN HOSPITAL** held commencement exercises in the Madison Avenue Presbyterian Church on May 8, for a class of 51. The address was given by George Alexander, D.D. The pins were presented by Miss Maxwell; the diplomas by Moreau Delano. A reception followed at Florence Nightingale Hall. **THE COMMUNITY HOSPITAL** held graduating exercises for a class of 7 on May 21. **Saranac Lake.**—A joint meeting of the Public Health Nurses of Northern New York and the members of District No. 8, was held on May 8 and 9. The opening session was held in Trudeau Memorial Room with an interesting program,—Public Health Administration, by Dr. C. C. Trembley (Local Health Officer); Public Health Nursing Ethics, Frieda Johnson (Field Director, Red Cross P.H.N. Service); Reminiscences of Public Health Nursing in the State Department of Health, by Dr. John Smith, first director and secretary of the Division; Communicable Diseases and Artificial Immunization, by Dr. Shanley Sayer, Sanitary Supervisor. The afternoon session was held at the Community House and was given over to the annual meeting of District No. 8, at which the following officers were elected for the ensuing year: President, Mary C. Mullen; vice-presidents, Mrs. A. W. Pearson and Mrs. Dorothy D. Erickson; secretary, M. Camilla Hayes, 38 Margaret Street, Saranac Lake; treasurer, Mrs. A. H. Denny. An excellent talk was given by Dr. Florence McKay (Director of the Division of Maternity, Infancy and Child Hygiene, State Department of Health) on the Shepard-Towner bill and the activities of the Division of Maternity and Child Hygiene in the State. During the evening, the nurses enjoyed a drive around the surrounding country in cars

donated for that purpose by residents of Saranac Lake. The second day of the conference was spent in visiting the Trudeau and Raybrook Sanatoriums. At Trudeau, Dr. Hahn spoke on incipient and minimal tuberculosis and at Raybrook, Dr. Bray told of the functions, responsibilities and management of the institution. **Utica.**—**DISTRICT 7** held a meeting on May 8 at the Homeopathic Hospital. Mabel M. Chase of Syracuse spoke of the value of a central directory. Mrs. Bertha Mascott of Albany spoke of school nursing. Plans were made for a picnic to be held some time in June.

North Dakota: **THE NORTH DAKOTA STATE NURSES' ASSOCIATION** held its twelfth annual meeting in Jamestown, April 23-25,—a most successful one. The sessions were well attended and reports from the various departments point to activity and progress. All of the organized Alumnae Associations are now affiliated with the State Association, with constitutions and by-laws conforming to those of the A. N. A. Louise M. Powell, of the University School of Nursing, Minneapolis, was present and her splendid addresses, and the influence of her very presence filled the members with new visions, and enthusiasm to do more for their profession and for humanity in the future. The Public Health nurses organized a Section which will be of particular benefit to the nurses engaged in that phase of work. The banquet which was held the first evening will be one long remembered by those in attendance. Splendid music was furnished throughout the sessions which was thoroughly enjoyed and helped make the meetings a success. The retiring president, Miss Sand, was presented with a beautiful basket of flowers at the last session. Bismarck, the Capitol City, was chosen as the next meeting place. The following officers were elected: President, Edith B. Pierson, Fargo; vice-presidents, Mrs. W. O. DuBord, Minot, and Sister M. Gilbert, Fargo; secretary-treasurer, Mrs. Harry Morris, Jamestown; corresponding secretary, Esther H. Teichmann, 811 Avenue C, Bismarck; Board of Directors: Mildred Clark and Wanda Kurth, Devils Lake; Josephine Stennes, Rugby; Mrs. Mildred Esaackson, San Haven. Two delegates were chosen for the Biennial convention.

Ohio: The twenty-first annual convention of the OHIO STATE ASSOCIATION OF GRADUATE NURSES was held in the Memorial Hall, Columbus, April 15, 16 and 17. The Presidential address of Augusta M. Condit was a carefully prepared and exceedingly interesting history of the organization. All past-presidents had been asked to contribute and a number who were present gave their messages in person. Messages were read from those who were unable to attend, that of Mary Hamar Greenwood, charter member and first president being of especial interest because, although totally blind herself, Miss Greenwood is working with the blind ex-soldiers at St. Dunstan's, London, Eng. An intensive program was carried out. It was divided into three parts: that which concerned the Public Health Nurses, the Educational Section, and the Private Duty Section. In the Public Health Section, Dr. John E. Monger, Director of the State Department of Health of Columbus, presented The Shepard-Towner Bill as It Functions in the State of Ohio; Gladys Sellew, School of Nursing and Health, University of Cincinnati, subject, Child Hygiene from the Sociological and Psychological Point of View. The Private Duty program focussed on Hourly Nursing, and most of this discussion will be found in this *Journal*. Under the Educational Section Program, Ethical Obligations of the Graduate to the School of Nursing and Hospital by Elizabeth Pierce, Superintendent of the Children's Hospital, Cincinnati; Development of National Headquarters with a Symposium of the Work Done by the National League of Nursing Education, by Laura R. Logan, School of Nursing and Health, Cincinnati, and President of the National League of Nursing Education. The nurses of Ohio were delighted to have at this time the Editor of the *American Journal of Nursing*, Mary M. Roberts, who brought back to her old home the inspiration that she always gave them when in their midst. Her address, Some Impressions of Nursing Conditions in the West and Northwest, was delightful throughout. Probably one of the most important accomplishments during the year was to establish a central office and employ a full time General Secretary. Ohio reports 2,404 members, 151 of whom are new members,

due to a recent membership campaign. Two institutes were held during the year, one for Instructors and Supervising Nurses, and the other for Public Health Nurses. In the recent convention 500 registered. The Association resolved to go on record as opposing frequent changes in office of the State Welfare Department and the Department of the State Board of Health, agreeing with the principle of attempting to stabilize and strengthen the methods of appointment in these Departments. The Nurses' Association also recommends that students in schools of nursing be given a chance to obtain tuberculosis and mental experience within a period of three years. A committee has been appointed to approach the proper state officials regarding facilities for this instruction. The Resume of the Conditions Existing in the State with Respect to the Accredited Schools of Nursing was given by Caroline V. McKee, Chief Examiner of the Nurse Registration Committee, and the report of the Traveling Teacher, Nellie S. Parks, told of her work during the school year. Round Tables were conducted in the following subjects: Nursing Education in Tuberculosis; Nursing Education in Mental and Nervous Diseases, Katherine Densford, University of Cincinnati, presiding; Industrial Nursing, Rachael Kidwell, Jeffrey Manufacturing Company, Columbus, presiding; Red Cross County Nursing Service: Problems on Rural Nursing, Marguerite Fagen, Supervisor Hamilton County Red Cross Nursing, presiding; School Nurses: Problems of School Nursing, Ethel E. Osborne, Superintendent of Nurses, Board of Education, Cleveland, presiding; Psychology in the Day's Work as it Applies to the Nursing Profession, Faye Crabbe, Instructor Grant Hospital, School of Nursing, Columbus, presiding. The convention covering a period of three days was considered helpful by all those who attended. District 12 proved an exceptional hostess. The social activities began with a dinner by the Executive Board of the District to the Board of the State Association. Owing to sudden illness in the family of the Governor, Mrs. Donahey was unable to receive the delegates at the Executive Mansion and Mary A. Jamison, Superintendent of Grant Hospital, gave a delightful tea at the new Nurses' Residence instead. The Grant Hospital

Alumnae Association served tea at Memorial Hall on another afternoon. Many delegates visited the State House and the new Children's Hospital. The Convention closed with a gay dinner at the Athletic Club, attended by 350 persons. V. Lota Lorimer was the witty toastmistress. A unique feature of the entertainment was Miss Lorimer's running comment on pictures which were thrown on a screen showing "Who's Who in Ohio", "Has Been's in Ohio", and the "Going-to-Be's". Under Miss Condit's highly successful leadership the association has shown marked growth. The officers are: President, Caroline McKee, Columbus; president elect, Mary Jamieson, Columbus; vice-presidents, Carolyn Gray, Cleveland and Phoebe Kandel, Cincinnati; secretary, Lucille Grapes Kinnell, Columbus; treasurer, Mrs. Nettie Deyell Schnabel, Lima; Trustees, Augusta Condit, Katherine Mapes, Examining Committee, Augusta Condit, Columbus; State Examiner, Caroline McKee, Columbus; Chairman, Public Health Section, Marguerite Fagen, Cincinnati; Chairman, Private Duty Section, Carrie Sell, Milton Center; Chairman, Education Section, Nellie Parks, Columbus. The next meeting will be held in Toledo. **Alliance.**—THE ALUMNAE ASSOCIATION OF THE ALLIANCE CITY HOSPITAL gave a year's subscription to the *Journal* to the student nurses of their training school. **Cincinnati.**—CHRIST HOSPITAL held commencement exercises for a class of 36, on May 15, at the Walnut Hills M. E. Church. The address was given by Rev. C. E. Schenk. Miss Thatcher presented the class; James N. Gamble gave the diplomas. A reception followed in the church parlors. The baccalaureate sermon was preached on May 4 at the Mt. Auburn Presbyterian Church by Rev. John W. Christie. Class Day exercises were held on May 10. The Alumnae Association entertained the class on May 16 at the Business Men's Club. **Lima.**—LIMA HOSPITAL held commencement exercises on May 10 for a class of 17 at the Central High School. The address was given by Professor John Davisin. J. R. Rickoff presented the diplomas. The class recited the Nightingale Pledge. The baccalaureate sermon was given on May 4 at Trinity Methodist Church by Rev. C. A. Rowand.

Oklahoma: THE STATE LEAGUE OF NURS-

ING EDUCATION at its semi-annual meeting held in April made Mrs. Idora Rose Scroggs a life member in appreciation of the work she has done for nursing education in that state.

Pennsylvania: Philadelphia.—THE AMERICAN HOSPITAL FOR DISEASES OF THE STOMACH held graduating exercises for a class of 6, on April 29 at Columbia Hall. A reception followed the exercises. HAHNEMANN HOSPITAL held graduating exercises for a class of 19, on April 30, at the Central Y.M.C.A. The address was given by Bishop Philip J. Steinmetz; the graduates were announced by Dr. H. P. Leopold. Diplomas were awarded by Charles D. Barney, and class pins by Eva J. Hood, Superintendent of Nurses. Four prizes were awarded. On May 3, the Alumnae Association gave a dinner-dance to their new associates at McAllester's which was a delightful success. Nearly all classes were represented by the 84 graduates. The guests were welcomed by the President, Agnes Jacobs, while Esther R. Entriken spoke on opportunities open to nurses. The dance followed. THE NURSES' ALUMNAE ASSOCIATION OF THE LANKENAU HOSPITAL, celebrated their annual reunion April 11, and at the same time entertained the class of 1924 by a motor trip to Valley Forge, and a dinner at the Jeffersonville Inn, Jeffersonville. A service was conducted by the Rev. Herbert W. Burk, in the Washington Memorial Chapel. THE ALUMNAE ASSOCIATION OF THE MT. SINAI HOSPITAL held its regular meeting on April 24, at the Hospital. \$44. was contributed to the Nurses' Relief Fund. Mrs. Vera Weiss, class of 1916, for three years connected with the American Relief Workers at Petrograd was present and spoke most interestingly on her work. Contracts for the erection of a new Nurses' Home have been awarded and work has already begun. The Home will consist of six stories, with gymnasium, roof garden, individual rooms, reception rooms, library, study halls and various other conveniences which go toward making an ideal nurses' home. At the Annual Meeting of the ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE PHILADELPHIA GENERAL HOSPITAL, held April 21, the following officers were elected: President, Marie Fawcett; vice presidents, Mrs. Frances Hess Lewis and Mary Breslin; recording secretary, Loretta M. Johnson; treasurer,

Eleanor Shelly. On Easter Sunday afternoon in commemoration of Alice Fisher who founded the Training School and was its first Chief Nurse, services were held in the Nurses' Home, following which the faculty, student nurses and graduates of the School walked to the resting place of Miss Fisher in Woodland Cemetery and each placed upon her grave a flower. This is a service dear to the hearts of the nurses. This year marks the fortieth anniversary of her coming to take up her duties in the Hospital. On Monday evening a banquet was tendered to the graduating class by the graduates of the School. One hundred and seventy were present at this event. The following afternoon the Student Government Association of the Training School gave a tea in honor of the graduates. In the evening an illustrated talk on the History of Nursing was given by Stella Goostray, Educational Director of the School. **THE SAMARITAN HOSPITAL ALUMNAE** has had as a typical feature of its meetings, the past few months, an address by a physician or some other person upon the topics of the day. Dr. Clark spoke upon Insulin; Dr. Bauer upon the Schick test; Dr. J. O. Arnold will speak upon pre-natal influences at the next meeting. They have had a lecture upon character reading and other interesting things. The ground has been broken for the new hospital, and at last they see visions of the long hoped for building that is so badly needed and for which so many of the members have worked hard. They cleared the Endowment December 23, 1923, the contract being signed by the Hospital Committee and the Trustees of the Alumnae Association. When the new building is completed, the Association is to have a room in it. It may be necessary to refurnish it, but the members will take care of their room. They unanimously decided to continue the endowment fund and to create a new fund to be called the maintenance fund. A card party will be given by Mrs. Ida Price Schurch to start this fund. Elizabeth Emenheiser has accepted a position at the Widener Memorial School. **Pittsburgh.**—**THE ALLEGHENY GENERAL HOSPITAL** held commencement exercises for a class of 13 on May 15 at the First Presbyterian Church. The address was given by Samuel Harden Church. Maitland Alexander, D.D., presented the diplomas; Lottie A.

Darling, the pins. A reception followed at the William Penn Hotel. At the May meeting of the Nurses Alumnae Association, the members decided to accept the invitation of the Superintendent of Nurses to appear at the Commencement exercises in uniform. The arrangements for the annual picnic were taken up for July 31, at Riverview Park. **THE SCHOOL OF NURSING OF MERCY HOSPITAL** conferred diplomas on a class of 71 on May 13, at the Memorial Hall, an address was given by Rev. James R. Cox; address and conferring of diplomas by Dr. Grover C. Weil. Acceptance of Preliminary Class. Presentation of Honor to Mrs. DeLozier Morris, R.N., awarded by the French Government for service rendered on battle field in France, by Dr. A. Leteve, French Consul. The Graduating Class was entertained by the Alumnae Association with an informal dance at the Knights of Columbus Ball Room. **Wilkes-Barre.**—**WILKES-BARRE CITY HOSPITAL** held its thirty-fifth commencement for a class of 18 on May 23, at the High School Auditorium.

Rhode Island: Providence.—The quarterly meeting of the **RHODE ISLAND STATE NURSES' ASSOCIATION** was held April 17, at the Medical Society Library, with sixty members present. Four nurses were elected to individual membership. The finance committee reported the treasury practically empty. It was voted that each member be asked to subscribe one dollar toward a reserve fund. The Association voted to accept the transfer membership card as recommended by the American Nurses' Association. An address by Dr. Clarence L. Scamman, Assistant Superintendent of Health, on Phases of Public Health Old and New, was followed by tea and a social hour. **THE ALUMNAE ASSOCIATION OF BUTLER HOSPITAL** gave a spring dance at Ray Hall, April 22. A sale of candy and spring flowers netted a goodly sum which will form the nucleus of a Scholarship Fund. **THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL** held its annual dinner April 22. The Superintendent and Assistant Superintendent of the Training School, and the graduating class were the guests of honor, and a roll call of classes followed the dinner. **THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its monthly meeting April 28 at the Nurses' Home. The business meeting was

followed by an old-fashioned spelling-match, and a tea. The Association held a dance at the Providence Plantations Club, April 24, which was the first of a series of entertainments to be given in effort to raise a scholarship fund of five thousand dollars. **THE RHODE ISLAND HOSPITAL NURSES' CLUB** had as speaker at its April meeting, Eva Gaudette, Assistant Curator at the Roger Williams Park Museum, who gave a most interesting talk on birds. **THE ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its annual dance in honor of the graduating class, May 12, at the Plantations Club with an attendance of about two hundred and twenty-five. **THE RHODE ISLAND BRANCH OF THE ST. BARNABAS GUILD** held a Florence Nightingale Memorial Meeting at Diocesan House on May 12. The speaker, Elizabeth Bury, gave an interesting account of her work as a missionary in Japan. **Woonsocket.**—**THE WOONSOCKET HOSPITAL NURSES' ALUMNAE ASSOCIATION** enjoyed an address by Dr. W. F. Barry on The Ideal Nurse at their April meeting. A whist and dancing party was held in Elks Hall on May 12 for the benefit of the Sick Nurses Fund.

Texas: **THE STATE ASSOCIATION** will hold its annual meeting in Dallas,—June 11-13.

Houston.—**DISTRICT 9** at a recent meeting voted to give \$25 toward the gift of the Federated Women's Club to the Art Museum. The Association gave a banquet at the Y.W. C.A. on May 14 for the thirty-three members of the graduating classes from three schools.

San Antonio.—**DISTRICT 8** held its April meeting at the Menger Hotel with a buffet supper. Mrs. Maud Lee spoke of the necessity of having a nurse at the County Poor Farm where there are a number of cases of tuberculosis. Ways of accomplishing this were discussed. Miss Strehan, Chief Nurse at the Fort Sam Houston Base Hospital, spoke of work and progress in the Army Nurse Corps. **DISTRICT 8** entertained the Ladies' Auxiliary of the State Medical Convention when it met in the city the week of April 28, with a tea and reception, the latter being at the beautiful home of Mrs. Walthall, a graduate of the University Hospital of Philadelphia.

Washington: **THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION** will hold its annual meeting in Spokane, June 10-12, pre-

ceding the national meetings in Detroit. Northwestern nurses will travel to the convention in a special car. Marjorie Thornton of the Minor Hospital, Seattle, has been appointed to the State Examining Board. **Everett.**—**THE EVERETT GENERAL HOSPITAL** was opened on February 27. It is a three-story modern building with a bed capacity of 85. Mrs. Harrison is Superintendent. A pleasant nurses' home adjoins the Hospital. **Spokane.**—**THE DEACONESS HOSPITAL** graduated a class of 13 on April 21, at Central Church. The charge to the class was made by Dr. E. J. Lawrence, who spoke in high terms of the Institution and referred to the rapid progress made in recent years in Medical Science. The diplomas were presented by President Higley. Baccalaureate services were held in St. Paul's Church on April 20, with a sermon by Dr. Louis Magin. **Tacoma.**—**TACOMA GENERAL HOSPITAL** has purchased a house near the Hospital where eleven members of the faculty will live.

Wisconsin: Ashland.—**THE ALUMNAE AND STUDENT NURSES OF ST. JOSEPH'S HOSPITAL** gave a dancing party at the Elks' Club on Valentine's Day. The sum of \$130 was realized, which will go toward the Scholarship Fund of the school. The regular meeting of the Eleventh District was held at the Ashland General Hospital, March 29. Senior nurses of both hospitals were guests. The meeting opened with community singing. Reports of the La Crosse meeting and of the meetings of the Board of Directors were given. A Committee was appointed to determine the feasibility of organizing a Private Duty Nurses' Section in the District. After the business session, a lunch was served by the nurses of the General Hospital. **Fond du Lac.**—**ST. AGNES HOSPITAL** held commencement exercises for a class of 16, on May 12, at the New Garrick Theater. Addresses were given by Rev. H. W. Lear and E. L. Mendenhall. The graduates were presented by Dr. D. J. Twohig,—they recited the Nightingale Pledge. The diplomas were conferred by Dr. F. S. Wiley; the pins were presented by Ellis J. Walker, Superintendent of Nurses. Other Commencement events were: a Junior-Senior dinner on April 28; an Intermediate-Senior banquet on April 30; an Alumnae-Senior banquet on May 8; Alumnae reunion,

May 8-13. **Milwaukee.**—MOUNT SINAI HOSPITAL held graduation exercises for a class of 25 on May 5, at the American Luther Association Hall. A dance followed the exercises. On April 29, a dinner was given by the Intermediate Class. On May 1, class-day exercises were held, when the class gift to the school, a large dictionary on a standard was presented and accepted. On this evening prizes were awarded to two students in each class. On May 3, the Alumnae gave a dinner and dance. **Oshkosh.**—THE SIXTH DISTRICT held its annual meeting on May 7 in Mercy Hospital. Officers elected are: President, Margaret Foley; vice-presidents, A. B. Chamberlain and Ada Garvy; secretary, Mrs. R. H. Bitter; treasurer, E. B. Allen. Ninety members were present and enjoyed the program which included talks on Child Labor Law by F. W. Wilcox, chairman of the Industrial Commission; What the Vocational School Does for Our Boys and Girls, by N. S. Ford of Appleton; The Modern Factory, by Mary Baker, Employment Executive of the Kimberly Clark Mill. A social hour followed.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION will hold its annual meeting at Sheridan, June 24-28.

MARRIAGES

Elizabeth Campbell, County Nurse, Hood County, Oregon, to W. H. Bickford, April 21.

Alyene Carpenter (class of 1922, Davis Hospital, Pine Bluff, Ark.), to Arnold Swancarro, April 2. At home, Pine Bluff.

Laura W. Copeland (class of 1922, St. John's Riverside Hospital, Yonkers, N. Y.), to Alfred J. Bell, April 21.

Adina Eliason (class of 1922, Lincoln Sanitarium, Lincoln, Nebr.), to Otto W. Lind, April 24. At home, Atlanta, Nebr.

Eva M. Finlaw, to John H. Williams, April 20. At home, Saranac Lake, N. Y.

Lulu Florey (class of 1920, Hahnemann Hospital, Philadelphia), to Russell C. Wells, April 19. At home, Philadelphia.

Ethel Francisco (Garfield Park Hospital, Chicago, Ill.), to Fred H. Kernan, April 2.

Hazel French (Army School of Nursing), to Frank Ryan, April 27.

Sadie Halverson (class of 1922, Montana Deaconess Hospital, Great Falls), to Jack Lane, March 15. At home, Lowry, Mont.

Annette Helene Howe (class of 1923, Hartford Hospital, Hartford, Conn.), to George E. Leary, At home, Hartford, Conn.

Maude Ingalls (class of 1919, Michael Reese Hospital, Chicago), to Leonard H. Newkirk, April 14.

Huldah Kayser (class of 1921, Michael Reese Hospital, Chicago), to Philip Daly, M.D., April 26.

Alice Martin (class of 1918, Germantown Hospital, Philadelphia), to Samuel L. Farra, April 18.

Charlotte Matthews (class of 1922, Lankenau Hospital, Philadelphia), to Shelby Curlee Stanley, April 7. At home, Little Rock, Ark.

Helen Morgan (class of 1924, Georgia Baptist Hospital, Atlanta), to H. Eugene Blackburn, April 5.

Mrs. Ada Strong Newton (class of 1920, Erlanger Hospital, Chattanooga, Tenn.), to Fred McIsaac, M.D., April 30. At home, Chattanooga.

Anna J. Paulsen (class of 1917, Iowa Methodist Hospital, Des Moines, Ia.), to J. C. MacDonald, Jr., March 17. At home, Saranac Lake, N. Y.

Ethyl Reinheimer (class of 1923, St. Luke's Hospital, Bethlehem, Pa.), to W. Boyer, March 22. At home, Bethlehem, Pa.

Kathryn L. Roddy (class of 1920, Woonsocket Hospital, Woonsocket, R. I.), to Edwin McCabe, April 28. At home, Hartford, Conn.

Florence Mae Roeder (class of 1914, Mt. Sinai Hospital, Philadelphia), to John Thomas Faulls. At home, Pottsville, Pa.

Pearl Sanford (class of 1916, Lawrence and Memorial Hospital, New London, Conn.), to Harry J. Olson, April 18. At home, Halifax.

Edith G. Slemmer (class of 1920, Mt. Sinai Hospital, Philadelphia), to David Robinson. At home, Philadelphia.

Marie Smith (class of 1922, Long Island College Hospital, Brooklyn, N. Y.), to Frederick G. Yalden, April 12.

Viola Swarthout (Albany Hospital Training School, Albany, N. Y.), to Robert Sabinau, April 10. At home, Milwaukee, Wis.

Anna M. (Babe) Sylvan (class of 1917, Michael Reese Hospital, Chicago), to John Boyle, April 26.

Mary Thompson (class of 1917, Allegheny

General Hospital, Pittsburgh, Pa.), to Benjamin Lutz, April 5. At home, Pittsburgh, Pa.

Ruby Utterbach (class of 1922, Lakeside Hospital, Chicago), to Wesley Kibby, April 26. At home, Michigan City, Ind.

Lucy Verity (class of 1918, St. Luke's Hospital, Chicago, Ill.), to Harvey O. Younger, April 1. At home, Appleton, Wis.

DEATHS

Lillian Allen (Woman's Medical College Hospital, Philadelphia), on April 1, in Florida, of pneumonia. Miss Allen has been prominent in nursing circles. She was Superintendent of Woman's Homeopathic Hospital, Philadelphia, did Welfare Work in Atlantic City, N. J., was active in securing registration in Pennsylvania. She was Superintendent of Nurses at the Protestant Hospital, Columbus, opened a Boys' Industrial School, Lancaster, also Municipal Hospital, Lancaster, O.; was Superintendent of Bethesda Hospital in Zanesville, active in the Red Cross, Secretary Muskingum County Public Health, and organized District No. 6 in Ohio and through her efforts the district was held together.

Jeanette Ingraham Bates (class of 1914, St. Luke's Hospital, New York), on March 21, at Guelph, Ontario, Canada. Burial was at North Sidney.

Mrs. Max Lebman (**Elizabeth Baxter**, class of 1909, Jewett Training School, Bushwick Hospital, Brooklyn, N. Y.), on April 28, after a long illness. Mrs. Lebman will be remembered by those who knew her as a woman of high principles, whose mentality and ability were above the average. She was an earnest worker in her alumnae, having been treasurer for two years; she will be greatly missed.

Adeline M. Davis (class of 1878 of the Boston Training School for Nurses attached to the Massachusetts General Hospital, Boston, Mass.), April 20, at her late home, Petitediac, N. B., Canada.

Mrs. Eisle (**Josephine Dittman**, class of 1891, Illinois Training School, Chicago), on March 15, of pneumonia. Mrs. Eisle had recently joined the staff of nurses at Cook County Hospital.

Mabel Drabble (class of 1901, Homeopathic Hospital of Rhode Island, Providence), April 5, at Long Beach, Calif.

Mrs. S. F. Scott (**Lillian Ferris**, class of 1906, Wichita Hospital, Wichita, Kas., recently, of pneumonia, at Muskogee, Okla. Mrs. Scott will be greatly missed in her home town, Waukomis, Okla., where she assisted her husband, a practicing physician, in all his work. In fact, the country round about has benefited by her ministrations. She was an active club woman; she had served as a member of the Board of Education, and was identified with her professional organizations. She was always cheerful, a good neighbor and friend.

Edith H. Gray (class of 1915, Mercy Hospital, Pittsfield, Mass.), on April 26, at Deland, Fla., after five days' illness of pneumonia. Miss Gray served a year at Camp MacArthur, Texas, and a year overseas in the aviation section, during the war. She was faithful in her work; she had a happy disposition and she will be greatly missed by her friends. Burial was at Chicopee, Mass.

Mrs. C. D. Eckstein (**Mary Frances Herbert**, class of 1912, Seattle General Hospital, Seattle, Wash.), on March 18, at Sunnyside, Wash., soon after being operated upon for intestinal obstruction. Mrs. Eckstein was an ex-service nurse, a member of Base Hospital No. 50.

Mrs. David Fingard (**Evelyn Holden**, class of 1923, Providence Hospital, Seattle, Wash.), recently, in Vancouver, B. C., following an operation.

Zelma Hoffman Hyde (class of 1921, Union Hospital, Terre Haute, Ind.), January 23, at her home in Suleyville, Ind., after a very short illness.

Clennie M. Inglis (class of 1906, Massachusetts Woman's Hospital, Boston, Mass.), on April 13. Miss Inglis was a splendid type of woman and an excellent nurse, being faithful and conscientious in all her work. After giving up private nursing she took special courses fitting her for the many public health positions she held. The last three years of her life were full of suffering, borne with courage and fortitude. She knew she could not recover and worked until within a month of her death. She was engaged in tuberculosis work for Passaic County at Paterson, N. J. Burial was at her birthplace, Mahone Bay, Nova Scotia. Her loss is mourned by her many associates.

Ella Keller (class of 1894, Memorial Hospital, Orange, N. J.), April 22, at Scranton, Pa., after a long illness cheerfully borne. Miss Keller served as a nurse during the Spanish-American War. She was a member of the Orange Branch, Guild of St. Barnabas.

Ida Jean McCaslin (class of 1903, LaFayette Home Hospital, LaFayette, Ind.), on April 16. Miss McCaslin was a splendid type of woman and is loved and mourned by her many co-workers, patients and friends. After engaging in private duty for a few years, she took up public health and tuberculosis nursing. In 1921, Miss McCaslin was appointed a member of the State Examining Board, and she had served as Secretary since that time. At the time of her death, she was Superintendent of the Miami County Hospital, Peru. In Miss McCaslin, the profession has lost one of its most valuable and enthusiastic members.

Mrs. E. R. Williams (**Laura Macfarland**, class of 1900, Waltham Training School for Nurses, Waltham, Mass.), on April 9, in St. John, N. B.

Grace McWilliams Max (class of 1918, Home Hospital, LaFayette, Ind.), on March 16, due to a complication of diseases. Prior to her marriage last June, Mrs. Max did private duty nursing. She was active in her work, was of a genial disposition, and was loved by all who knew her.

Elma Elizabeth Morrow (class of 1914, Asbury Hospital, Minneapolis, Minn.), April 22, at Syracuse, Kansas. Soon after her graduation Miss Morrow went to Hamilton County, where she was employed as a public nurse. She was also in charge of the Syracuse Hospital prior to its closing a year ago. During the influenza epidemic in Syracuse Miss Morrow was a ministering angel to the sick and never failed to respond to a call during the day or night, when it was possible for her to do so; often visiting many patients in a day in different sections of the city. Burial was at Washington, Iowa.

Mrs. Emily Nixon (class of 1892, Michael Reese Hospital, Chicago), recently. Mrs. Nixon, a member of the first class, will be greatly missed, as she was vitally interested in all nursing activities and until lately was active in the Alumnae Association.

A CORRECTION.—**Elizabeth B. Read** (class

of 1896, Union Hospital, Fall River, Mass.), on February 6. Miss Read took a postgraduate course at the New York Eye and Ear Infirmary. She did private duty nursing in Fall River and Providence for several years, and for sixteen years was in charge of the Visiting Nurse work connected with the New York Orthopedic Hospital. During the epidemic of influenza (1918-1919), she did Red Cross work in camps outside of New York City. Later she entered the U. S. Public Health Service and was stationed at Marine Hospital, Staten Island and Parker Hill Hospital, Boston, from which place she went to Exeter, N. H., where she died suddenly from cerebral hemorrhage.

Amy Louise Smith (class of 1918, Union Hospital, Terre Haute, Ind.), on January 11, at her home near Marshall, Ill., after a short illness. Miss Smith was a Red Cross nurse and did service during the World War at Camp Gordon and Fort McHenry, 1918 to 1920. In all her work, whether it was teaching, nursing or helping home folks, she gave herself unsparingly. In every phase of life she more than met her obligations. She will be greatly missed by all who knew her and the profession has lost a valuable member.

Grace Stepler (class of 1920, Mercy Hospital, Bay City, Mich.), at the hospital, March 7, following an operation. Miss Stepler did private duty and was beloved by her patients and fellow workers. She was buried in uniform. Members of her class acted as honorary pall bearers. Burial was at Bay City.

Lillie E. Thompson (class of 1903, City and County Hospital, St. Paul, Minn.), at St. Luke's Hospital, February 24. Miss Thompson did private duty for several years. She served at Fort Riley, Kans., from October, 1918, until the following spring when she became ill and was transferred to the Army Hospital at Denver, Colo. She was finally discharged as an arrested case of tuberculosis, and returned to St. Paul, where she did active duty again, but only for a short time. For the past two years she has been ill at the U. S. Veterans' Hospital No. 65, St. Paul, and at St. Luke's Hospital.

Ruth Tuttle (class of 1915, Waltham Training School for Nurses, Waltham, Mass.), on April 14, at her home in Hartford, Conn.

BOOK REVIEWS

OBSTETRICAL NURSING. A Manual for Nurses, Students and Practitioners of Medicine. By Charles Sumner Bacon, M.D. Second edition. 240 pages. Illustrated. Lea and Febiger, Philadelphia and New York. Price, \$2.75.

In stating the chief points in his revision, the author gives recognition to the present day advancement in a better comprehension of the place of maternity in the question of public health. Emphasis is also given to the necessity of all obstetrical care being based upon a scientific knowledge of the fundamentals of reproduction.

In Chapters II and III, the value of the text is increased by illustrations and their descriptions of the structures and functions involved in reproduction, the early development of the embryo, and the physiological and pathological changes in pregnancy, all of which contribute to essential knowledge in the practice of obstetrical care.

Any general treatment of the subject of obstetrical nursing must of necessity include more or less of known methods and procedures, but the author has presented his subject matter in a logical and interesting form, with good care for detail.

About eighty pages are devoted to labor, the forces concerned, its mechanism and management, all of which, while sufficiently elementary, bring out the scientific aspects.

Completeness marks the presentation of obstetrical operations both in text and illustrations, and that portion of the work devoted to infant care gives

methods and procedures in a most comprehensive manner.

The book as a whole should be regarded as a valuable aid to the study of both practical and scientific obstetrical care. It is safe to predict a wide use of the book.

NANCY E. CADMUS, R.N.,
Cayuga, N. Y.

DRUGS AND SOLUTIONS FOR NURSES.

By Stella Goostray, R.N. 137 pages. The Macmillan Company, New York. Price, \$1.40.

It affords one much satisfaction to review this little book. It is complete, yet simple, and certainly has a reason for being. As a result of teaching drugs and solutions for many years, certain facts have impressed themselves upon me,—using simple arithmetic for fractional dosages and percentage solutions, which this little book does, rather than wandering afield in proportion or algebra.

As a result of Government investigations, fumigation has wellnigh been relegated to the rear, so why take it up? But if taken up, sulphur might well be included. Aside from the results of investigations, potassium permanganate with formaldehyde makes a process of such expense as to be prohibitive except in small rooms.

When speaking of the treatment of poisoning from drugs, the author omitted to mention the need for lavage or vomiting after the chemical antidote is used. In the hospital with which the writer is connected there is an elaborate poison room and the order of

procedure is fixed: 1. Chemical antidote (if poison is known); 2. Lavage. Sometimes the chemical antidote is added to the solution.

Under the rules for giving drugs is mentioned the one that drugs are not to be given in foods and I wish that milk might have specifically been named, for it has been my experience to see patients on a strict milk diet who have had to put up a fight in order to be able to take their required portion of milk, because the taste for it had been vitiated by its combination with drugs. Never have I seen, in rules governing the giving of medicines, any reference to arsenic preparations that are to be administered by mouth. Even if well diluted, the irritating action of arsenic upon the stomach lining is an important factor for consideration and especially when it is being given in increasing doses.

And last, the use of the medicine dropper when a drug is ordered in drops. Dropping from the bottle is conceded to be the more accurate.

In conclusion, let me summarize as follows:

1. The book meets its objects, especially the second one.

2. It has many valuable data in it and in a concise, available form.

3. The arithmetic review is satisfactory.

4. Keeping the working-out of solutions in their proper place in arithmetic is most advisable.

5. It does not over emphasize prescription reading, which belongs to the pharmacist rather than to the nurse.

6. The drills at the ends of the chapters should be of great help to the students.

7. The suggestions to teachers are pertinent.

LOUIE CROFT BOYD, A.B., R.N.,
Denver, Colorado.

MANAGEMENT OF THE SICK INFANT.
By Langley Porter, M.D., and William E. Carter, M.D. 659 pages. Second revised edition. Illustrated. C. V. Mosby Company, St. Louis. Price, \$8.50.

To one deeply interested in the welfare of young children, it is indeed a privilege to read *Management of the Sick Infant*, a book devoted exclusively to the subject of the title.

This second edition of the work gives the latest methods and treatment of infants' diseases. In the first chapter the reader realizes that the authors have made a careful study of the sick baby, not treating it as if it were a child able to report his symptoms, but depending wholly upon observation.

The helplessness of the infant is emphasized, a condition which the nurse and those not trained in pediatrics do not always realize.

Each chapter has its own special message and each subject is clearly and concisely discussed. The chapter on methods with its numerous illustrations is most helpful to the nurse in preparing the infant for treatment.

The chapter on formulas and recipes is particularly valuable.

This work would be a most useful addition to the nurses' reference library and if I may be pardoned for entering a field that is not mine, I would suggest its use by interns who are seeking knowledge in the treatment of infants.

EMMA J. JONES, R.N.,
Cambridge, Mass.

SOME INTERESTING FEATURES TO BE FOUND AMONG THE EXHIBITS
AT THE DETROIT CONVENTION

Booth
Number

1. **Dry Milk Co.** Dry Milk.
2. **Denoyer-Geppert Co.** Anatomical models and charts.
3. **Meinecke & Co.** Nurse and hospital supplies.
4. **Randles Mfg. Co.** will introduce many new straight line models for student nurses' uniforms. Also an innovation in gowns which are so cut and made that they can be laundered through the flat iron work ironer.
5. **Horlick's Malted Milk Co.** will feature many uses of Horlick's in the feeding of infants, growing children, invalids and convalescents. They will also demonstrate the convenience of the Dumore Electric Mixer, Model No. 6, for preparing delicious Malted Milk drinks for your patients and for X-ray use.
- 6 and 7. **Nat'l League of Nursing Education** will exhibit slides on history of nursing and life of Florence Nightingale, pamphlets, calendars and portraits, all obtainable at Headquarters. Plans are also on foot to show a model equipped Laboratory desk for Chemistry and Bacteriology, and in contrast a demonstration of improvised Laboratory apparatus.
- 8 and 9. **N. O. P. H. N.** The Booth of the National Organization for Public Health Nursing will this year offer all attending the Convention an opportunity to familiarize themselves with the latest literature published in connection with public health nursing, and also to refresh their thoughts concerning N. O. P. H. N. itself. One of the secretaries will be in attendance at the booth.
10. **The American Journal of Nursing.** The largest and most widely read magazine in the world devoted solely to nursing and nurses. For less than a cent a day it keeps nurses in step with their profession. At the Convention, pilot your non-subscribing friends to Booth No. 10, where subscribing will be made easy for them. Miss Mollie Condon of *The Survey* and Miss Ellen Loomis of Seattle, Wash., will be in charge. Subscriptions will be taken for the *Journal* in combination with the *Pacific Coast Journal* or with *The Survey*, or for any one of the three magazines alone. If you have forgotten to bring a note-book, come to this booth and get one.
- 11, 12 and 13. **Metropolitan Life Insurance Co.** will show what are the problems of the public health movement in the immediate future. Thirty-six charts show the outlook for the control of tuberculosis, the mortality of infants and children, in adult and middle life, and finally, what part public health nursing will play as an adjunct in the extension of the life span.
- 14, 15, 16 and 17. **Government Nursing Services.** The new section of the American Nurses' Association, which is to be known as the Section on Government Nursing Services, will have an exhibit of pictures showing the work of the Nurse Corps of the Army, the Navy, the U. S. Public Health Service, and the Veterans' Bureau, as well as some pictures of the hospitals of these different services. There will also be dolls dressed to show the regulation uniform of these services.
18. **American Red Cross'** attractive exhibit has been planned to represent the three services—Nursing, Public Health Nursing, and Home Hygiene and Care of the Sick. Large colored panels illustrate phases of the Service activities and hanging below each is a special cardboard mount displaying about ten photographs continuing the pictorial narrative.
19. **Occupational Therapy Exhibit** will be made with the assistance of two workers actively engaged in making articles of interest in this work. The Grace Hospital and the Detroit Tubercular Sanitarium will send patients especially to do this work and display articles which have been made at these institutions.
- 20 and 21. **National Health Council** and seven of its member organizations will show representative pamphlets, posters, and other material of special interest to nurses which will be provided by American Child Health Ass'n, American Public Health Ass'n, American Society for the Control of Cancer, the American Red Cross, National Committee for Mental Hygiene, National Committee for the Prevention of Blindness and the National Tuberculosis Ass'n. This is a rare opportunity for nurses to see the material which is available to them from the leading National Voluntary Agencies of the United States.
22. **Mellin's Food Co.** Mellin's Food.

Booth
Number

- 23 and 24. W. B. Saunders Co.** will display their entire extensive line of nursing books featuring especially sixteen new books and new editions, including *The Operating Room*, emanating from St. Mary's Hospital, Rochester, Minn.; *Ried's Nursing Procedures*; *Hoxie's Medicine for Nurses*; *Garnsey's Dosage and Solutions*; *Arnheim's Urine Analysis for Nurses*; *Bogert's Chemistry*; *Williams Anatomy and Physiology*, etc.
- 25 and 26. J. B. Lippincott Co.** In addition to the remarkable Piersol Anatomical Charts, a display of never failing interest, the Lippincott exhibit will feature a full line of nursing books. These will include MacDonald's *Mental Hygiene* and the *Public Health Nurse*, Laird's *Applied Physiology for Nurses*, the new tenth edition of *Cooke's Obstetrics*, and other recent titles.
- 27. F. A. Davis Co.** will show many books of importance and of great interest to nurses, including Elizabeth Wickham's new book, *Maternity Nursing in a Nutshell*. This is something unique and of great practical interest to graduate nurses. The *Dietary Adventures of Anabil Lee* by Gertrude I. Thomas is a strikingly original and attractive volume.
- 28. P. Blakiston Son & Co.** At this booth will be shown some books of special interest and value. Scientific books must be kept abreast of scientific progress. In physiology, anatomy, medical lexicology, important advances have been made which have been incorporated in the Blakiston texts. 605,000 copies of Gould's *Medical Dictionaries* have been sold.
- 29. E. L. Patch Co.** Flavored Cod Liver Oil.
- 30. The Kolynos Co.** The Euscope is an interesting device for projecting a microscopic field upon a ground glass screen where a group may study the reactions which occur on the slide. This instrument will be used at the Kolynos Booth to demonstrate the germicidal action of Kolynos Dental Cream. Do not fail to see this experiment and to receive a complimentary tube of Kolynos.
- 31. The DeVilbiss Manufacturing Co.** will have a display of nose and throat atomizers, nebulizers, powder blowers and steam vaporizers.
- 32. Lewis Manufacturing Co.** A feature of special interest in this booth will be an exhibit of Cellucotton, the Perfect Absorbent. Hundreds of hospitals, after once using, depend on Cellucotton for a large part of their surgical dressings.
- 33. A. W. Diack.** The theory and practice of sterilization and dressings in pressure sterilizers, necessity of heat penetration and the scientific means of ascertaining when heat penetration has taken place, will be illustrated with Diack's *Sterilizer Controls*.
- 34. Minute Tapioca Sales Co.** will show special uses for Minute Tapioca of interest to nurses, such as basis of a nutritious gruel; preparation of a colloidal starch solution, which, added to milk for infant feeding, renders it more digestible by limiting the size of the milk curds; for special diets, particularly cases where a low protein or purin-free diet is indicated.
- 35. Standard Apparel Co.** will have a line of nurses' capes, coats and sweater-coats in various shades and qualities of materials.
- 36. Geo. E. Keith Co.** will make a representative display of the famous Princess Pat and Relief lines of Walk-Over Shoes for both on duty and off duty.
- 37. Lea & Febiger** will exhibit their nurses' series of books; such as Brown's *Principles of Nursing*, Fox *Bacteriology*, Amoss' *Chemistry*, Price's *Hygiene and Sanitation*, Parker's *Materia Medica*, Farr's *Internal Medicine*, Tallant's *Obstetrical Nursing*, Bacon's *Obstetrical Nursing*, Carter's *Nutrition*, the *Epitome Series*, Wharton's *Minor Surgery*, etc.
- 38. Thorner Bros.** A complete set of ward trays, individual patients' food service items and a complete line of enamelware, rubber goods, glass and metal syringes and hospital sundries.
- 39 and 40. The Macmillan Company.** Macmillan-gram. Limited to fifty words like a night letter to tell you about our exhibit—stop at Booths 39 and 40—stop—and see the new hospital library series—stop—and examine two recent texts in pediatric nursing—stop and let us tell you about new books in preparation—stop—at Macmillan's Booths 39 and 40.
- 41. Ernest Monnier, Inc.** Ingram's transparent nipples—imported from England and famous all over the world because they can be sterilized over and over again in boiling water without in the least affecting the quality or resiliency of the rubber. They are made from the highest grade of Para Rubber without the addition of fillers or gritty substances or coloring matter.

Booth
Number

42. **J. B. Ford Co.**, exhibiting Wyandotte yellow hospital laundry soda, Wyandotte Sanitary Cleaner and Cleanser, Wyandotte Detergent-Abrasive Powder. They will be represented by C. M. Matthews, F. D. Marantette and Wm. McEwan of the Detroit office.
43. **Chas. H. Phillips Chem. Co.** will exhibit Phillips Milk of Magnesia—a mouth wash that protects the teeth from acid erosion. Phillips Digestible Cocoa Compound will also be exhibited.
44. **Lehn & Fink, Inc.**, the manufacturing chemists, will concentrate their display on a few products of great interest to nurses. They will exhibit Hopkins Charts, designed by a registered nurse; Vigoris, an improved rubbing alcohol; Lysol Disinfectant and Pebeco Tooth Paste.
45. **Nujol Laboratories.** The display offered by these people will be characterized by simplicity and dignity. Blue velvet will serve as a back-ground to their exhibit for colored illustrations of the pathological intestinal tract. In front of this curtain will be a modest arrangement of the Nujol group—bottle, carton, clock and spoon. The booth will be officered by Edwin F. Hitchcock, M.D., who has been representing Nujol Laboratories at various State medical conventions.
46. **The Pepsodent Company** will have well informed men in charge who will be there to give you a thorough understanding of Pepsodent and Formula B, as well as samples for trial purposes.
47. **Morse & Burt Co.** Cantilever Shoes. If you have never owned a pair of Cantilevers be sure to visit this booth. It will be time well spent. If you already wear them they still have something of interest for you.
48. **Schering & Glatz, Inc.** Atophan, the premier remedy for rheumatism, gout, neuralgia, sciatica, lumbago. Supplied in tablets and powder form; combined with Urotropin for injection; combined with Acetyl-Salicylic Acid in tablets. Anusol Hemorrhoidal Suppositories for the non-surgical treatment of hemorrhoids and other inflammatory rectal disorders.
49. **E. R. Squibb & Sons** will be with us this year with their standard line of chemicals and pharmaceuticals, including such well known specialties as Squibb's Mineral Oil, Arsphenamine products and Milk of Magnesia. They will also feature Squibb's Talcum Powder, and Squibb's Dental Cream made with Squibb's Milk of Magnesia.
50. **Denver Chemical Mfg. Co.** will have their well known Antiphlogistine. This product is so well known that comment seems unnecessary. Call at the Antiphlogistine booth and obtain a valuable souvenir as well as liberal samples of their preparation.
51. **Walter Janvier, Inc.** This firm is the national distributor of Kellogg's Tasteless Castor Oil. They will have several exhibits showing the Castor oil bean, part of the process in the production of castor oil and Kellogg's Tasteless Castor Oil. Free samples will be given to nurses visiting this booth.
52. **C. V. Mosby Co.** Nurses' books.
53. **Gradwohl School of Laboratory Technique** will display a model laboratory with up-to-date equipment for making laboratory diagnostic tests, Wassermann's, Blood, Chemical, etc. There will be a laboratory worker in charge who will carry out the laboratory tests for the benefit of the conventionists.
54. **Kellogg Company** will have Miss Mary I. Barber, director of their Home Economics Department, in charge of their booth. Miss Barber is very well known in the Home Economics field, being most recently a member of the faculty of Columbia University. This firm manufactures Kellogg's Corn Flakes, Kellogg's Bran, cooked and krumbled, and Kellogg's all wheat Krumbles. These products will be demonstrated and served.
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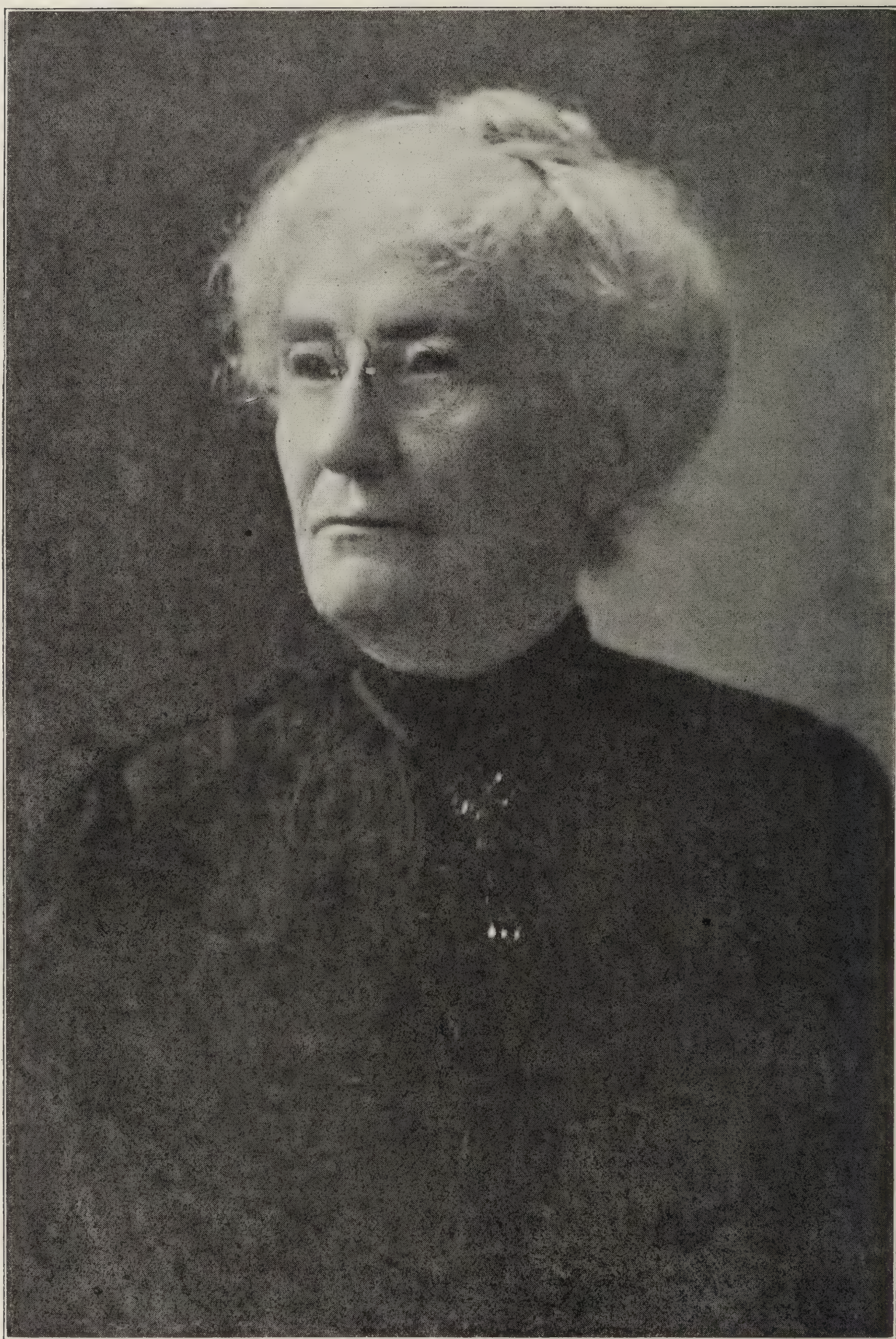
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MARY E. P. DAVIS

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

JULY, 1924

No. 10

ASTHMA AND HAY FEVER

BY ELSIE I. HENDERSON, R.N.

IT is the object of this paper to summarize some of the newer ideas on the nature of asthma and hay fever, to discuss some of the more important exciting causes and the method of diagnosis, to outline the principles of medical treatment and to stress the very important work of the nurse in the general management of the cases.

In the clinic of Applied Immunology at the New York Hospital, the principal conditions or diseases that are treated are asthma and hay fever. These are the manifestations of a state that is termed "hypersensitive-ness." This means that individuals afflicted with these diseases have within themselves a special peculiarity or ability to produce substances that give a reaction, whereas normal individuals have no reaction whatsoever. In other words, the substances that produce the attacks are not in themselves toxic, as they produce no disturbance in normal individuals.

It must be understood that asthma and hay fever are the manifestations of

the same type of reaction, but in asthma the manifestation is more particularly in the bronchial tubes, whereas in hay fever the manifestations are more or less limited to the eyes and the upper respiratory tract, that is, nose and

pharynx. Very often the two conditions coexist, in which case they may both be produced by the same substance; or the asthmatic condition may be produced by one substance, and the hay fever by another.

The condition of hay fever, as it is commonly called, exists in two forms,—a seasonal form, and a non-seasonal form.

The *seasonal form* is due to pollens, for the most part those which are air-borne. In the vicinity of New York, the attacks of pollen hay fever begin in April with the flowering of the trees. These early or "spring" types continue with their trouble up to the first week in June. The important trees concerned in these attacks are birch, beech, ash, oak, and hickory. The second variety of seasonal hay fever is brought about by the reaction to the pollens of the

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various grasses. These are prevalent throughout June and the first part of July. Cases reacting to these pollens and having their trouble at this time of the year are known as the "summer" type. The third, or "fall" type, is brought about by the pollens of ragweed. In these cases, the attacks begin about the middle of August, and continue until frost.

The *non-seasonal* forms of hay fever are characterized by the fact that the attacks may be continuous throughout the year, or they may be paroxysmal, occurring at any time of the year. Of course, there are many cases to be found that belong in both seasonal and non-seasonal groups. The principal causes for the non-seasonal form are the danders of animals, such as cat, dog, horse, rabbit, goat; certain vegetable substances, such as the powdered root of orris; the various cereals in the form of flour, such as wheat, when dry; and other substances commonly met with in the home, such as house dust, cotton seed, kapok seed, flax seed. The importance of these various substances from the nurse's standpoint will be emphasized later.

Asthma, as stated above, is due to a reaction in which the disturbance is particularly in the bronchial tubes; a swelling of the mucous membranes there produces an obstruction in such a way, that the shortness of breath characteristic of asthma is induced. There are two main groups of asthma, the sensitive and the infective. In the sensitive group the factors may be air-borne substances, as those mentioned above for hay fever; but in addition, individuals may be sensitive to foods and drugs, so that these things, when taken

by mouth, produce the typical attack. The second type of asthma is that in which an infection plays the important part. In these cases, the focus is usually located in the sinuses connected with the nose, or it may be in the tonsils. Occasionally the teeth, when infected, may be the source of trouble.

Patients presenting themselves at the clinic for the conditions either of asthma or hay fever are, of course, given a careful physical examination, in order to exclude tuberculous disease or chronic heart and kidney conditions. Those cases that are considered to be asthma are then tested to see if the exciting cause of the trouble can be determined. Tests are made by inserting into the layers of the skin, by means of a hypodermic needle, a small amount of the extracts of various substances. If a person reacts, a large urticarial wheal forms at the site of the test in from five to fifteen minutes. On the first clinic visit, the patients are tested with extracts of certain of the common pollens; the extracts of the danders of animals, namely, horse, cat, dog, rabbit, and goat; with the various sachet powders, such as orris, rice powder, and cornstarch. Records are then made as to the presence or absence of positive tests. On the second visit to the clinic, the cases are tested with certain foods, particularly milk, egg, various cereals, meats, chocolate, tea. At a third visit, all tests that have been positive are verified, in order to make sure of the reaction; the case is then summarized, a diagnosis is made, and the causative factor or factors in the case are determined. Where the examination has shown evidences of the presence of infection in the nasal sinuses or the

presence of diseased teeth or tonsils, such cases are referred to the special nose and throat department that is operated in connection with the clinic. The medical treatment and the management of the individual case are based upon the results of the diagnostic tests.

The therapeutic principle adopted in all cases is the elimination of the exciting cause. When this is not possible, treatment by injection of an extract of the exciting substance is used.

In seasonal hay fever cases it is manifestly impossible for clinic patients to leave home in order to avoid the pollen in the air. All such cases are treated by the injection of the appropriate pollen extracts, beginning two months before the attack and continuing at weekly intervals through the season.

Non-seasonal hay fever cases and the sensitive group of asthmatics are usually 75 per cent due to the inhalation of substances carried as dust in the air, the sources of which are to be found in the home or where they are employed.

It is from this point that the nurse is of the greatest importance in the management of the cases. Let us suppose a case in which the reactions were positive to horse or rabbit or goat. It is the special duty of the nurse to find out in what way the patient comes in contact with these substances that have been shown to be probable causative factors. These substances may be met with either in the home, at work, or casually. In New York we find a large industry has developed in which rabbit hair and goat wool are used as a by-product in the manufacture of pillows and mattresses. The Italians, particularly, seem to be addicted to the use of wool which, in some cases, they even

import from Italy. The rabbit hair found in pillows and mattresses is used more particularly by the foreigners who come from Central Europe and Russia. Then, too, there are cases that give reactions to cotton and kapok seed. These substances are also met with in bedding, mattresses, quilts, etc., where the mattress is made from cotton or kapok felt. Many of the patients who give reactions to the cereals, such as wheat and rye, are found to be bakers and cooks; and here the occupation is, of course, of the utmost importance. The nurse, then, in her daily rounds, learns to seek out in the various homes those factors that may be causing trouble; and she is able, more than any one else, to explain to, and gain the confidence and coöperation of the patients in getting rid of these causative factors. The importance of such home work may be illustrated by a few of the cases which were investigated.

Case I: June 1923, child nine years old gave history of having had asthma from the age of six; skin tests showed her to be positive to horse dander; the home was investigated and found to be directly opposite a stable. The family moved from that neighborhood, the child becoming absolutely free from attacks of asthma until October 15th, when she returned to the clinic giving a history of having an attack in school every morning. Permission was obtained from the principal to visit the school, where it was found that the child was in a fresh-air class, one of the rules being for the children to rest in a sleeping-bag for twenty minutes. The sleeping bag was found to be lined with lamb's wool. A sample was obtained and taken to the laboratory for extract; a skin test made proved the child to be positively marked to the substance.

Case II: A woman, twenty-eight years of age, gave a history of having had asthma for six years; the first attack occurred about six weeks after childbirth. She was tested and found to be sensitive to rabbit dander. The

home was investigated and a baby pillow containing rabbit hair was found, which had been given her by a friend when the baby was born.

Case III: A boy, nine years of age, came for treatment in February, 1923. Skin tests showed him to be sensitive to chicken feathers; he also had badly infected tonsils. A tonsillectomy was done and the child sent to a convalescent home, where he gained eight pounds in six weeks. Meanwhile, his mother was instructed to eliminate all feathers from the home, and to thoroughly clean the rooms, removing all dust left from feathers. The patient has been symptom free for over a year.

Case IV: A girl sixteen years of age applied for treatment in May, 1923. Her tests showed her to be sensitive to orris and goat hair. Although she was instructed to get rid of all face and talcum powder and goat hair, her condition did not improve. An investigation of the home was made and a sample of stuffing containing various substances was obtained from some dilapidated furniture, the extract from which gave a marked positive reaction. No symptoms have occurred since the removal of the furniture.

Case V: A man, aged twenty-six years, was seen first in February, 1922. He gave a history of having had severe attacks of asthma while at training camp in the South during the war. There were no symptoms while he was in France. Upon his return to New York he took a position in a wholesale cotton house, whereupon the attacks immediately returned. Skin tests showed him to be sensitive to cotton seed. His occupation was changed. A cotton mattress was found in his home and removed. With monthly therapeutic injections of cotton seed extract, he is enabled to live very comfortably.

Most of the cases of food sensitivity occur in children and in infants. The difficulties encountered in the treatment of such cases are many. It is very important to instruct the parents concerning the proper diets.

The study, then, of the environment, both at home and at work, and care for the diet are most important in the man-

agement of the cases; upon the nurse falls the greatest responsibility in seeing that the directions of the physician are completely carried out. All cases of asthma, irrespective of cause, should be instructed to follow a few general rules regarding home and occupational environment and general hygiene, as illustrated below:

Patients suffering from asthma should sleep alone in a well ventilated room which is free from rugs (a washable floor rug may be allowed), curtains, clothing, and furniture. The walls should be painted instead of papered.

Mattresses and pillows should be made of sterilized horse hair or silk floss. The rooms should be thoroughly cleaned and kept so. Where it is necessary for a patient to sweep, the nose and mouth should be protected by a damp cloth. It is advisable for all cleaning to be done with a damp floor mop and duster.

Cats, dogs, birds, or other pets should not be allowed in the household. Where a patient has been found to be sensitive to cat or dog, and the animal has been removed, the greatest care should be exercised in cleaning, for it is evident that some of the dander and hair of the animal would be left in the dust.

Care of the teeth is most essential. Infected and decayed teeth are known to cause attacks of asthma.

In regard to eating, patients should be taught never to overload the stomach. The evening meal, particularly, should be very light. It is found to be much better to eat a small amount often, rather than the three ordinary meals.

Aside from the home visiting, the "follow-up" work of the nurse is most important, in order to determine what

the results of treatment and direction have been, and in order to suggest further observation in those cases that are not doing well. It has been rather surprising to see, on the whole, the interest

and care taken by patients to follow carefully all directions laid down; and those cases in which the greatest care has been taken, without exception, show the best results.

THE NATIONAL LEPER HOME

(U. S. Marine Hospital, No. 66)

BY SISTER MARTHA, R.N., AND SISTER CATHERINE, R.N.

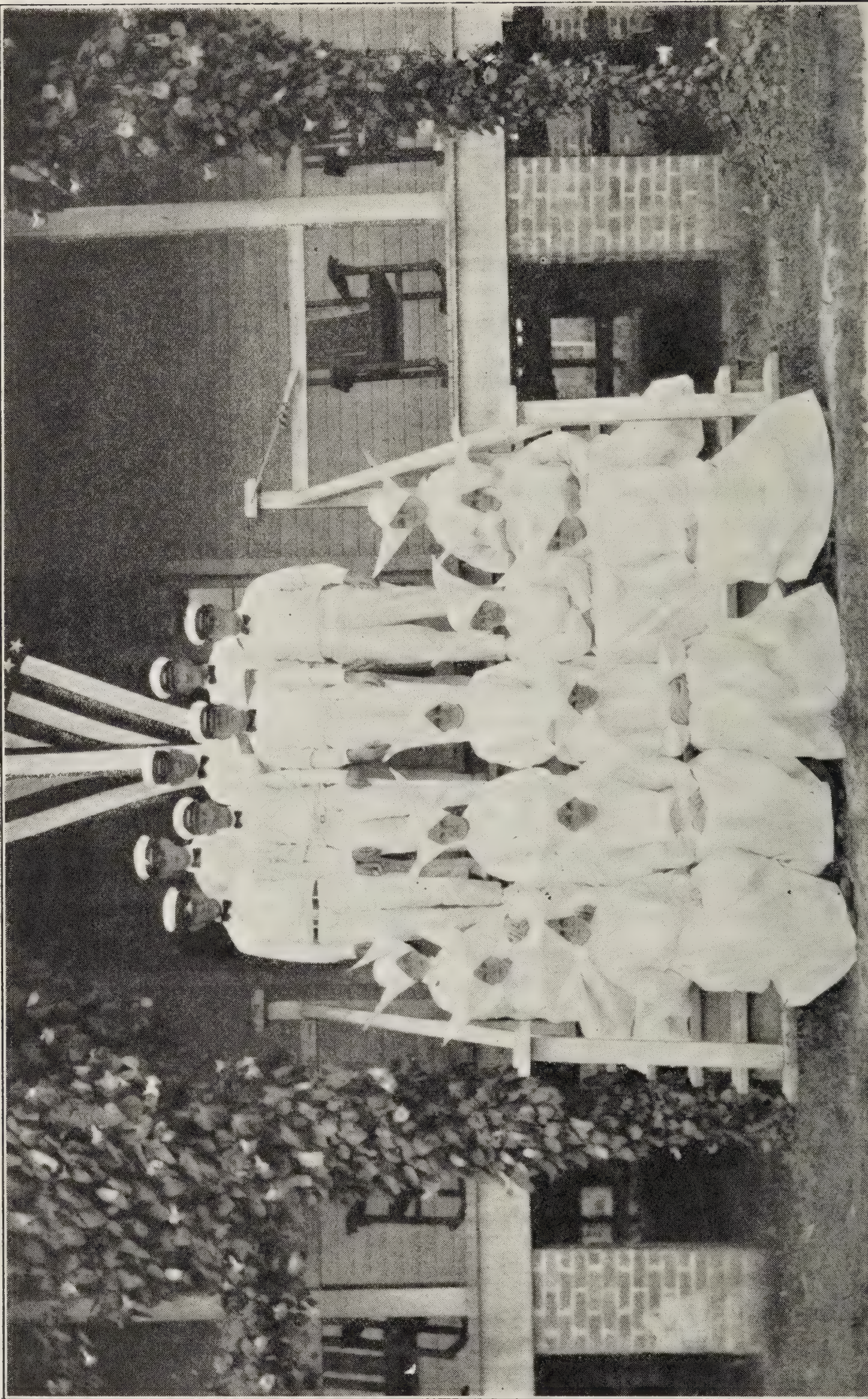
IN southern Louisiana, between two levees of the mighty Mississippi, lie four hundred acres of land which Uncle Sam is rendering beautiful. Trim cottages and well kept lawns, prim in their perfection, bespeak more than usual care and interest. Promptly at sunrise every morning, Old Glory is raised over an ante-bellum mansion that once flaunted the Stars and Bars; the present invasion of the once grand sugar plantation is more friendly than that which took place in the '60's; for here the Federal Government maintains the only leprosarium within the continental United States. Under the direction of Dr. O. E. Denney, Medical Officer in Charge, three full time medical men, three attending specialists, two chaplains, eleven nurses and numerous clerical help, form a staff working enthusiastically at every phase—scientific, social, and economic—of the problem of leprosy.

The leprosarium is built on the cottage plan and as almost every nation is represented, an effort is made to segregate the races. Popular notion of the treatment of lepers is promptly changed after a visit to the Colony. The Gov-

ernment is generous, even prodigal, in the treatment of its charges. Accommodations, food, clothing, medical and surgical specialties represent, not an average, but the standard of our recognized institutions.

It is needless to disinter historical facts about leprosy; that it has baffled the most astute, scientific minds is common knowledge. Remedies used centuries ago still retain well deserved repute. Nevertheless, there are many humble workers noiselessly retracing the beaten path, again plowing virgin fields, unaffrighted by the marshalled array of theory burning to incandescence, only to be resolved to the primary consideration of cell resistance. "Honor to whom honor is due." Theories elicit profound admiration, and are a sublime offering of man's time and talent at the shrine of knowledge.

The accumulated experience of those in daily contact, observing the effects of therapy, old and new, forces them to accept the dictum of the "survival of the fittest." The physiologically fittest cells produce "something"—a hypothetical something—which either repels or antagonizes the aggressive, offending

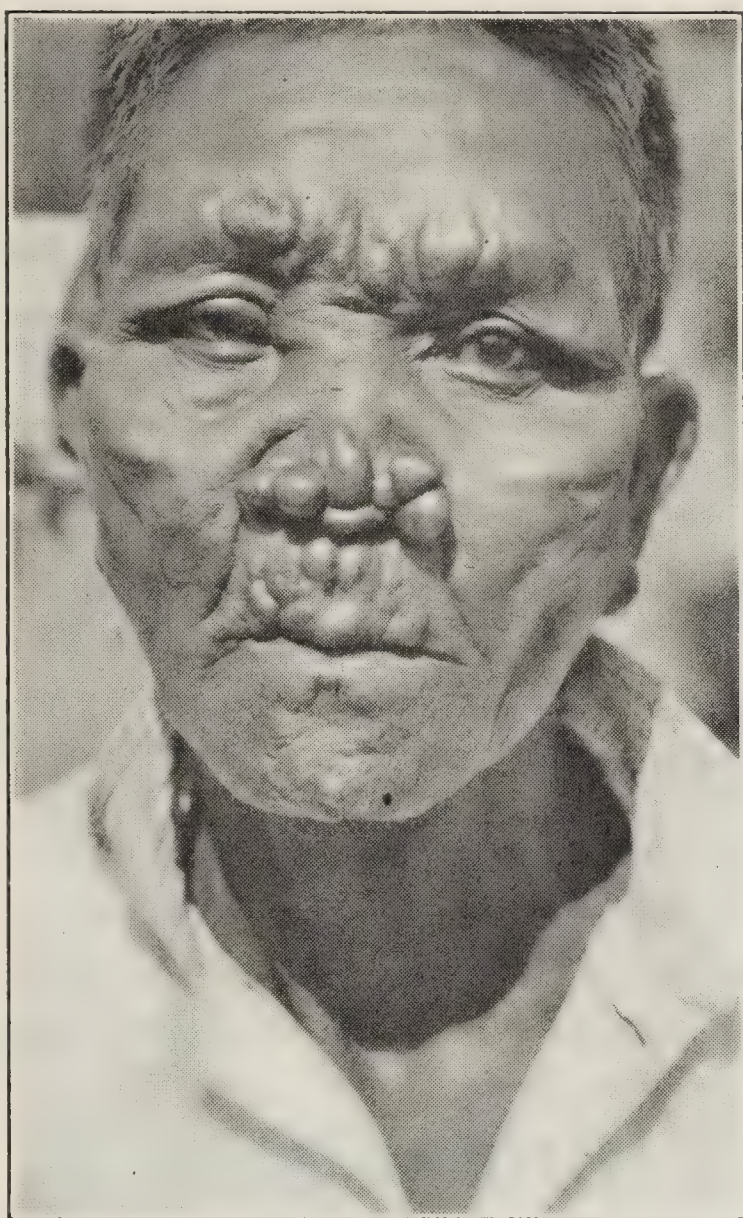


NURSING STAFF AND PATIENTS WHO HAVE BEEN TRAINED AS ORDERLIES

guest. The acknowledged cause of leprosy—the Hansen bacillus—is recognized by the scientific world; it is an organism possessing the physical and tinctorial characteristics of the tubercle bacillus. The reaction of the body to this organism is specific; the lesion produced, protean; involving the sympathetic and peripheral nervous systems, bones and skin; producing pathology, abnormalities, loss of function and disfigurement, evasive of description and unattained in any other disease to which the human body is heir.

The chronicity of leprosy is proverbial: "Once a leper, always a leper." This fact has a profoundly depressing effect, regrettable for all concerned because of the disruptive bearing on morale; producing a psychology that is characteristic. Let us hope that, owing to the labor so unstintingly given, this obscure subject will soon become flooded with light for the scientist and hope for the afflicted.

John Doe, American citizen, a ward of Uncle Sam's, stirs lazily as the jangling of the breakfast bell, promptly at 7 a. m., reaches his quarters. Quite comfortable quarters they are. His private room, steam heated and electrically lighted is one of eleven in a modern concrete and tile cottage; the furnishings, provided by the Government, consist of a hospital bed, several chairs, a rocker, a chifforobe and a rug. To these, John may add such other articles as his fancy dictates. From even such comfort John is suddenly torn by the remembrance that the bill of fare, always posted twenty-four hours in advance, is featuring (besides the inevitable fruit, eggs and cereals) pork sausage and biscuits. Crossing the



NODULAR TYPE

campus—for the buildings form a rectangle—John enters the well lighted, airy mess hall. The white vitrolite tables, white chairs and white porcelain-enamelled serving fixtures, make a splendid appearance. All of the service is cafeteria so John "should worry" if he happens to be late. The Assistant Dietitian—a business-like little Sister—presides and, as John joins the chow line, she is firmly assuring a Chinaman that "noodle soup is not served for breakfast"; while a War Vet. is made to understand that even if he *did* shed his blood for his country, a rare steak cannot be produced on a half minute's notice. The cafeteria serving space connects with the kitchen and besides "eggs cooked to order," which are a routine part of every breakfast and supper, almost anything

else can be had if a patient is willing to wait, but time is at a premium in the hospital. John hurries. Everybody hurries. It is one of the characteristics of the place, and seven-thirty probably finds John depositing his tray and soiled dishes near a huge "Autosan" dish washer, which takes care of everything used in the dining room.

Perhaps John has a job; almost every able-bodied patient has. The amount he receives for his services varies from fifteen to forty dollars per month. John may hustle back to his house and get everything spick and span; or he may wield a hoe and rake on the grounds if he belongs to the "sanitary squad;" or he may be appointed to collect the soiled clothes and dump them into the huge sterilizer through which everything must pass before it is introduced to an up-to-the-minute laundry, staffed entirely with outside help. There are also the "ice-cooler boy," the "canteen boy" and the "garbage boy." Or John may be a step higher in the Hospital scale, with a corresponding increase in salary and be appointed to help bathe patients, assist with the dressings, or do minor work for the dentist. For the sake of following John for twenty-four hours, we will suppose that he is doing none of these things and that he is in need of all the hospital aid that can be given him. From the dining room he drops into the surgical clinic to have a foot dressed; here he finds a Sister (the Sisters are all registered nurses) with one of the patients for an assistant, busily engaged from 7 a. m. to noon. John hurries—note the word—for he must be in his room by 9 o'clock when the Officer of the Day makes his first rounds. John is duly interviewed by the Medical

Officer: "Yes," he has some nerve pains; "Umhum," his eyes hurt a little. So John is duly prescribed a course of electric treatments and is ordered to be on hand at the next weekly visit of the neurologist. The ophthalmologist is due the next day, so John must report at the eye clinic. A prescription for slight cold is written, which prescription will be filled by a graduate pharmacist in a well-stocked drug store. "Is John's tooth all right?" "Sure, the dentist fixed me up," John says. And why shouldn't he be fixed up, since a full time dentist, with a splendidly equipped office is at his service at any time? "Does John want to take the Dean treatment?" John doesn't know; some of the fellows say it's good and others say it's all bunk. Well, when the consulting dermatologist makes his next visit, he will see. Anyway, he isn't going to take the chance of being laid up this week, "no siree, not with that masked party booked for Saturday, and the last game of the tennis tournament to be played tomorrow." If John's favorite player—who expects to be discharged soon—develops a wooden arm, John is due to write a scenario of "Why Twenty Bucks Left Home." Betting runs high in the colony but all are philosophical. The watchword is: "Life doesn't consist in holding a good hand, but in playing a poor hand well." Even the Grim Reaper doesn't seem to know when to call their bluff, for deaths here from leprosy, *per se*, are exceedingly rare.

Cleanliness is insisted upon, so John takes his daily bath, shower or tub, according to his pleasure, before keeping his appointment with the M. O. C., (Medical Officer Commanding) at the



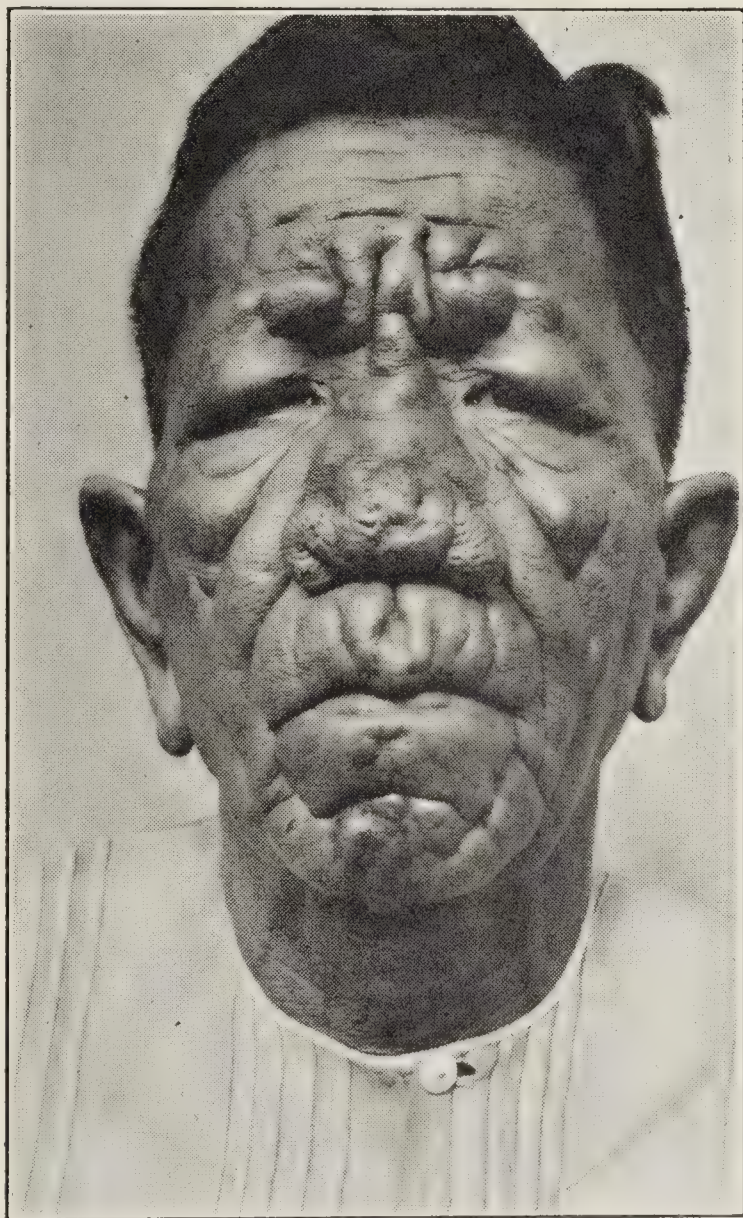
MUSCULAR CONTRACTURE DUE TO NERVE INVOLVEMENT

lab. He notices that silk shirts, and socks of the same material, seem to be "laboratory style," so he dons his best apparel. The coveted paroles are always associated with laboratory findings, and one naturally wants to look one's best. Having given a section of his skin, or a specimen of blood, or whatever other cannibalistic demands may have been made by the Commanding Officer, John comes down whistling happily. If one is down in a hole, it's mighty good to know that those above ground are working with might and main to get you out.

Dinner is served at 12,—same style as breakfast. John grins when he sees a patient on vegetable diet fall from grace at the sight of chicken fricassee. "Forbidden fruit," the sinner puns, and

the little Sister, who is wasting wrathful glances on the back of a New England gourmand who has helped himself to three pieces of pie instead of one, sees nothing.

The great event of the day, the distribution of mail, follows immediately after dinner. John retires to his room with his home paper and letters, intending to have a few restful hours. But hark! Suffering cats! What's that? Wails long and shrill, cries muffled and agonizing, disturb his peace. For the human heart, agonizing and despairing, can produce no such sounds as come from the depths of a trombone or cornet operated by an amateur but desperately earnest player. John remembers, then, that a band of twenty-six



LEONINE COUNTENANCE PRODUCED BY LEPROSY

pieces (he'd like to make a thousand pieces out of the original twenty-six) is in process of formation, and so he seeks solace in the pool room. John is just "shooting 'em pretty" when he is told that he is wanted in the x-ray room. John gazes apprehensively at his little finger which is just beginning to show contracture. Dimly he remembers that the Officer of the Day and the Chief Nurse, who is also the Roentgenologist, used weird words concerning it this morning. "Raiding giraffes" are the only ones he can remember. With some trepidation, then, he goes into a large room in which what seems to be a U boat occupies the center of the room, while sundry skeletons artistically illuminated play havoc with his oozing courage. John is made to understand that he is a mere setting, a background as it were, for that crooked finger which is duly radiographed from several angles.

More business of eating at 5 p. m. Supper is served rather early because the dining room is also used as an Amusement Hall. Besides the moving pictures twice a week and radiophone concerts, there is nearly always a club meeting or an entertainment for which

the place must be cleared. If it is a moving picture night, John must again don his glad clothes. Dressing for the pictures is *de rigueur*. Possibly he goes to the canteen, which is managed by the patients and the profits of which accrue to them, and buys a box of candy. No, John does not like candy himself, but the fluffy haired girl from Texas, admitted a few days ago, might be sitting near him. John's luck holds. The fluffy haired one is approachable. And, while Life as "it never was on sea nor land" is unfolded before them, they become acquainted. John ascertains that the F. H. O.'s mother had leprosy, but "nobody knew it 'till she died." The girl adds "Mama got mighty bad; blind, 'n everything. That's why I came here. The doctor's going to start me on a treatment tomorrow." A look full of wistful inquiry is bent on John from bright brown eyes; the replica perhaps of the mother's before she became "blind 'n everything." "I hope I get well soon." "Get well!" John snaps into it like a buddy saluting the flag, for the little stranger from Texas has unknowingly hoisted the standard. "Sure you'll get well. * * * How about a cocoa cola?" And that's that.

LEPROSY

Leprosy is a contagious disease in the sense that it is probably always communicated directly from the sick to the well, but prolonged and intimate association with a leper ordinarily seems necessary to contract the infection. The degree of the contagiousness varies very much, depending upon conditions not very well understood. * * *

There are three foci of leprosy in the United States; one among the Scandinavians in the region of the Great Lakes, made up almost exclusively of imported cases, another among the Orientals on the Pacific Coast, likewise chiefly of imported cases, and the third on the Gulf Coast, particularly in Louisiana, Texas and Florida, where most of the cases are native born. * * * There are perhaps a million lepers in the world. About 50 per cent more males are affected than females.

—Preventive Medicine and Hygiene, Rosenau, Fourth Edition.

ROLLING YOUR OWN

BY MAUDE PARSON, R.N.

THIS article is written especially for the graduate nurse who feels the need of higher education but who hesitates to attempt working for a college degree. This hesitation is due usually to three problems which, if not solved before entrance into college, may form the stumbling block that will effectually bar the way to higher education. These problems are: first, that mature age is a handicap, that perhaps the graduate nurse is too old to learn; second, that funds cannot be secured to carry through the whole college course; and third, that few, if any, benefits are to be derived from a college degree. My experience at the University of Washington shows that mature age is not a handicap, that the graduate nurse can earn her way through school and that the benefits derived from college work are very real not only professionally but culturally as well.

From my own experience it is safe to state definitely that mature age is an asset and not a handicap. If an individual has ever had the ability to grasp new ideas, that same ability is still retained regardless of any reasonable age. Women as old as sixty-five years have graduated from this University with commendable records. Indeed, it is many times apparent that a few added years of experience make it possible to appreciate more fully and to understand the academic work. This ability to apply theoretical knowledge to practical experiences makes the work more enjoyable. In this connection it must also be remembered that one's education

does not stop when high school is finished even though no studies are pursued further. One's training and practical work in the field of nursing give a broad knowledge of fundamentals which fits in and supplements college work in the natural sciences.

In reference to the funds necessary to complete a college course the problem is not so easily solved. It is by no means insurmountable, however, and it is my purpose to show that it is quite possible to break down this barrier also. A woman working her way through one of our western universities is by no means unique. The graduate nurse who attempts this is not in a class by herself. Scores of women in every college of the University of Washington are doing this same thing and the work engaged in to accomplish this is as varied as are the occupations that women now engage in anywhere in the world. Statistics obtained from our registrar will bear out this statement and will also show that the number of self-supporting women in college is on the increase every year.

School Year	Percentage of women enrolled who are self-supporting
1917-18	13.00%
1919-20	13.4 %
1920-21	13.00%
1921-22	15.25%
1922-23	17.69%

It is essential for one to have money enough to cover the expenses of at least one-quarter of the school year and it is advisable that she have enough for two quarters. The advantage of this is two-fold. First, it enables one to become

acquainted and gives time to work into some position which later will entirely supplement the diminishing bank account and it gives one time to adjust herself to the new life and the exacting study that is required by the University, without financial worry. This reserve fund for the first two quarters' expenses may be money saved through a few years of work or it may be borrowed. Although the former is the more desirable way of obtaining it, if one can obtain the use of money at a reasonable rate of interest, it is not advisable to wait to accumulate a reserve fund after the desire for college becomes manifest. It is entirely feasible, viewed purely from a financial standpoint, to borrow money at reasonable interest to fit oneself to obtain higher remuneration for services. Indeed, my advice is, that if one lacks a reserve fund of her own she should have an avenue open to her through which she can borrow small sums of money from time to time in case of necessity. The idea of waiting to earn and save money is, as has been stated, not advisable, in my opinion. If one has health, a willingness to risk a little in order to progress, and life insurance to cover liabilities in case of unexpected death, and furthermore, if one is able to get money at a reasonable interest rate, it is a clearer cut program for progression to borrow at once and begin college work, than to work and try to save. The latter makes the danger of losing the ideal in the press of the moment's activities. This reserve, whatever its source, need not exceed two hundred dollars. It is estimated that such a sum would carry one comfortably through one quarter of school at our University.

Turning now to the ways of supplementing the bank account there are two problems that must be understood and worked out before entering into part-time work outside of university studies. These problems are: How much outside work can safely be undertaken and how many hours of university work may be attempted? That one offsets the other may be readily seen. The less work done outside, the more academic work may be handled and vice versa. This is true, in the main, but there are some exceptional phases to this question that should be brought to the attention of the reader. If the outside work taken on is, may I say, mechanical, that is, not requiring special mental effort, such as stenographic work or working in the University Commons, then more hours a day may be undertaken than if the outside work is in the nature of executive duty where one uses her mental capacity to make herself successful in her job. The point of view here taken depends upon the health of the individual and that of equalizing the hours of labor so that one can maintain a high standard of work in the university and get out of her education what she should, in order to make it worth the effort put forth in obtaining it.

The types of work available are varied and innumerable. In one's own field, work such as night duty over week-ends and special duty during vacation is always available. Then if one has had experience in the public health field, it may be possible to get part-time work with the municipal public health agencies. There is also the possibility of assisting in the department in which one is a major. Other fields that are

open are, clerking in department stores half-days and Saturdays, serving in the University Commons at meal time, and stenographic work. Further, if one has individual ability along one certain line it many times may be used to financial advantage.

At this point it may be of interest to consider the expenses of one year's school work. These figures are based entirely upon personal experience at the University of Washington. Tuition for residents within the state of Washington is \$15 a quarter and for non-residents it is \$50 a quarter. If the student be ex-service, she is exempt from tuition throughout her entire college course. Special fees, such as laboratory fees, the Association Student Organization fee, and the library fee, average \$12.80 a quarter. Books average \$8 a quarter. This cost can be cut down considerably by buying second-hand books and selling them at the end of each quarter. I do not endorse this policy, however. One's text books, carefully studied as they must be, will be of invaluable assistance to one for reference after school is completed. To me, selling good books is like selling my friends. This is a matter for personal decision, however, and to sell is a means of lightening expenses.

Room and board average \$40 a month outside of the group houses on the campus, at which room and board may be obtained for \$32.50. I have tried three types of living: i. e., living in an organized house; rooming in the neighborhood and boarding at the University Commons; and living in an apartment and doing my own cooking. The cost of these three types is approximately the same.

Cost of clothing and incidentals will

not be given here because it seems quite useless for one individual to set clothing standards for another or to estimate expenses which are dependent upon individual tastes. In passing it may be noted, however, that an abundance of clothing for college is entirely unnecessary. One or two wool dresses, a sport skirt and sweater, and a party dress will be used. An excess much beyond this will hang in the closet. In both clothing and incidentals what one deems a necessity another may consider a luxury but I have found that both could easily be kept within a very low sum.

Thus far this article has dealt purely with the problems to be faced in attempting a college career. It is fair and logical that one ask what to expect in return. What benefit am I to derive from this college course? Surely an advance in theoretical knowledge, is the reply. And what does this advance in theoretical knowledge profit the individual? It means a step forward both in professional standing and in financial gain. Whether or not this is all the benefit, depends entirely upon the individual. If one enters college with the idea of carrying away a store of book knowledge, and works only to that end, this will be the gain and nothing more; but if one enters college with the idea of getting all out of it that it is possible to gain, the reward is much greater. It will then be a broadening of one's life, culturally and socially, as well as academically. Reserving a part of one's time for athletics, social affairs and University activities, in general, is vastly important. These contribute as much to the education as does the advanced study. And in addition to all this, is it not a satisfaction and a joy to realize

one's ambition? Is it not worth all the effort really to reach a goal that has been viewed for years in the hazy distance?

In closing, let me reiterate, that my experience at the University of Washington proves that a college education is

within the reach of the graduate nurse, that mature age and lack of funds are merely problems to be solved and not barriers and that the benefits to be derived, professionally, socially and culturally, are so great that they more than repay any effort expended.

PRIVATE DUTY AND THE INCURABLE CASE¹

BY EVELYN C. LUNDEEN, R.N.

NURSING today has reached the stage where the entire profession is of inestimable value to humanity. We all know of the great demand for public health nurses in that they are able to reach one and all through their various branches. Another field which is of no less importance is that of the private duty nurse. It is this branch of nursing which I wish to discuss.

The question before us is: Shall or shall not the private duty nurse accept incurable cases?

I contend that a private duty nurse shall not accept incurable cases and I shall attempt to convince my audience with the following considerations:

No Expert Skill Is Required—Let us consider the treatment that an incurable patient will be likely to receive. What does it amount to? Usually not more than a bath, a back rub, and the general care necessary to make a patient comfortable. Any form of treatment given a patient with an incurable disease is useless and therefore it is wasteful to employ a graduate nurse for the simple task of making the patient comfortable.

The Nurse's Field of Usefulness Is Too Limited.—Let us consider the education and training that a graduate nurse has received. Most accredited schools require three years of training with a great deal of theoretical work,—theoretical work which is equal to two years of college. Will you not agree with me when I say that it is absurd for a woman with that amount of training to spend her time, day in and day out, doing that work which does not require such thorough training as she, a graduate nurse, has received?

Shall a nurse, trained to meet any emergency in the sick room, trained to carry out any treatment a doctor may order, trained to treat the critically ill, and to perceive any unlooked for symptom that may arise, spend twenty-four hours a day, month after month, giving a back rub, straightening a sheet, and providing entertainment for a patient? Do not her capabilities for giving service far exceed her opportunities in cases of this kind?

The Nurse's Professional Skill Is Diminished.—Is it fair to herself to do this work? There can be no dubiousness concerning this following statement. A nurse taking care of an incurable case,

¹ Read at the annual meeting of the Illinois State Association of Graduate Nurses, October 10, 1923, at Peoria, Ill.

month after month, is unable to maintain that high degree of efficiency necessary when nursing a critically ill patient. She is bound to become rusty and lose to some extent her nursing skill.

Limits Opportunities for Real Service.—Is it fair to the public in general? Shall some critically ill person be deprived of a graduate nurse because she is busy taking care of an incurable case? Can you not one and all recall some time or other in your hospital experience when you tried to get a graduate nurse for that critically ill patient in the ward? You might have got Miss Blank, but she was busy taking care of that incurable apoplexy case with whom she had been for the last fourteen months, and you couldn't help wondering why she staid with that patient, since he showed no improvement

and there was practically no nursing care that she could give him. Since a graduate doing private duty can take care of but one patient at a time, it is fitting that she take care of those most needing her.

You will ask: "Who then is going to take care of these incurable cases, if a graduate nurse is not to do it?" Surely some member of the patient's family can be trained to give the simple bedside nursing necessary. If not, there is always the Visiting Nurses' Association which is ever ready to take care of that type of cases.

Many are the fields where nurses are needed. It will be soon enough for the private duty nurse to spend her time taking care of incurable cases when our country is flooded with nurses and the supply is greater than the demand.

AN ADJUSTABLE BLANKET HOLDER¹

BY ANNABELLA McCRAE, R.N.

THE blanket holder affords facilities for the disposal of individual equipment for the patient. It provides greater safety where the rules of individual precautions must be observed. Its use lessens the amount of equipment to be carried by the nurse, thus time is saved in disposing of it.

It is an aid to general bedside order. It saves laundry work. It may be adjusted to the right or the left side of the bed. It is open at both sides to permit ventilation, to prevent accumu-

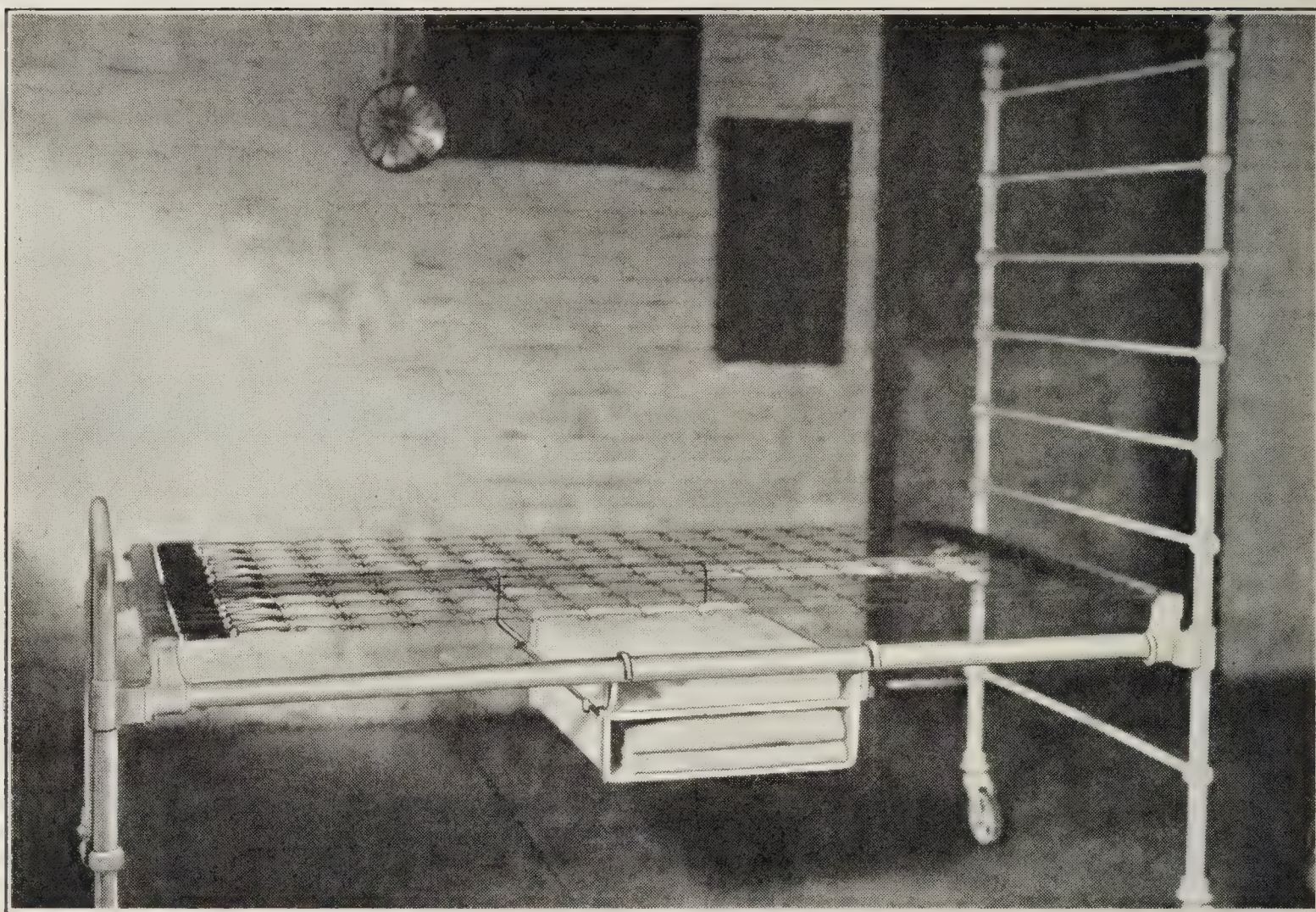
lation of dust and the possibility of its use as a repository for the small belongings of the patient.

Method of Attachment.—The blanket holder is attached to each side of the bed, underneath, by means of four goose-neck extensions, two on each side of the holder, which slide in and out of a sheath and can span a bed three feet wide, or more.

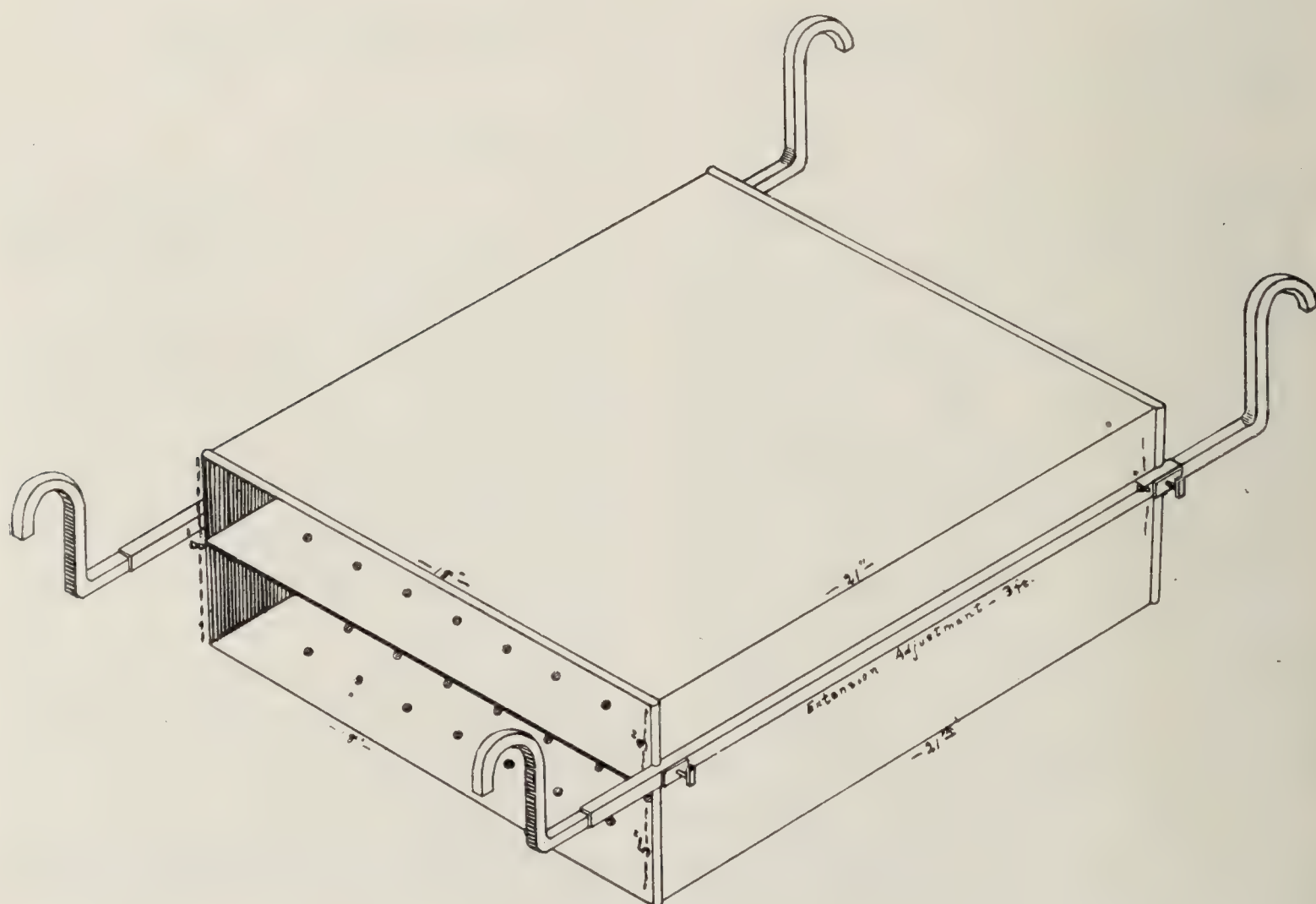
After adjustment, each goose-neck is controlled by a screw mounted upon an immovable nut.

This apparatus can be made to fit a child's cot by slightly altering the style of the clamp.

¹ This apparatus is the result of considerable experimental work at the Massachusetts General Hospital where it is now being tried out for patients on precaution regime.



ADJUSTABLE BLANKET HOLDER



THE NURSES' ASSOCIATION OF FINLAND¹

1898—1923

BY C. REIMANN

THE National Nursing Association in Finland was founded in 1898 with Anna Broms as its first President. She was succeeded by Baroness Sophie Mannerheim, who still is the most active, gifted, and beloved leader. It certainly has not been an easy task for this organization to keep the ideals of education high, because of national unrest. For more than one hundred years Finland was under the rule of Russia. Since 1920, the country as a whole has enjoyed peace, consequently improvements have been steady.

One of the first things accomplished by the new association was the opening of a Probationers' Home in Helsingfors. The group of six hospitals belonging to the "University Clinics" (which still is the largest school of nursing in Finland) did not have room for the Probationers in the hospitals, and they lived, therefore, outside in private families. As it was not made compulsory for them at first to live in the Probationers' Home, many of them continued to live outside, and consequently a lack of discipline and a frequent outbreak of contagious diseases in the hospitals continued. Florence Nightingale was consulted, and her advice—to make remaining in the Home compulsory—had good results. She gave also a sum of money to be spent in the Home "as soon as it should contain all the probationers." Her gift is converted into "The Florence Night-

ingale Fund," which is used for educational purposes.

In August, 1906, the Association started a Preliminary Course for Probationers in connection with the University Clinics. The government gave the subsidies.

Ellen Nylander, an unusually fine and gifted nurse, was for fifteen years the Educational Director of this theoretical course, the length of which is four months. She attended the Preliminary Course given in the London Hospital, London, before she began her work in Helsingfors and has since studied nursing education by visiting the different countries of Europe and U. S. A.

The monthly nursing journal *Epione* was started January, 1908. It is written partly in Swedish and partly in Finnish, and the editor, Mrs. Olga Lackström, is not less enthusiastic today than the year she began her work with the magazine.

Baroness Mannerheim attended the meeting of the International Council of Nurses in Paris, 1907, and at the Congress of the Council in London, 1909, the Finnish association was admitted as a member of the international organization. At the business meeting of the Council in Copenhagen, 1922, Baroness Mannerheim was elected President; therefore the next Congress of the International Council will be held in Helsingfors, 1925.

The Finnish association has a

¹ Excerpts from Bulletin II, International Council of Nurses.

beautiful summer house in the country. It has a Home for private duty nurses and takes care of a certain number of old retired nurses. A fund to help sick nurses has also been arranged. The organization has assisted nurses in getting shorter working hours, better and more homogeneous salaries throughout the country, it has arranged postgraduate courses, and it gives many scholarships especially for nurses going abroad.

In 1913, the text-books published by the organization began to appear. Five have appeared, each dealing with one or a few related subjects, as for instance, Anatomy and Physiology. The Finnish association is, in doing this, more advanced than the countries in its neighborhood, which respectively use one textbook containing all the subjects taught in the school of nursing.

Finland has state registration for nurses, which is controlled by its medical board. The University Clinics and two other hospitals have a three years' training, while the rest of the schools only have two years. The dream and hope of the Finnish nurses is that the

government will help them to get a three years' course for all schools of nursing, and that Probationers from the whole country will attend a Central School in Helsingfors for a preliminary course before they begin to work in the different hospitals; finally also that a nurse inspector of training schools will be appointed.

The Finnish association, that at present has between 1000 and 1100 members, is perhaps one of the most interesting nursing organizations of the world, because it has from its first beginning so clearly considered the education of its nurses as the first and most important aim of the association. It has always tried to have a window open towards the outside world to learn what was going on there and to profit by the experience of other nations. It has during the 25 years had unusual difficulties and obstacles to overcome, but now we hope a better day has come for Finland, and that the beautiful dream of Baroness Mannerheim and all her nurses will be fulfilled very soon, preferably before the summer of 1925.

NO STEAM IN DRESSING STERILIZERS. WHO IS TO BLAME?

Information has come to the office of the American Hospital Association at various times establishing the fact that some hospital had been sterilizing its dressings in an autoclave sterilizer with the steam entirely shut off from the inner chamber. These cases now number FOUR and the longest time it could be established that the dressings had been "sterilized" (?) without steam was ONE YEAR. In each case the situation was caused by the fact that some attendant had closed the valve. The attendant in the hospital in which the steam had been shut off for a year frankly stated that she "had found that when this valve was closed the dressings came out nice and dry and had, therefore, kept it closed for the past year."

These stories seem incredible, but they are true. Surgical work was routinely carried on and all the patients did not die of infection. The dry heat may have helped some, but nature probably deserves most of the credit for protecting the lives of the majority of these patients. Undoubtedly some developed infections due to the dressings.

These situations indicate that every hospital superintendent must understand the essentials of the construction and operation of autoclave sterilizers and supervise their use—at least to the extent of certainty that the responsible operators thoroughly know both the sterilizer and the sterilizing process.

The error seems a needless risk for patients and surely the public is justified in expecting better protection from any hospital.—News Bulletin of the American Hospital Association, May, 1924.

ADVANTAGES OF TRAINING IN A HOSPITAL FOR NERVOUS AND MENTAL DISEASES

BY ALICE HOLDEN, R.N.

A YOUNG woman who desires to become a nurse today has a much wider variety of training to choose from than in the past. There are all the types of general hospitals: the small private hospital with a capacity of fifty or sixty beds, principally for surgical patients; and the public city hospital with the capacity of many hundred beds in several departments; the struggling country hospital; and the wealthy corporate city hospital with an equipment almost perfect for the requirement of a training school; these all present a great diversity of possibilities. This diversity is increased by a consideration of the specialized hospital; children's hospitals; hospitals for the tubercular, for cancer cases, orthopedic hospitals and so on. One of the most modern types of hospital training schools is that connected with a mental and nervous hospital, a type, perhaps because it is so modern, that is little known, and when known, often misunderstood. When fully understood, however, and at its best, it offers one of the broadest and most educational of trainings.

In the first place, it has all the advantages of the training offered by a general hospital. Special hospitals, in order to graduate registered nurses, are required by law to send their pupils to general hospitals where they may have a thorough training in medical and surgical work, obstetrics, and work with children. The best schools exceed the minimum of time required by the States;

many send their pupils to general city hospitals for a period of fifteen months. These fifteen months are not the earliest months of the pupil's training, but are given at a time when the nurse has already received careful instruction and practice in nursing technic, when she is expected to take responsible positions in the service to which she is attached. Thus nurses graduated from hospitals for mental and nervous patients are fully qualified to take care of patients suffering from physical as well as mental sicknesses.

Besides this general training, the nurse has the educational opportunities of training in a hospital for mental and nervous diseases. A hospital of this type is today not only an institution where persons suffering from mental or nervous breakdown may be cared for during their illness—it is much more than that. It is a sort of educational center, where people may be taught how best to avoid such mental or nervous breaks in the future by leading lives that are hygienic both mentally and physically.

A nurse, in order to do her part in this work of reconstruction intelligently, must have a very special training, that is in itself educational in the best sense of the word. She should have a thorough understanding of what constitutes all-round normal living. In the first place, she should have some knowledge of psychology, that is, the working of the normal mind: the part played in the personality by such influences as habit,

early training, environment, and the emotions. She must understand, too, how the abnormal, the sick mind, reacts to its environment, so that she may help it to make better, more rational adjustments to reality. She should learn the different qualities that contribute to a well balanced personality; the necessity of recreation and diversion as a counterpart to the more serious aspects of life; also the practical value of work done by the hands. All this she must know very practically—she must learn, if she does not know already, how to dance, to play tennis and golf, to play card games, to sew, knit, and make baskets; an unusual sort of training for a nurse, one would say at first sight, but as one thinks it over, very necessary accomplishments for one whose work it will be to help different persons, of different ages and social environments, not only to repair present

disabilities but to lead healthy, well-balanced, well rounded lives, according to their several capacities.

Such a training as this offered by a nervous and mental hospital must be of great educational value to the student. For her own self, her own life should be happier because she knows what is hygienic from the mental and emotional as well as from the physical standpoint. In her contacts with others, she should, from her training, be more understanding of difficult personalities, and so more tactful and sympathetic in her relationships. In the field of her profession she has very varied possibilities of service—nurses thus trained are in demand not only in homes and institutions, but in constructive work along the lines of social service, public health, school clinics, and mental hygiene. Such is the training offered by this type of hospital.

HEALTH CENTERS

In a very comprehensive and interesting discussion of health centers recently written by Dr. Charles F. Wilinsky, Director of the Blossom Health Unit in Boston, the growth of this movement is traced from small beginnings to its present development in nearly every state and most of the large cities of the country. If space permitted, we should like to quote at least half of it, for the increase in every service sounds as if the efficiency of these services had grown accordingly. Dr. Wilinsky will be more than glad to answer any questions about this particular experiment.

Virginia: In order to meet the urgent need and demand in the South for well-equipped public health nurses, the School of Social Work and Public Health was organized in Richmond, Virginia. It is peculiarly adapted for teaching public health nursing as needed in the South. The Southern states are largely agricultural so the rural nurse is mostly in demand and the highest type nurse is needed, one with special preparation for the work she will be called upon to do.

Those who have studied the situation know that theory and practice must go together to obtain the best results, for by learning in the classroom and applying this knowledge in the homes under supervision do we correlate the work.

The theory given is that recognized as the standard course. The field service consists of visiting nursing with the Instructive Visiting Nurse Association, which does generalized work, and rural nursing under supervision, with training in maternity and infancy welfare and school work as well as other phases of work.

It is of special interest to nurses in the North and West that this course, in a very large measure, is being both mothered and financed by the nurses themselves.

EDITORIALS

MARY E. P. DAVIS

WITH the passing of Mary E. P. Davis, whose death occurred on June 9th at Norwood, Mass., the *Journal* lost its oldest living friend. It was Miss Davis, as chairman of the Committee of Ways and Means for Publishing a Journal who made the plans for a stock company, interviewed publishers, secured the first subscription list of nearly 600 subscribers, and made the project a success. Many others helped, but the first effective steps were taken by her. As Miss Palmer wrote in these pages:

That the *Journal* was on a sound financial basis when it was started is due to her efforts more than to those of any other person.

Nine months of unremunerated service were given to the *Journal* by Miss Davis at that time and she served it later as President of the Board of Directors and as Business Manager. It was not until 1900 that she ceased to be actively connected with it, but for years her sound advice was sought constantly. The *Journal* always held first place in her heart, though she had many other professional interests. The spirit of her service for the magazine was well illustrated by the inspiration she passed on to a younger colleague who was in perplexity,—“Remember you are doing it for the *Journal*.”

The picture of Miss Davis, which we give as a frontispiece, was taken at Miss Palmer's request at the time the *Journal* was approaching its twentieth anniversary. Anyone who would like to see her as she was in her younger days should turn to Volume II, the October number.

Miss Davis was not only one of the pioneers in *Journal* work, but in all our organization work. She was one of that group of eighteen who gathered with Miss Lett at St. Luke's Hospital, Chicago, in 1893, after the conference on nursing held at the World's Fair, a group which made the first plans resulting in the Superintendents' Society (now the National League) of which Miss Davis was the second President.

Miss Davis was one of the first graduates of the Massachusetts General Hospital. She held important positions, being at one time Superintendent of the University of Pennsylvania Training School, and at other times in charge of training schools in hospitals for mental cases, one in Washington and one in Boston. She was the first registrar of the Central Directory in Washington.

She was always keenly interested in our national work and she attended many of the conventions, one of the last being that at Atlanta. During the convention in San Francisco in 1915 she was very ill and it was not thought she could recover, but there were still years of usefulness left for her.

Her last official position was that of Corresponding Secretary of the Massachusetts State Nurses' Association, a position requiring much active work and one which she ably filled for at least six years, retiring when failing health made it impossible for her to go back and forth between Boston and her home in Norwood.

Miss Davis had a clear, logical mind, a keen grasp of business, and she could not let any matter slide past which was not properly thought out or worked out.

For this reason she was often on her feet in a meeting, representing the opposition, not from a desire to be contrary, but because she could see so much more clearly than most of her associates all that was involved. Those who did not know her personally may remember her only in this way, but those who had the privilege of her friendship knew that there was quite another side to Miss Davis' character. She was tender, sweet, forgiving, interested in others, unselfish, glad to give help in any way possible. As one instructor said, on hearing of her death,

We hear of a grand old man, why not a grand old woman. I am sure Miss Davis was one.

She loved truth,—she spoke it and lived it.

Miss Davis was older than her contemporaries, but she never faltered while she had strength to carry on. Her interest, her perseverance, her great contribution to her profession, are like a bugle call to those who are younger to "follow in her train."

"YARDSTICKS AND LABELS".

WHEN is a case "incurable"? Who shall say? Any nurse will at once answer "Why, the doctor, of course"! But that is not the whole answer, for have not most of us seen modern miracles, friends and patients restored to happy and oftentimes useful living after the dread phrase "no hope" had been uttered? Since some of these miracles are due, in part at least, to skilled nursing, it behooves us to refrain from making sweeping generalizations about incurable cases. Yardsticks are necessary if we would really know the measure of our achievements, but care and judgment must be exercised in

the use of any yardstick that tends to limit our service.

Every "case" is a patient, a fellow human being entitled to the kind of nursing he needs if it can possibly be obtained. Many incurables do not need highly skilled nursing because there is relatively little to do for them physically and because they are surrounded by those who can give both loving companionship and mental stimuli.

Nurses who habitually take such cases merely because they are easy have sometimes justly been dubbed luxury nurses. Such undoubtedly run great risk of losing their skill and adaptability. They tend to lose their sense of values and their professional contribution is usually not great.

This is not the first time nor, in all probability, will it be the last we shall plead for clear thinking on the whole question of how nursing skill shall be used. We believe much precious time is spent by graduate nurses in the care of patients who would be just as comfortable and quite as happy in less skilled hands. This time might be more profitably spent in the care of the acutely ill or in health teaching. Conversely we are sure that there is grave danger of losing the opportunity of helping some suffering human being if we permit the label "incurable" to become merely a warning to skilled nurses to "Keep off." "Circumstances alter cases" in all our relations in life. Let's not forget it when we are tempted to apply the yardstick "Incurable."

PROMISE

A MIGHTY stream of nurses has been flowing, flowing from our schools of nursing in the past three

months. Some of the largest classes in our history have been graduated. Absolutely incalculable are the potentialities for good and many are the hopes centered in these young women. Many a good wish and many a blessing of which they are totally unaware follow them out of the gates of their Alma Mater into the varied and fruitful life of the graduate nurse. Well we know, life being the mosaic of light and shadow that it is, that some of the high hearted hopes will be frustrated and some of the dreams prove mere chimeras. Those who have good hope of finding durable satisfaction will be those whose schools have recognized the responsibility for character building as fundamental to good technic and more vital than quantity production, important though these things are.

Fortunate are the nurses who go out knowing that they may return to their schools for counsel when need arises. We believe there are many such. Some of the loneliest people in the world are those whose own families are as aliens and who go to strangers, often incompetent ones, for advice. So it is with the nurse. No greater tribute can be paid the director of a school of nursing than frequent requests by her graduates for interviews or advice. Fortunate are the nurses who have as "professional mothers" women of vision and understanding. It is our good fortune to know many such. They are by no means all in the large schools.

To the graduates of "24" we are wishing God speed as they go out into their chosen fields. May each one find in her work the stimulus of the difficult task, the thrill of achievement, the satisfaction of meeting human needs, all

combining in an opportunity for that growth of the spirit which has made good nurses, humble or exalted, welcome the world around.

ARE WE GROWING?

THE Report of the Ohio Nurse Examining Committee published in this issue is thought provoking. Other states will doubtless check their own records with it point by point. We are not prepared to say that, in its essential features, it is a cross section of the work in all states for we have not had the privilege of reading reports from many states. One graph, at least, we suspect might serve for many a state. It could certainly have served to point the moral of Miss Stewart's editorial in last month's issue. We refer to the one indicating the very low percentage of registrants who are definitely planning to become instructors. Why, and again why? Is it because young graduates are deterred by the difficulties of securing the necessary postgraduate work? To all such we commend Miss Parson's article in this number, for Miss Parson not only "rolled her own" but became a member of the honor society of her University (an interesting bit of information we did *not* secure from Miss Parson).

The Ohio report is absolutely unique in at least one respect, for Ohio is the only state that, in addition to recognizing the importance of some of its isolated schools and the difficulty of securing adequate instruction in them, has provided an instructor whose salary is assured by State Board funds, and whose sole duty it is to teach. As is the case with all progressive movements, some time had to elapse between the

inception of this plan and the actual operation of it, but Ohio has a way of holding on to ideas until they become realities. A report of only one year is not conclusive but it does indicate a trend in the right direction, that of supplying qualified instructors for all accredited schools.

The figures indicating the percentage of less well qualified students who "drop out" should set to thinking those who constantly cite the brilliant achievements of the occasional student who collected barely enough credits to matriculate. We have much sympathy with the minority, but the question of the expense incident to trying out any large percentage of poorly prepared matriculants is one that hospital boards and nursing school committees would do well to think through.

Reports are of little worth unless they are used as an index of growth. We believe every reader will find a positive answer to Ohio's question, "Are we growing?"

COÖPERATION

A NEWSPAPER clipping tells of the interesting manner in which the subject, "The District Association" was presented by Nelle Burlingame to the Women's City Club of Houston, Texas. All the activities of the Association, and the central registry in particular, were included in the discussion. How splendid to have such a subject well presented to an active group such as the membership of a city club! What an opportunity to develop a better understanding of nurses and nursing!

"There can be no coöperation where

there is not likemindedness," said Professor Royce long ago. Women's clubs of various sorts are more and more seizing opportunities for developing understanding on many subjects. Understanding of nursing can be brought about more surely by good nursing than by talking about it, but it takes longer, furthermore, good nursing can be obtained in sufficient amounts only by generous community support of nursing programs, a matter dependent upon mutual understanding. Opportunities such as that granted Miss Burlingame often have to be sought but they are also often freely granted. They will become more general when nurses come to believe that contacts with other groups are not only desirable but necessary to our professional health.

All nursing has the same effect upon the nurse that "all work and no play" has upon Jack. For this reason membership in clubs and organizations other than those composed wholly of nurses are desirable. They are desirable from another point of view, that of bringing about a better understanding of our profession. Not infrequently of late have we heard some busy nurse administrator say: "I do not know where the time for it is to come from, but I feel that I must take advantage of this opportunity to join such or such a club." We believe them to be on the right track,—they are seizing the opportunities that come to them for developing that likemindedness which may result in coöperation. Only those who have experienced the rich rewards of coöperation with Women's Clubs can really know how ready other women may be to make the cause of better health, through better nursing, their own.

WHO'S WHO IN THE NURSING WORLD



XXXVI. ADELE S. POSTON

BIRTHPLACE: United States. PARENTAGE: American. PRELIMINARY EDUCATION: High school. COLLEGE: Berrien Springs, Michigan. PROFESSIONAL EDUCATION: Passavant Memorial Hospital, Jacksonville, Ill. Special course, Chicago School of Civics. POSITIONS HELD: First Chief Nurse in Illinois State hospitals; 1907-1910, Jacksonville State Hospital, where the training school and the department of occupational therapy were organized; 1910-1911, Kankakee State Hospital; 1912, Resident, Hull House, Chicago; Municipal Tuberculosis

Association; September, 1912-December, 1922, Director of Nurses, Bloomingdale Hospital, White Plains, N. Y. During this period one year was spent in the office of the National Committee for Mental Hygiene, organizing the Neuropsychiatric nursing service for the A. E. F. 1918-1919, Chief Nurse, Base Hospital No. 117, LaFauche, France. Awarded the Distinguished Service Medal. PRESENT POSITION: Engaged in the organization of a camp for young girls presenting personality problems.

OUR CONTRIBUTORS

Elsie I. Henderson, R.N., was born and educated in the province of Quebec, Canada. She is a graduate of the Training School of the Mary Hitchcock Hospital, which is connected with the Dartmouth Medical College, Hanover, New Hampshire. Miss Henderson served during the war at Camp Wadsworth, and when released from the Army, spent a year in the Social Service Department of the New York Hospital. During the past three years she has had charge of the Clinic of Applied Immunology at the New York Hospital.

Sister Martha, R.N., and **Sister Catherine, R.N.**, were trained at St. Joseph's Hospital, Chicago, and at Providence Hospital, Waco, Texas,—but "Sisters of Charity of St. Vincent de Paul" covers all they care to have known of their work.

Maude Parson, R.N., is a graduate of the Angelus Hospital Training School for Nurses, Los Angeles, California. Since graduation she has held a position as supervisor in that hospital, she served in the Army Nurse Corps as Chief Nurse, took the Public Health Course at the School of Civics and Philanthropy in Chicago, and she has done rural public health nursing. For the last two years she has attended the University of Washington, Seattle, and has given part time as Educational Director of the Public Health Course of the University. She is now completing the work for the B.S. degree and has the distinction of being a member of that University's honor society, Sigma Si. At the completion of her work, Miss Parson will become Assistant Director of the course in Public Health Nursing at the University of Washington.

Evelyn C. Lundeen, R.N., graduated from the Lutheran Hospital, Moline, Ill., in 1922. She studied for one year at Augustana College, Rock Island, Ill. She has done some private duty nursing and has held institutional positions at the Cottage Hospital, Santa Barbara; Memorial Hospital, Atascadero, California, and is at present at the Ingalls Memorial Hospital, Harvey, Ill.

Annabella McCrae, R.N. "If one were to ask any of the graduates of the last twenty years what was the most inspiring and potent influence on their career derived from this school, undoubtedly a chorus would answer 'Miss McCrae' with one accord. Since 1912 Miss McCrae has served the hospital with great zeal and efficiency as Assistant Supt. of Nurses and Instructor. During these years she has taught all the probationers their practical nursing procedures. Her quick, keen eye and critical tongue, combined with a warm heart, intense loyalty, high ideals and keen sense of humor, have enabled her to impress her ideals upon her students in such a way that few could ever go into the world without recalling her example and her admonitions for thoroughness in method and her sympathy for all human suffering. Hers has been the longest continuous service in the Nursing Department, and its distinguishing characteristic has been a never flagging effort to teach the best and latest methods along with right ethical standards."—From History of the Massachusetts General Hospital Training School for Nurses.

Christiane Reimann, Secretary of the International Council of Nurses, has spent the past winter in this country studying at Teachers College, New York.

Alice Holden, A.B., A.M., R.N., received her degrees from Radcliffe College and took her professional training in the Army School of Nursing, followed by a postgraduate course at Bloomingdale Hospital, White Plains, N. Y., where she has been ever since.

Caroline Vincent McKee, R.N., is a graduate of Pennsylvania Hospital, School of Nursing, Philadelphia. She has been Night Supervisor, Matron and Assistant Principal of the same school. She studied at Teachers College, New York, 1914-15, and the summer of 1920. She was Instructor, Cleveland City Hospital, Mt. Sinai Hospital, Cleveland, Ohio, for six years. At the present time she is Chief Examiner and Inspector of Schools of Nursing, State of Ohio, State Medical Board, Columbus, Ohio, and President Ohio State Association of Graduate Nurses.

Nellie S. Parks, R.N., B.S., is a graduate of the University of Michigan, School of Nursing, Ann Arbor. She has been Supervisor of Medical Wards, University Hospital, Ann Arbor; Instructor, University of Iowa, School of Nursing, Iowa City, and Supervisor, Contagious Hospital, Cleveland, Ohio. She is a graduate of Teachers College, New York, 1921.

Maude Truesdale, R.N., graduated in 1922 from the Waterbury Hospital, Waterbury, Conn. Since graduation she has been a visiting nurse with the Visiting Nurse Association of Brooklyn, N. Y.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

REPORT OF THE DEPARTMENT OF NURSE REGISTRATION OF OHIO¹

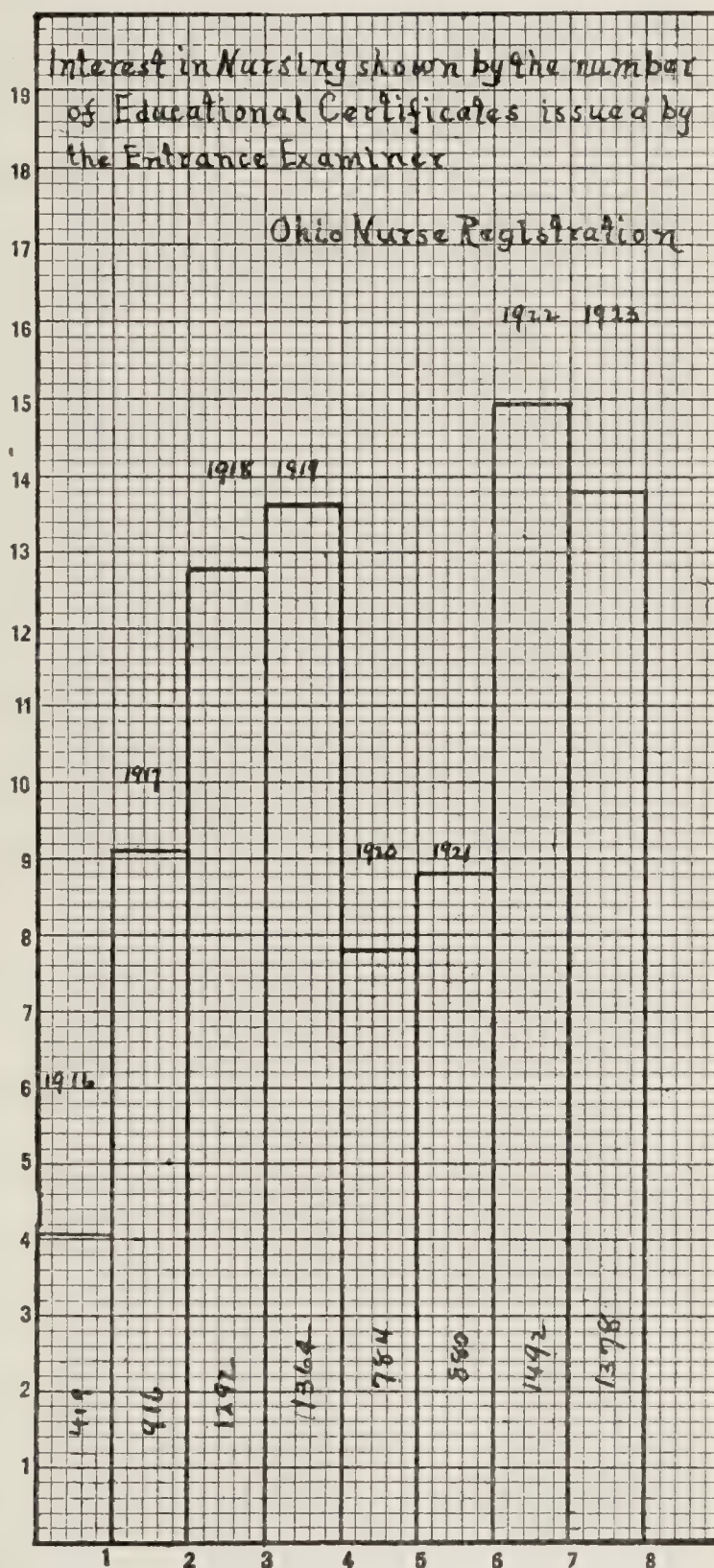
BY CAROLINE V. MCKEE, R.N.

Chief Examiner

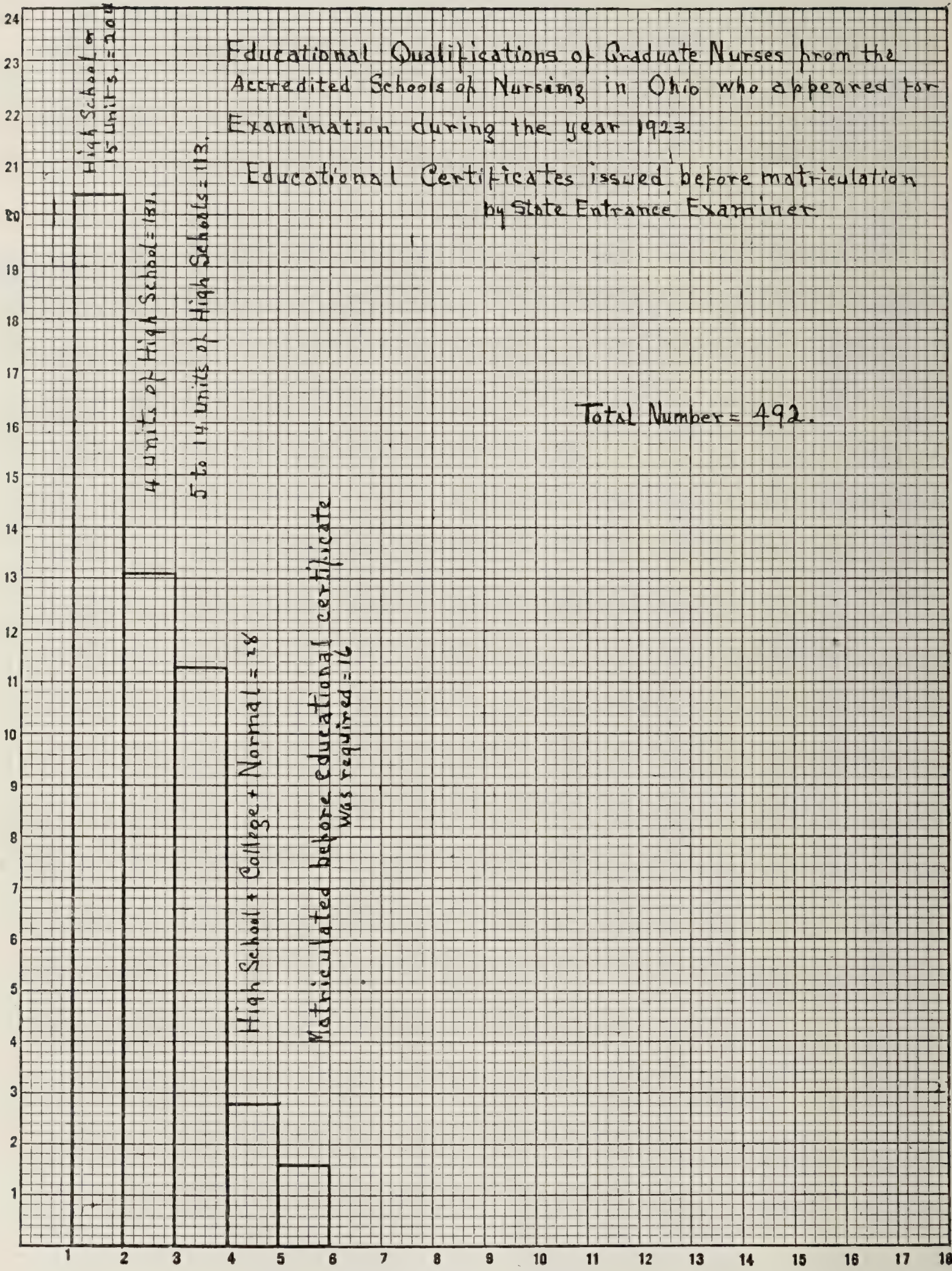
THE bridge that has been built in the name of nurse registration and fostered by the State Law has been constructed by the nurses of the state and the schools from which they graduated. The whole plan relates back to the school where the pupil must receive the necessary preparation for her diploma and certificate. The department provides ways and means by which those who have had this preparation may become registered with the group of women who stand for the highest ideals in the profession.

The purpose of registration is to equalize the professional and educational qualifications of those who are to care for the sick, and when the nurse receives her registration certificate she has been granted the use of the R.N. degree which means that the nurse holding the same possesses the information necessary to make her a safe person to practice her profession. The basic preparation for the work is all that is evaluated by us and any of the specialties must be determined by another channel. The two thousand or more pupil nurses now in the schools represent an army of recruits being drilled in the technical points in the basic subjects. Upon this foundation the graduate builds her specialty whether it is

¹ Read at the annual meeting of the Ohio State Association of Graduate Nurses, Columbus, April, 1924.



private duty, public health, institutional or teaching and just insofar as this foundation is strongly built and cemented together by ethical standards will the worker be a success. To the individual and to the school pretty



nearly all the joys are summed in the word "achievement." The achievement of a purpose is the thing that gives the greatest satisfaction and when the graduate launches forth with her diploma

plus the R.N. certificate she becomes a positive factor of the product.

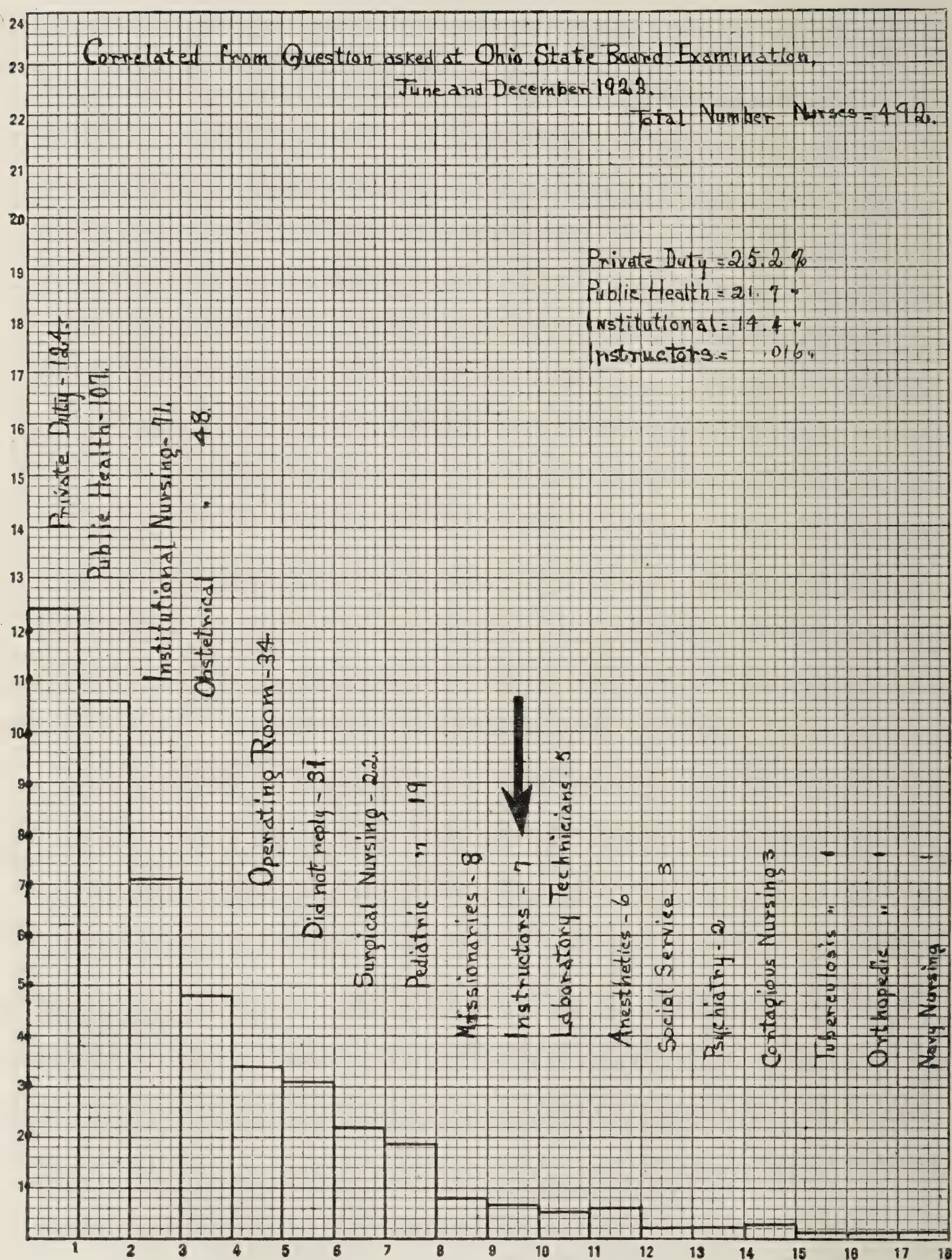
If we may be permitted to look upon this whole subject of registration as we would upon any other project where

there are many people working together with the same motive (which in our case is to produce the very best prepared individual to care for the sick) then we might, in order to prove the advisability of continuing in like manner, take an inventory of our results. I suppose we have two pathways through which our assets may come,—“Educational Growth” and “Professional Growth.” “Growth” is the increase of a living thing by a natural process. It is a gradual increase in extent, in number, or in strength until it reaches full size. “As long as we are growing we are full of vigor and health.” Our educational growth may mean higher educational qualifications before beginning the study of nursing and may also pertain to the school curriculum. Statistics show that this growth is very evident. If we study the growth of theoretical preparation for the profession we shall find that there has been a gradual increase in the time spent and effort extended by the schools of the State in order that their students may have the advantage of the kind of education that is considered necessary today. With this increased work comes the demand for teachers. Nurses who have had special preparation for teaching either before or after the professional training are needed. Summer work in one of the Ohio universities is not a dream, but a reality and is materializing this summer. The valuable ores of the earth remained there until some one went after them and dug them up. So it is with the educational subjects that are waiting for those who go after them. In the theoretical growth we need to perform our rightful duty as time goes on, to teach and to preserve

the true spirit. We have inherited two legacies—poor teaching methods and the spirit of service. The one we must live down, the other guard, lest we lose.

Libraries.—Some improvement is shown. New and recent publications are being added. Some schools are to be commended on their efforts to establish libraries. For instance, one institution, by collecting anesthetic fees and getting one-tenth of the amount to buy books, made a very nice start toward a library where formerly there was none at all. Another sold all the old and useless books and bought an entire new collection. According to Shakespeare,—“A good book is the life blood of a master spirit.” If this is true then we must have books that will furnish additional reference information in all specialties. Never before in the history of nursing education has more interest been taken by publishers in putting out valuable new editions in all subjects and in revising those that have heretofore been the standard text and reference books. Therefore, the field is rich with available material that cannot safely be ignored either by the pupil or the graduate nurse.

Transfer of Pupils.—The nurses who transfer from one school to another have in many instances proven unsatisfactory and the number of transfers is slightly on the decrease. We are doubtful of the fame these pupils give to the school since they do not always have much to bring. This procedure would be desirable if the pupil always went to a better school than the one she left. There are some students, however, who deserve credit. There is no greater asset than a successful alumna and the graduate holding the diploma will honor it



only insofar as a high standard is maintained at the school. The curtailing of transfers would seem desirable according to results obtained from observation during the last two years.

Reciprocity.—The nurse who wishes to receive a certificate through reciprocity, if such exists, must qualify educationally and professionally in the basic subjects just as the nurse who now takes

the examination allows two to three months to obtain a certificate of reciprocity. The office can tell whether or not the applicant is eligible, but the final order to issue a certificate comes from all the members of the committee.

Examination.—On the whole the examinations the last year show better prepared students. Anatomy, Physiology and Materia Medica still prove difficult and we have tried to make the questions equally fair. Sometimes a question may prove to be so easy that it is hard and the nurse does not consider it very important to give a full answer. We are supposed to be good practical workers above everything else and the other subjects all lead towards making an intelligent worker. We have examined 3,228 graduates since the first examination in 1917 and out of these 126 failed—68 failing the first three and 58 during the last four years. The ratio of failures is about 1 to 25. For the first time in our existence we own tables that can be used during the examinations. The State granted us \$300 to pay for 120 tables. This is not enough to supply the need for one examination but it is a great help. Heretofore we borrowed, begged and hired enough to furnish a small table for each nurse who wrote at the examination. Some one has asked, "Why do we not hold examinations in more than one city?" There are just three ways by which this could be done because of the expense of more full time examiners,—by charging the applicant an additional fee; by annual registration for all who are now registered, or by charging the hospital an annual fee for being accredited. Examinations are now being held in a centrally located city in the state,

therefore it seems advisable to conduct the examinations in Columbus until such time as we cannot accommodate the number that appear for the test.

Who are graduating these nurses?

77 per cent come from hospitals having 100 or more beds.

15 per cent come from hospitals having from 60 to 100 beds.

8 per cent come from hospitals having less than 60 beds.

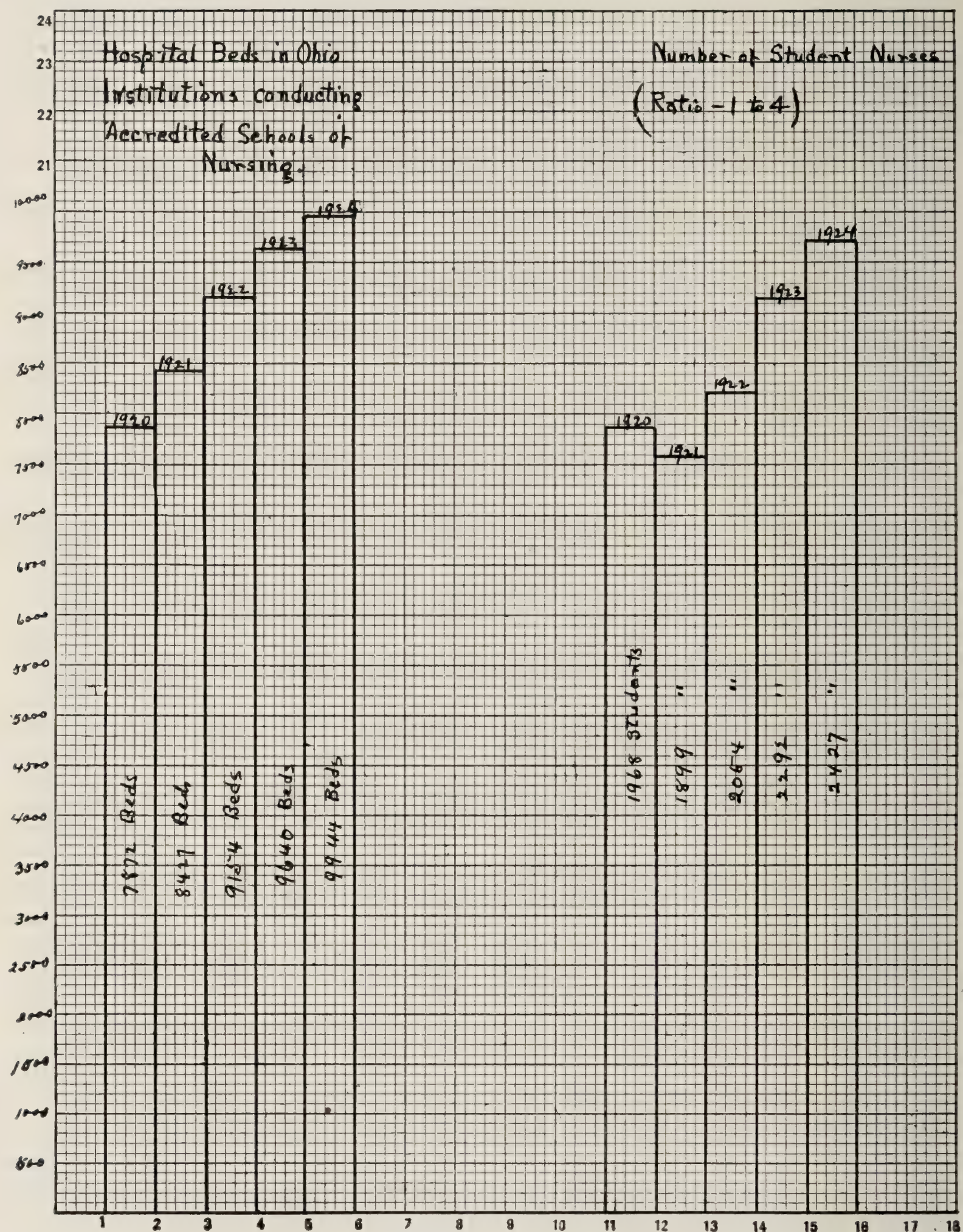
How many hospitals on the accredited list have 100 or more beds? Ans. 36.

How many hospitals on the accredited list have from 60 to 100 beds? Ans. 16.

How many hospitals on the accredited list have less than 60 beds? Ans. 23.

In other words, 52 out of 75 hospitals are graduating 92 per cent of the nurses.

Is this a case of the survival of the strongest? Not necessarily, as long as the schools can have affiliation and can get qualified teachers to carry on theoretical instruction. It is generally thought that a large number of pupils entering schools of nursing withdraw before finishing the course. The following might be of interest because it shows which group is the more permanent. Take high school graduates carrying 15 units or plus education for one group and pupils with less than fifteen units for the other group. In the year 1923 there were 492 graduate nurses appearing for the examination that belonged to the two groups. 232 had certificates showing 15 units plus education and 244 belonged to the group with less than 15 units. Now compare these figures with the statistics taken from those who obtained the preliminary certificate from the Entrance Examiner in the year 1920 or the year both groups supposedly entered the school of nursing.



784 certificates were issued of which 337 were high school graduates; 477 had less than 15 units.

The percentage loss to the schools in group I was 31.5 per cent.

The percentage loss to the schools in group II was 48.3 per cent.

A report covering a period of five years would be better and we hope to be able to present this later. A survey by the individual school of its own records of how many students were admitted and how many received diplomas during

its existence will be sufficient for the authorities to determine their own assets and liabilities.

State Instructor.—After conference with your Board of Trustees and the Nurses' Examining Committee, a letter dated September 4, 1923, was sent out to 31 schools announcing that the State Instructor was ready for appointments. Hospitals notified were only those with less than 65 beds. This accounts for the other institutions not receiving this letter. Because of the department not knowing whether an instructor could be employed until the school year had started and nearly every one had already provided for teaching its pupils, there were very few requests. However, she has been busy and she will explain what she has been doing. In February, another letter was sent out announcing the availability of help for the second semester. To our regret the geographical locations of the institutions were such that it was impossible to teach in several schools at one time, therefore we only helped four schools when we had hoped to be able to assist twice this number. The type of instruction that a trained person can give is worth two or three times the value of the untrained teacher. The intensive class work schedule that our plan allowed is being carried out by other institutions of learning and it has proven beneficial; we urge the hospitals to apply early for the next school year if they wish help. Schools located near each other should plan to use this teacher and thus get the benefit of her services.

Total number of accredited schools---	78
Bed capacity (increase of 304 over last year) -----	9,944
Daily average of patients-----	6,436
Total number of student nurses (increase of 135 over last year)-----	2,427
Total number of schools maintaining affiliation -----	47
Certificates issued after examination--	479
Certificates issued through reciprocity--	36
Certificates issued under waiver-----	31
Certificates previously issued-----	8,101
Total -----	8,647
Certificates of preliminary education issued since last April (809 of these are high school graduates)-----	1,335
Visits and conferences with schools of nursing -----	84

A resume of the conditions that exist in connection with the schools of nursing might be summarized as follows:

We need more specially prepared teachers and credit courses are available in Ohio this summer for those who wish to further prepare themselves for the work.

Many schools could improve their class rooms and add to their teaching equipment even though fifteen have either established new class rooms or have added equipment.

In many instances reference libraries need to be replenished with material selected from the recent publications.

There are more pupil nurses now in the schools than ever before reported, but twenty of the hospitals are either now building or expecting to break ground this summer for additions of from 50 to 100 more beds. This will mean more pupil nurses and more graduate service. Fifteen nurses' homes have been redecorated. Two new homes have been built and additions to five others.

There is an over-abundance of surgical service in all the hospitals but the pupils are having the benefit of affiliation in other branches.

I will let you answer the question: Are we growing?

REPORT OF OHIO VISITING INSTRUCTOR¹

BY MRS. NELLIE PARKS, B.S., R.N.

INTRODUCTORY.—It is with pleasure that I tell of the work of this new division of the department. I arrived in Columbus September 1. Inside of two weeks my schedule was planned until March 1st. While a few readjustments had to be made, I have been continuously in the field since the middle of September. In that time I have been in four schools, in three of them for a period of two months each, and in one for two weeks.

Range of Subjects.—The range of subjects was to be the sciences, Bacteriology, Chemistry, Materia Medica and Anatomy and Physiology. Of these the demand has been entirely for Materia Medica and Anatomy. I have at present one request for Chemistry. The schools have been able to obtain Chemistry and Bacteriology through (1) small college in the city, (2) the high school, (3) their own laboratory technicians. The other two subjects, Materia Medica and Anatomy, the subjects which have given the lowest grades in our State Board examinations and the ones the students fear most, have been difficult to obtain. Materia Medica is difficult to put over at best because there is so little material available and there are so many schools of medical practitioners, each school and each individual with a different idea, that to create a need for it among students is a real problem. Anatomy and Physiology is difficult because of the length of the course which is usually given by a busy practitioner

and becomes pure lecture, the students putting forth little effort for themselves. Three courses have been given in Anatomy and Physiology of sixty to sixty-two hours each and three in Materia Medica, including Drugs and Solutions of forty to forty-five hours each, making a total of 343 hours. During the two month periods we have had Anatomy one and one-half hours daily and Materia Medica one hour daily, five days per week. During the intensive period all other class work has been suspended and the time of the student on floor duty cut markedly. In no case have they been on duty more than four and one-half hours daily, except Saturday and Sunday. As a rule the weekly half days were given on Saturday. In those schools where the students were graduates of a grade A high school, in which they had done average work, they were able to carry two subjects. Those students with less educational background very soon realized their limit and carried intensive work with difficulty, several of them complete failures.

Total Number of Students.—The total number of students in the complete course given up to date has been twenty-four. Three others were given two hours on the Anatomy of the Nervous System. Beginning April 21, there will be courses in Materia Medica and Chemistry which will add about fifteen students.

How Work Was Planned.—Due to the newness of the piece of work, the plan this year was largely to wait until

¹ Read at the annual meeting of the Ohio State Association of Graduate Nurses in Columbus, April 15-17, 1924.

arrival at the school and then after a survey of the situation to plan the course. For the coming year some changes will be made on the basis of past experience. The general procedure was: when the request for the Instructor came to the office to note the subjects asked for and then check from our files the students in the schools and the educational qualifications they had presented. On arrival at the school I discussed the general situation with the Superintendent,—how many students in each class, length of service in the hospital, text books used and number available, whether there was a reference library, and the possibility of utilizing the city library if there was one, the schedule of class, study and duty hours. Then I tried to find out about the clinical material available. The actual class work started the following day.

Method of Teaching.—The method of teaching had to be adapted to the individual school. It was largely lecture and laboratory demonstration by the Instructor. In Anatomy and Physiology, about one-third of the time was given to old material, one-third to new, and one-third to laboratory work. Each

student kept a note book in which questions covering each day's assignment were to be answered and drawings from slides, texts, etc., made. We were able to get frogs which I used for demonstration and also required one to be dissected by each student about the middle of the course. At the end of the course I dissected a cat. We had specimens of heart, kidney, etc., from the butcher. In one hospital one of the physicians did an autopsy.

When we started our work we hoped there would be a chance to help the schools in planning their courses and in demonstrating methods, but the schools had made their plans before we were able to assure them of our help. In the schools visited only one had a full time Instructor and she was too busy with her own work to observe mine. We did discuss various phases frequently. Though in some instances not as much material was gotten over as I should have liked, I feel that all of them carried away something worth while. How far reaching it will be can best be told by those who are following the students through the remainder of their course.

ARROWS POINTING IN THE RIGHT DIRECTION

In the April number of "The Campaign," which is published under the joint auspices of the Board of Control of State Institutions and the Iowa Tuberculosis Association, mention is made of the fact that two teachers have been serving milk in the kindergarten and first grade rooms in the Franklin School at Hampton since last September. The milk is delivered at the school in half-pint bottles and the youngsters drink it through straws. "In the first grade only one pupil is under weight and all of the children are normal, not one physical defect having been detected by the school nurse."

If this had happened on a stock ranch, the fact would have been given first page attention in all of the magazines planned for cattlemen and ranchers, but since it only refers to school children, we more or less take this really tremendous fact for granted.

"TRAINED NURSE" SCHOLARSHIP

The Trained Nurse and Hospital Review is offering a scholarship of \$200. Nurses who have graduated from an accredited school between July 1, 1923, and July 1, 1924, are eligible as applicants.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

RED CROSS NURSES AND BONUS

NEWS of considerable interest to approximately 20,000 American Red Cross nurses assigned to service with the Army and Navy is that they are eligible for the bonus under the World War Veterans' Bonus Bill passed by Congress towards the end of May. Those nurses who served directly under the American Red Cross are not eligible, which rule held true for compensation for sickness and disability incurred in the line of duty. The Red Cross through its Chapters and Branches in every State has completed plans for assisting and, at the request of the War Department, will help to distribute application blanks to veterans. It is particularly anxious to be helpful to nurses. There is no immediate necessity for speed in returning application blanks since no cash payments will be made before March 1, 1925, and no loans can be granted for two years.

Adjusted service compensation is figured on the basis of \$1 a day for home service and \$1.25 a day for overseas service, the first sixty days not being counted and a maximum of 500 days being set. Sums of \$50 or less will be paid in cash but, as stated, not before March 1, 1925. Larger sums will be issued in twenty-year insurance policies dated January 1, 1925, which will be valued at the equivalent of the adjusted service credit, plus 25 per cent, when purchased at regular insurance prices based on four per cent, compounded annually. The average insurance pol-

icy, it is estimated, will be valued at \$962 and the maximum \$1,900 for overseas service and \$1,600 for home service. Loans may be obtained on these policies after two years from the date of issuance up to 90 per cent of their current face value—that is to say that on a \$1,000 policy a national or state bank would advance a loan of \$87.93 at the end of two years and on that same policy at the end of nineteen years, a loan of \$831.23 could be obtained.

There are certain points that should be observed and they are included in the following:

Do not write for application blanks. These will be distributed as soon as prepared and unnecessary letters will only create confusion and delay.

Read carefully the instructions which will be printed with the application blank.

Do not pay fees other than any notary charges. The law prohibits any person from charging a fee for assistance in the collection of compensation.

Do not write the War Department for any information required by the blank. If the individual has not the information, he should supply it as best he can from memory. Inquiries to the Department would only serve to delay the case by the double search of the records which would be involved.

Mail application blanks in the envelopes which will be distributed at the same time. This will facilitate receipt of applications at the proper office.

For further information nurses should apply to their nearest Red Cross Chapter.

NURSING IN SOUTH AFRICA

M. Daisy Ingle, an American Red Cross nurse at work these past two

years among the Bechuanas, negroes of Kaffir descent, writes graphically of the difficulties of modern nursing in the appalling conditions existing among the natives in the Bechuanaland Protectorate which is north of the four states forming the Union of South Africa. She is associated with Dr. A. H. Kretchmar who is endeavoring to establish a dispensary and hospital among these people for whom both Livingstone and Moffatt labored at one time. She says:

Kanye, where we are located, is a large accumulation of mud huts with straw roofs and has a population of 18,000 to 20,000. They have no more idea of sanitation than chickens have. The stench of the place on a hot day is overwhelming. * * * Flies swarm in millions, cover the babies' eyes, crawl up their noses and in their mouths and ears and no one makes any attempt to shoo them off. * * *

We are trying to get obstetrical cases to come to us, but so far in vain. Their babies are born in their dark and dirty huts on the floor. The mother smears herself all over with rancid fat and red clay—that to them is a cure-all for any pain. The baby is likewise smeared as soon as born. The mother and baby have to stay in the one hut for three months after the baby is born. No man must visit them, not even the husband, so they are never willing for the doctor to be called until they are seemingly beyond human aid. The few who have accepted the gospel do gradually give up their heathen customs, clean up their homes, adopt European dress in place of their loin cloths of animal skins, which is all they wear, and wash *occasionally*. But to a newcomer, even they smell pretty strongly and in times of serious sickness or epidemics the most educated and intelligent will revert to heathenism, call in their witch doctors and practice their old superstitions.

MEMORIAL TRAINING SCHOOL FOR NURSES

Small training schools for nurses at three of the posts of those under the

Near East Relief accommodating 25,000 orphans on the plains near Alexandropol, Russian Armenia, are to be consolidated into one large one to be called the Edith Winchester Training School for Nurses, after an American Red Cross nurse, behind whose sacrifice thus honored is the sad story of the laying down of a youthful life on the altar of service to others. Miss Winchester was a 1918 graduate of the Frankford Hospital Training School, Philadelphia, and she enrolled that same year in the American Red Cross. She was referred to the Near East Relief and was assigned by them to the Armenian and Syrian Relief Commission in the Near East, where she died of typhus at Erivan on May 17, 1919, only four months after her arrival. The American Red Cross posthumous medal and citation issued in recognition of her services rendered as a nurse in the World War were sent to Miss Winchester's nearest relative.

In connection with the ten-year educational program which the Near East Relief is conducting utilizing students from the higher grades to be trained as nurses, Grace Blackwell (who recently arrived at Alexandropol after her vacation in the States) writes that they now have enough nurse graduates to run the other posts which will be mostly clinics. The serious cases will all be sent to Kozachi Post, where the Edith Winchester Training School for Nurses will be located.

ENROLLMENT ANNULLED

Another list of names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases, is issued this

month. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Blankvoort, Margaretha; Bell, Mrs. John B. (nee Miriam E. Hampton); Cahill, Mrs. T. F. (nee Alice Mae Donahue); Campbell, Mrs. Grace M. (nee Leonard); Campbell, Mrs. Katherine Mary (nee Kilgallen); Carroll, Mrs. Elinor Vaughan (nee Maxwell); Carton, Rose Gertrude; Christiansen, Alice; Clark, Mrs. Ralph (nee Monica Winifred Scott); Connors, Edith Agnes; Conway, Anne Gertrude; Corbett, Irene Mary; Cranker, Frances Josephine; Crosby, Mrs. Albert V. (nee Marion A. Parry); Cubberley, Marguerite Burtis; Cuffe, Lilian G.; Culveyhouse, Mrs. J. L. (nee Mary Augusta Thorpe); Curry, Mary Eveline; Curtis, Mrs. A. J. (nee Ruby Griffin Thomson); Davis, Hannah Edna; Delaney, Eleanor Catherine; Delong, Mrs. Katherine (nee Wanzell); DePorego, Mrs. A. A. (nee Rose Bassinger); Donald, Agnes T.; Donohue, Mary A.; Dooley, Agnes Virginia; Doty, Permelia M.; Du Fresne, Mrs. Bertha (nee Varian); Dunham, Leila A.; Durrell, Katherine.

ITEMS

Helen Lillian Bridge, Director of the Warsaw School of Nursing, Poland, has arrived in the United States on leave after three years abroad. She spent some days at National Headquarters before leaving for Detroit for the Biennial Convention. It will be recalled that the *Journal* recently announced that Miss Bridge was decorated with the Order Polonia Restituta, the highest Polish Order

bestowed for the first time on a foreign woman.

Elizabeth M. Hunt returned to this country in June from Santo Domingo and has been visiting National Headquarters. Since April, 1922, she has been Superintendent of Nurses of the Training School in connection with the Military Hospital in the capitol of the Dominican Republic. Before this Miss Hunt was Chief Nurse of the Veterans' Bureau, District No. 5, Atlanta, Ga., going there from the Chautauqua platform where she was one of the successful group of American Red Cross nurse-speakers. Miss Hunt, who graduated from the Jewish Hospital, Cincinnati, Ohio, spent one year in Berlin and two years in Paris before the war.

Nora Rennie and Helen Porter, graduates of the School of Nursing, Johns Hopkins Hospital, class of 1921, sailed on April 5 for Santo Domingo City, the capital of the Dominican Republic, to take charge of the Military Hospital of the Policia Nacional Dominicana. They will develop a Training School for fourteen native nurses and for hospital corps men in connection with this hospital.

We regret to record the death of Anna Scanlan, graduate of the Bellevue Hospital Training School, class of 1895, who succumbed to bronchial pneumonia at Bellevue Hospital on June 4 after two days' illness. She was born in Ireland and educated in France and England. A veteran of the Spanish-American War, she served under the American Red Cross in Italy from April 16, 1917, to September 5, 1918. In this service, as at Fortress Monroe in 1918, Miss Scanlan gained a reputation for courage, kindness and faithfulness.

A SUCCESSFUL HEALTH SHOW

Under the supervision of Edna W. Gorton (formerly on the staff of the Rochester, N. Y., General Hospital and now interested in Red Cross classes in Hygiene and Home Care of the Sick), in Athol, Mass., a health show was staged in January for three days in the Lyric Theatre, at which there was an attendance of 5,000 out of a population of 12,000.

The exhibits covered school health work, public health work, industrial health work, model housing, Red Cross health work, etc., and each afternoon and evening there was a program of good speakers with attractive plays, drills and moving pictures. The exhibit was sponsored by the Board of Health, the Board of Education, the Board of Trade, the American Red Cross and the Athol Woman's Club, and both program and attendance show what a nurse who is keenly interested in her own community can put over, apparently as an entertainment, but actually as a piece of good educational work.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

A DAY IN THE DISTRICT

BY MAUDE TRUESDALE, R.N.

ACCORDING to all traditions, a visiting nurse should be pictured starting joyfully out on her day's rounds, with a heart filled with enthusiasm and the spirit of service. However, this aims to be a faithful record of one cold, stormy December day in her experience. It must be confessed, therefore, that the nobility of the nursing profession, and of her own branch in particular, was not the uppermost thought in her mind, as she surrendered her umbrella to the northeast gale. It was requiring most of her attention to maintain an upright position on the icy sidewalk. Possibly, too, there was a lingering regret for that pleasant case she might have had,—the nice old lady going south for the winter. Or a sigh for the immaculate white uniform she could have been wearing in the "Hospital on the Hill."

But no time for such thoughts! By all the symptoms, it promised to be a busy day. First there were the new calls. The most urgent seemed to be this one from a doctor: "Will the nurse show the family how to administer oxygen to baby, very ill with pneumonia?" Then followed other orders. That call took her to the center of her district, a congested foreign section. As she climbed the dark stairway of the old tenement, it required no vivid imagination to picture the surroundings she would find. There were two scantily furnished rooms, one being without a window. At first she could not dis-

cover her patient in the crowd of relatives, friends, neighbors, and children, who were filling the little room and consuming all the available air. As they made way for her, a crib near the hot stove was revealed, and in it the most beautiful youngster she had ever seen. His big brown eyes seemed to look at her almost pleadingly, as his breath came in shallow quick gasps through dry lips. Every fighting instinct in her was aroused by the literal presence of the "Shadow" in the bluish-grey tint of his face, warning her it would be a hard struggle.

Quickly opening the windows and explaining that oxygen comes in fresh air (as well as in tanks from the drug store) and that the baby must have quiet, she cleared the room of all but the necessary helpers. Cuffs off, sleeves up, apron on,—and soon everything was ready for carrying out the doctor's orders. While adjusting the oxygen tank, she carefully instructed the mother in its use. "Every half hour it must be given for five minutes." Fortunately the mother was teachable, the medicines were being faithfully given, and the nurse went away, promising to return in the afternoon and making mental note of arrangements for a special night nurse.

The next visit was under more cheerful conditions, for neither race, color, creed nor environment can detract very much from the charm of a new baby,

and her spirits rose at the sight of this 9-pound boy. The older sister collected the necessary articles at the nurse's request, and soon his first bath was under way. Since he was the tenth member of the family to arrive, the mother may be forgiven if her welcome seemed a trifle forced. The nurse, however, gave him an extra hug for good measure, as she dressed him in "hand-downs" and placed him in his bed, improvised from a basket and pillow. (There is usually ample opportunity in most of the tenement homes for the exercise of one's inventive faculty.) Brother, aged 5, born in America, and Sister, 7, born in Ireland, had been interested spectators of the bath. Brother inquired, a little anxiously: "Is he an *American* baby?" "Yes, of course. Aren't *you* an American?" "Oh, yes, *I* am," was the proudly given reply, "but my sister isn't. She's *Irish*!" The nurse was obliged to interfere rather hastily in what threatened to be a swift and complete settlement of the international question thus arising. Peace being temporarily established, she proceeded to make the mother clean and comfortable with a bath and change of clothing. Then she showed the older sister how to boil the baby's bottle, and won her promise to have everything ready for the nurse's visit next day. A searching glance around disclosing no "pacifiers" or other contraband, she hurried on to her next patient.

Up three flights of stairs (somehow, her patients always seemed to choose top floors), she climbed to make her daily visit to Sam, the bright 13-year-old boy, home from the hospital after operations on leg and arm—osteomyelitis. He was getting about on crutches

now, but the doctor said that he could not return to school until fall. This, as well as his physical condition, had worried the nurse. The services of a teacher for an hour three times a week had finally been secured. While the nurse changed the dressings, a little tactful questioning brought out the cheerful news that Sam's interest in his school work was reviving; the teacher, in his opinion, was "all right" and he needn't drop so far behind his class after all. The tired mother followed the nurse to the door to express her thanks, adding: "There's so much done for us poor, if we only know how to get it."

There was just time left to run in next door and do that dressing for little Joe, who had found the combination of matches and newspaper such an irresistible temptation. He was paying dearly now for that beautiful blaze, and the howl he set up at sight of the nurse was pathetic. With mother holding him, the poor little arm and back were speedily dressed. "Doing very well," was the verdict, even though Joe did not agree.

It was time now to return to the office for lunch, fill out records and histories, telephone reports to physicians and get the new calls for the afternoon. Here was another top-floor one. She found a chubby little girl sitting in a chair, her right leg very much swollen, and stiffly extended across a pillow on another chair. What had happened? Ten days ago she had a fall and had not been able to step on that foot since. Hadn't they called a doctor? No, one of the neighbors had thought rubbing would do it good, so she had been performing that "kind" act, until the

family became alarmed at the swelling and decided to ask the nurse's opinion. This was forthcoming in no uncertain terms. The child ought to go to the hospital at once. The family consented, and the nurse called an ambulance. The surgeon gave his diagnosis: "Very likely a fracture; the x-ray will prove it," while the big policeman delivered his opinion of "these neighbor-doctors" in vigorous language, which was a joy and delight to hear. The little girl, excited by the prospect of a ride in an automobile, submitted without objection to being carried down stairs, and was quickly on her way to expert care.

The nurse's footsteps lagged a little, approaching the next case. She always had wondered who invented that myth about nurses growing "hardened and indifferent to suffering." At any rate, she felt her own cheerfulness to be entirely artificial as she entered the bedroom of a little southern mother, a cancer victim. They both knew the end of such suffering was not far off, but eager as she was for her release, she would willingly endure the pain a little longer—"so not to spoil the boys' Christmas." The nurse always spent a long time here, using every device and resource at her command to bring comfort to that tortured body—a sponge bath, alcohol rub, new positions of pillows and air cushions, and finally the rest-bringing hypodermic. A whispered word of thanks as relief began to come, and the nurse went on, knowing too well that the boys' Christmas would be spoiled.

The afternoon was flying, and there were so many other things she had intended doing today. She wondered if that woman had kept her promise to

return to the clinic. Did Tony and Pasqualina have their tonsils out? Then the boy with tuberculosis,—could the doctor and she ever persuade him to go to the sanitarium? These must wait till tomorrow, along with the cheery little blind woman and the quaint old lady with the "delusions," who invariably had her hunting for bats in the bed and for squirrels under the dresser.

There was only time now to see what the oxygen had done for little Louis. She thought his color was a trifle better, but the pulse was far from reassuring. She went to the nearest telephone and reported the change to the doctor, receiving new orders for hypodermic stimulation and other emergency measures. "Only one chance in a thousand," but she hurried back, pursuing that one chance, to carry out the orders and await the slight rallying which followed. The special night nurse would be there in time for the next treatment, she assured the worried, grateful mother, and started home.

The storm had stopped at sunset and the clearing sky promised a brighter tomorrow. As she climbed wearily aboard the car and joined the ranks of the strap-hangers, her thoughts returned with some amusement to her "mood" of the morning. Well, this work might be strenuous, but when was it ever monotonous or boring? And who—of her patients—found the grey uniform "too depressing?" After all, there was something heartwarming and inspiring in their earnest, awkward expressions of thanks and appreciation. Somewhere she had seen the words:

If your name is to live at all, it is so much more to have it live in people's hearts, than only in their brains.

STUDENT NURSES' PAGE

A UNIQUE LEAGUE PROGRAM

BY JEANNETTE MORRISON

Bryn Mawr, Pa.

WOULD you like to hear all about the very successful program given in Philadelphia at William Penn High School by the student nurses of twenty hospitals of that city and the vicinity? They were asked to take charge of the April program of the Philadelphia League for Nursing Education, and each group of nurses took the responsibility for one number. The result showed what talent and originality is to be found in the various schools. Each school designed a poster which was used to announce its feature, giving the name of the act and of the school. The program was:

Part I—*The Probationer's Dream*—A Fantasy

Prologue

The Probies Arrive!

The Daily Dozen

Trial and Error or Stimuli and Response

The Anatomy Lesson

Nursing Methods

Play and Recreation

Just Off Duty

The Seniors Unbend

Dance and Minstrels

Soprano Solo

Soprano Solo

Impersonations

"And Now She Graduates"

Intermission

Part II—*Games of Healthland*

Oatmeal Song

Vegetable Men

Milk Song

March Song

Processional and Hymn to the Flag

The Probationer's Dream.—The Prologue takes place in the students' living

room, where the girls are dancing to the music of a victrola. Finally tiring of this pleasure, they all leave the room except one probationer who has fallen asleep in an easy chair. Her dream follows:

The office of a hospital is shown, with a stern looking superintendent sitting at the desk writing. A trim maid in uniform is dusting. The first probationer to come is a very stylishly dressed young lady, carrying a cane. She is questioned and told to be seated, when the second one makes her appearance. She is a stupid looking country girl, who mistakes the maid for the superintendent. When asked by the superintendent her reasons for entering training, her answer is: "Well, I can scrub and wash dishes fine." The third and last to enter is a timid young girl who is dragged in by a determined Irish mother. The three promising (?) applicants are accepted and are shown to their rooms by the maid.

Next, a group of fourteen probationers execute Walter Camp's "Daily Dozen" in a perfect manner.

After this, some amazing uses of the hot-water bottle are discovered in the practical nursing class. One girl thinks it could be used as an air-cushion; another thinks it may be used in an appendicitis case. The answers given by the students in Anatomy cause one to wonder if they are speaking of creatures of another planet.

This class is dismissed, and after a

time the girls are seen coming off duty. Their first thought is for refreshments, and amidst much chattering they are reproved by a night nurse who wishes to sleep. They go to their rooms after this, in a rather bad humor.

The Seniors unbend when, on entering the living room, they find a group of lonely probes who are playing ukeleles and singing. They decide to join in and help, and as a result everyone feels very much better.

Then Pierrot and Pierrette, dressed in costumes of black and white, dance gracefully in the spot-light, and a group of minstrels come, bringing their instruments, and tell stories and jokes and sing to the accompaniment of banjos.

"A Little Bit of Honey" and "Sunbeams," both soprano solos, are beautifully sung.

Then a march is heard, and Stowkowski's orchestra, including Madam Schumann-Heinck, Irene Castle, Irene

Bordoni, and Edgar Guest, march in. A sailor boy recites a humorous darky selection, and Irene Castle dances.

And now she graduates! She is a Senior now, and knows it all. Nothing more can possibly be learned. Prizes are awarded, such as a head of cabbage and an alarm clock. After the exercises the sleeping probie is awakened by a Senior who "hopes she hasn't had too bad a dream."

To close the program, a series of health songs were sung, including "The Milk Song" and "Oatmeal Song." The Vegetable Men, dressed in paper costumes to cleverly represent turnips, carrots and lettuce, danced and sang on the green.

The ensemble was very impressive. The students in uniform, marching two by two, came slowly down the aisles and met those in costume on the stage, joining with them in singing "The Hymn to the Flag."

SCHOLARSHIP AWARDS

The two scholarships from the Isabel Hampton Robb Memorial Fund for 1924-25 have been awarded to Gertrude E. Kellogg, Fenchow, China, and to Elizabeth Sheridan, Little Rock, Ark. Miss Kellogg is a graduate of the Presbyterian Hospital, Chicago, and Miss Sheridan of Mercy Hospital, Chicago.

Ella M. Rafuse of Boston stood second among the candidates, but as she was eligible for a LaVerne Noyes scholarship, she withdrew her name in favor of Miss Sheridan, who stood first among the alternates.

ARM VERSUS LEG AS VACCINATION SITE

The inadvisability of using the leg as the site for vaccination in adults is illustrated by the fact that, out of 37 persons on the staff of the State Department of Health, who had never previously been vaccinated, three so vaccinated lost more than half as much time as all of the other 34 previously unvaccinated ones. One was incapacitated for seven and one-half days, one for eleven, and another for fourteen days. Among the previously unvaccinated those vaccinated on the leg lost on the average six times as many days as those vaccinated on the arm.

As was to be expected, the reactions in these previously unvaccinated adults were much more severe than those commonly observed in children. The average days of incapacity per person for all those previously unvaccinated was twelve times as great as for all those who had been vaccinated, however remotely, in the past. The average incapacity for the former was 2.4 days as compared with 0.2 days for the latter.—From Health News, New York State Department of Health, Feb. 4, 1924.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

EQUAL RIGHTS

DEAR EDITOR: In the discussion of what an "Equal Rights" amendment to the United States Constitution may or may not do for the position of women it may be pointed out that the whole subject of mothers' or widows' pensions and maternity aid is coming to be differently regarded by workers and authorities in those social reforms. Such measures are now seen to be for the benefit of the race instead of merely aid to women. The Children's Bureau which used to use the term "Mothers' Pensions" now writes in a recent publication: "The earlier familiar title * * * Mothers' pensions * * * is becoming obsolete. * * * The emphasis is being placed on Home Care for Children." Judge Lindsey says: "I heartily favor the Equal Rights Amendment. * * * Special legislation is in fact not for women at all, but for children. Colorado makes no distinction as to parent." The Colorado law says: "A parent or other person" in its provision for dependent or neglected children,—we may soon, therefore, see widowed fathers receiving "maintenance for children," and why not? Fears for the Sheppard Towner Act under Equal Rights are already subsiding as it is clear that all babies born are not girls and that husbands are equally benefited by a reduced death rate of mothers in childbirth and a diminished infant mortality. Age-of-consent laws would certainly be more effective if applied to both boys and girls and here, too, as a matter of fact, we find examples where progressive states are now legally protecting the youth of both sexes against sex offenses. There is a glimpse of future possibilities here. Labor legislation presents the strongest case in opposition, because men don't want it for themselves. Yet this too is full of danger if applied only to women,—consider what the results will be if the legal exclusion of women from opportunities to work be extensively attained throughout all our states. They will be pushed back into the position they were in

a hundred years ago, and it will not be easy to break through again if shut out by specific legislation. The wretched strain and struggle and overwork in our labor world are caused basically by poverty and it will not help that to make it harder for women to find self-support. A quite different treatment is indicated for the disease of poverty. Moreover we claim that the very reason women have been handicapped in competing with men is the inferior position which custom, the common law, and the canon law have heretofore given them. It has put them in the class with aliens. We must get them out of this. A good Labor Party, such as seems now to be on the way, should offer the best promise of dealing effectively with the conditions of labor in the future for men and women both. We might then arrive at: 1. Ample protection for boys and girls up to a given age (this protection has, so far, I fear, been hindered by the frequent linking of "Women and Children" together in attempts to legislate). 2. Equal conditions of protection for young workers of both sexes in industry. 3. Equal rights and opportunities for adult men and women without restriction or exclusion based on sex alone—such restriction or exclusion to be based only on physical fitness, or age, or the dangers of an occupation, or general hygiene applicable to human beings. Women would then be able to give men a lead—not just tag submissively after them in industry. Motherhood as we have pointed out is a race service and it is possible that fatherhood may also come to be so regarded. We are beginning to learn that sterility may be traced to an overworked father. We must come to see that all labor legislation should aim at health conservation. Now, health is not a sex privilege. We claim, too, that fundamental rights of citizens should be declared in our federal constitution, not left to the several states. State laws are too easily altered or overthrown by selfish elements and too difficult of improvement by reform elements.

Pennsylvania

LAVINIA L. DOCK.

CLASSIFICATION OF NURSES IN GOVERNMENT SERVICE

DEAR EDITOR: In view of the possibility of the passing of a bill, the Committee felt that a new brief should be prepared in regard to the professional status of nurses, by some one not in the Government service. There follows herewith a copy of the brief prepared by Laura R. Logan, President of the National League of Nursing Education, which expresses very wonderfully the thought which has been in the minds of all nurses in regard to their status:

"Following is, as you know, the paragraph from the Act giving the qualification for Professional and Scientific service:

'The Professional and Scientific service shall include all classes of positions, the duties of which are to perform routine, advisory, administrative or research work, which is based upon the established principles of a profession or science, and which requires professional, scientific or technical training, equivalent to that represented by graduation from a college or university of recognized standing.'

"First, I should like to discuss nursing as a service based upon the established principles of (a) a profession, (b) a science. A profession is, according to dictionary definition, 'an occupation that properly involves liberal education or its equivalent.' This definition obviously invites the question: 'What is a liberal education?' Any student of education will tell you that this question has been asked through centuries, and that its answer has varied according to the period in which it was raised and according to the group replying. Today it is pretty well the opinion of leading educators that a liberal education is an education which prepares for life and which is based upon a sound body of knowledge with due respect to its value, not only to the individual, but to society as well. That nursing is a vocation based upon a sound body of knowledge which prepares the individual not only for her own living, but also makes her a useful citizen, I propose to show later. Upon this basis, nursing belongs to the professional service group.

"Next, discussing nursing as a service based upon 'established principles of a science.'

Science defined is 'knowledge classified and made available in work, life and the search for truth.' Today there are large groupings of knowledge which underlie the practice of professional nursing and upon which the practice of professional nursing is built. These groupings include special science courses in Anatomy and Physiology, Bacteriology, Chemistry and still others. In addition, there are carefully planned technical courses in nursing.

"So far, I have engaged rather in generalization with reference to the terms 'professional' and 'science,' and nursing in its relation to these terms. I now propose to discuss nursing as a 'professional, scientific or technical training equivalent to that represented by graduation from a college or university of recognized standing.' The time generally accepted for a course leading to the diploma of graduate nurse in an accredited school of nursing is 33 to 34 months, spread over a period of three years. The time necessary to complete a college education is 32 months, spread over four years. In point of actual time then, the student nurse spends a larger period than the college student in her particular school. As already indicated, the subjects covered in the nursing school curriculum include these sciences underlying the practice of nursing and promotion of health, and all phases of nursing based upon these sciences with their coordinated application in the actual field. It is an enormous, and not too well appreciated fact, that in nursing education today we have those very elements which modern educators are acclaiming as liberal education; scientific class room instruction and a life field for the actual practice of this instruction. This, then, is a brief statement of the undergraduate preparation for nursing, which in itself presents a most advantageous equivalent, both in education acquired and in life and social values to college graduation.

"There are other points which need to be considered in this argument, and they are:

1. The increase in University Schools of Nursing and that such universities as Yale and Western Reserve now include a Nursing School.
2. That today many graduate nurses are college graduates even before they enter a nursing school.

3. That nursing is following the trend of other professional vocations in that it is tending toward specialization with the special preparation involved.

"I would like to supplement number 3 with a brief statement. In the specialist group, there is the nurse administrator in hospitals and schools of nursing, the nurse teacher in schools of nursing and the nurse administrator and teacher in the Public Health Nursing field. In addition, the nurse is filling a variety of other special positions in social, civic and welfare work. The group of nurse specialists now make up a large proportion of the nursing body. The professional preparation of this group does not end with their undergraduate nursing course. Practically all of them have had highly trained technical preparation in the form of postgraduate courses in their particular field. The opposition may present the argument that there are some schools of nursing below standard; therefore, its graduates should not be included in a vocation described as professional. In the light of our knowledge of the renovation which has gone on in medical schools and is still going on, this argument is singular and utterly lacking in scientific intelligent thought as an argument to discriminate against nursing as a profession.

"As a nurse educator and as President of the National League of Nursing Education, I have dealt mainly with the educational values of nursing in their relation to a college equivalent. This, as I understand it, is the point to be established. As an individual and citizen, I am appalled by the possibilities which might result through classifying nurses in other than the professional group. More and more are the students of social history expounding the fact that social progress is dependent upon the health of the people. Large numbers of nurses are occupied in work which has a very direct effect upon national health and national welfare. Moreover, the number so occupied is far below the demand for these nurses. To better meet this demand everywhere, the effort is being made to recruit into schools of nursing well qualified women of a high type. A government act which places nurses outside the professional group would, I fear, produce a tremendous blocking of en-

rollment of desirable students in nursing schools.

"The young woman of today wants a vocation that will offer service. The opportunity for service as a Public Health Nurse in the community, state and national program of health, makes a striking appeal to the thinking, intelligent woman. But, public servant as the nurse is, denial of professional status by the Government would, without a doubt, bring about a situation which would react alarmingly upon the entire movement for skilled, scientific nursing and a National Health Program."

LUCY MINNIGERODE, *Chairman.*

DOES BOBBED HAIR INTERFERE WITH THE EFFICIENCY OF THE STUDENT NURSE?

DEAR EDITOR: The most discussed question of today is, Shall the bobbed-haired young woman be admitted to the training schools? If not, why not? Since 90 per cent of women, young and old, have their hair bobbed and if we continue to exclude them from our training schools, will we have sufficient number of students to carry on the work or will the shortage be so acute as to interfere with the efficient service in the hospital and the future private duty nurse? Since the days of Florence Nightingale the high collar and trailing skirt have been discarded for sanitary reasons and for comfort. Then why not accept the inevitable and try to eliminate the shortage of student nurses by admitting the bobbed-haired young woman, compelling her to wear her hair in a net while on duty. I would like to hear from other superintendents in regard to this question.

Colorado

H. J.

PROGRAMS FOR NURSES' MEETINGS

DEAR EDITOR: I would like to know how nurses in other parts of the country feel about nurses' meetings. Are we accomplishing our purpose in holding them? I feel that we are not, yet I have little constructive criticism to offer. Do the doctors' papers read at many meetings help in any way to raise our standards or stimulate us to better efforts? I feel they do not. Am I right or wrong? We put a lot of time,

thought, and some money into each meeting, yet the results have never been satisfactory to me,—possibly we lack a definite goal.

B.

(The program enclosed with this letter seems an unusually good one, covering several phases of nursing work.)

AN OVER-SUPPLY OF NURSES IN HAWAII?

DEAR EDITOR: Many inquiries come from nurses on the mainland, as to nursing conditions in the Islands. We may say here, for the benefit of all interested, that no nurse should take such an expensive trip without sufficient funds for return. Owing to our geographical position, nursing in the Islands is very uncertain. There are times when nurses are at a premium and there are times when the supply of nurses exceeds the demand. The tourists come for the winter months, so do the nurses, leaving the Islands in the summer without sufficient numbers to take care of the sick.

HORTENSE JACKSON, R.N.,
*President, Nurses' Association,
Territory Hawaii.*

MEN NURSES IN OUR PROFESSION

DEAR EDITOR: There are doubtless many things which if we knew more about we would all hasten to do our part to right or improve. One of these wrongs still waiting our attention and action concerns the men nurses of our profession and the recognition and place to which they have a right in our nursing world and with the public. There are so many opportunities of need and service for the woman nurse that we forget that the graduate and registered man nurse is also meeting a need that, although not as broad in its scope, is surely of equal importance to those needing that service. There are many of the special hospitals today that depend on the man as well as on the woman nurse for the right care of their sick. Some of these, with their affiliations, have made his course of the same length of time and as correspondingly a fine one as that of their women nurses. It may be a surprise to many nurses belonging to our

alumni, state and national associations, that the men who are doing this nursing service in hospitals or private families have no representation in these associations. It has probably been forgotten by many of us that the purposes of these large organizations embrace ideals and standards that concern the whole nursing profession and that they are incorporated solely for the purpose of help and protection to the nurse and the public. By failing to recognize the same need and protection for the man nurse in our profession it would seem that they were failing in the obligations that they assumed. If the hospitals have realized the need of higher standards and requirements from the man nurse, is it not time that our state and national associations recognized the part they can do by making a regulation of requirement so that the graduate and registered men nurses can become active members and co-workers with women? Certain things in the training of the man nurse must logically be different from those for women. The by-laws of our state and national associations have failed to allow for this difference inasmuch as they make obstetrical and children's nursing a requirement for membership. An amendment has just been submitted to the National Association making the substitution for men of genito-urinary training in place of obstetrical and children's training for women. This amendment would seem a fair way of bringing graduate men nurses into active membership.

Massachusetts

M. H. R.

THE NURSES' RELIEF FUND

DEAR EDITOR: Just a few lines to say how grateful I am for the help I have received from the Nurses' Relief Fund. It was a great comfort to me to know that each month I would receive the check, and especially when I began to get well, for I had quite an expense in buying surgical dressings. Everyone was so very good to me during my illness, and especially the nurses from Hahne-mann and Presbyterian Hospitals of Philadelphia; also nurses from New York whom I have not yet met. I have fully recovered and now weigh 120 pounds, and as I am able to return to work, I shall not need to draw on the Relief Fund any longer. I want the nurses

of the country to know how much I have appreciated the assistance from the Fund.

S. M. H.

(NOTE: Miss H. was at death's door for months and was not expected to recover; for a long time the checks were sent to the State Chairman for her.—E. E. Golding, Chairman National Committee.)

JOURNALS ON HAND

Mrs. John F. Broecker, R. R. 3, New Albany, Ind., has a complete file of the *Journal* for 1919, 1920, 1921 and 1923, also all but the November issue of 1922, also copies of 1918 from June on. Anyone wishing these may have them by paying postage to the point of delivery.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

25. Kindly inform me if a National Red Cross nurse has to pay a personal tax if she owns property in a city.

Enrollment in the Red Cross Nursing Service does not exempt a person from paying either federal or personal tax.

26. Is a Red Cross nurse eligible to join

the American Legion if she signed for Home Service?

A nurse is only eligible for membership in the American Legion if she served in the Army or Navy during the war. In other words, she had to be federalized to be eligible for this membership.

IDA F. BUTLER,

Acting Director, Nursing Service.

CHEAPEST VACATION MAY BE HEALTHIEST

Spend it out of doors!

This is the only guarantee of a happy, healthy vacation.

Weeks of planning and weeks of saving for a summer holiday are all well spent if the worker can come back to his task with quieted nerves, hardened muscles and a new zest for his job. The best way to accomplish this is to spend as much time as possible in wholesome—not over strenuous—exercise and in rest, outside of the strange shelters built by man.

Such a holiday is available to every one without extra cost.—Hygeia.

THE "BORDEAUX SCHOOL"

The cornerstone of the new hospital at Bagatelles was laid, with appropriate ceremonies, on March 16. This is the third experience of the kind at Bagatelles in three years; first was the beginning of the Rockefeller Dispensary, two years ago the American Nurses' Memorial, and now comes the greatly needed new hospital. Thus does Dr. Hamilton see her dream of a well-rounded service taking visible form.

Operating room ceremonial is in need of readjustment. Nurses and internes—and some surgeons—are obsessed with the belief that the preparation of the field of operation, carried out with a ritual that makes a Greek Church high mass look simple by comparison, will in some way prevent postoperative shock and intestinal paresis. In the observance of this ritual there is an enormous wastage of towels, sheets, suture materials and solutions.

George de Tarnowsky, M.D., "Simplicity of Technic."—*Journal of the American Medical Association*, May 10, '24.

NURSING NEWS AND ANNOUNCEMENTS

NURSES' RELIEF FUND REPORT FOR MAY, 1924

Balance on hand April 30-----	\$18,507.94
Interest on bonds -----	491.58
	<u>\$18,999.52</u>

Receipts

California: Dist. 1, \$47; Dist. 5, \$55; Dist. 7, \$31.50; Dist. 8, \$19; Dist. 9, \$34.35; Dist. 10, \$11; Dist. 13, \$5; Dist. 16, \$12; Dist. 17, \$1 -----	215.85
Georgia: University Hospital Alumnae, Augusta, \$25; State Nurses' Assn., \$50 -----	75.00
Illinois: Anonymous, \$10; one individual, Chicago, \$1-----	11.00
Iowa: Dist. 7-----	79.00
Kansas: Dist. 6, \$38; State Nurses' Assn., \$9 -----	47.00
Massachusetts: Danvers State Hospital Alumnae Assn.-----	10.00
Michigan: Dist. 1, \$31; Dist. 3, \$5; Dist. 9, \$16; omitted in April report, 20 cents -----	52.20
Minnesota: Dist. 2, \$9; Dist. 3, \$60; Dist. 4, \$22.75; Dist. 5, \$1--	92.75
Missouri: One individual, Trenton--	5.00
Nebraska: One individual-----	1.00
Nevada: Dists. 1 and 2-----	31.00
New Jersey: Dist. 1, \$63; State Nurses' Assn., \$183; one individual, \$5 -----	251.00
New York: Dist. 13, New York Infirmary Nurses' Alumnae Assn., \$10; pupil nurses, New York Hospital, \$65; five individuals, \$29	104.00
Ohio: Dist. 4, \$82; Dist. 5, \$25; Dist. 8, \$50; Dist. 11, \$34; Dist. 12, \$155.75; Cincinnati General Hospital Alumnae Assn., \$25; Jewish Hospital Alumnae Assn., \$25; Seton Hospital Alumnae Assn., \$25; Good Samaritan Hospital Alumnae Assn., \$25; Christ Hospital Alumnae Assn., \$25; Deaconess Hospital Alumnae Assn., \$15; Bethesda Hospital Alumnae Assn., \$15; Mercy Hospital Alumnae Assn., \$25; Salem City Hos-	

pital Alumnae Assn., \$5; Grace Brown Memorial Hospital Alumnae Assn., Conneaut, \$10-----	541.75
Oklahoma: Dist. 1 -----	23.00
South Carolina: State Nurses' Assn. -----	216.50
Washington: Dist. 2, King County Graduate Nurses, \$285; Dist. 3, State Nurses' Assn., \$5-----	290.00
Wisconsin: Dist. 2 -----	42.00
Wyoming: Fifty members, State Nurses' Assn. -----	25.00
Check returned by applicant-----	15.00
Check lost in transit-----	15.00
Check burned in error-----	15.00
Total receipts -----	<u>\$21,157.57</u>

Disbursements

Paid to forty-seven applicants-----	\$695.00
Exchange on checks -----	.60
Refunded -----	10.00
	<u>\$705.60</u>
Balance on hand May 31, 1924-----	\$20,451.97
Invested funds -----	71,951.57
	<u>\$92,403.54</u>

NOTE:—The \$38.00 contributed by District No. 6 of the Kansas State Nurses' Association was raised by receipts from the sale of calendars.

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND TO* JUNE 10, 1924

Previously acknowledged -----	\$28,633.34
California: Fresno County Nurses'	

Assn., Fresno, \$10; University of California Nurses' Alumnae Assn., San Francisco, \$5; Los Angeles County Hospital Nurses' Alumnae, Los Angeles, \$10; Santa Clara County Nurses' Assn., San Jose, \$10 -----	35.00
District of Columbia: Garfield Alumnae Assn., Washington, \$10; Sibley Memorial Hospital Alumnae Assn., Washington, \$5-----	15.00
Georgia: Fourth District Association, Savannah -----	2.50
Indiana: District 1 Association, Kendallville -----	5.00
Massachusetts: Lawrence General Hospital Alumnae Assn., Lawrence, \$10; Lynn Hospital Alumnae Assn., Lynn, \$5-----	15.00
Minnesota: Bethesda Hospital Alumnae, St. Paul-----	10.00
New Hampshire: Elliot Hospital Alumnae Assn., Manchester-----	5.00
New Jersey: The Alumnae Assn. of Middlesex General Hospital, New Brunswick -----	5.00
New York: Alumnae Assn. of St. Luke's Hospital, New York, \$50; Brooklyn Hospital Training School, Brooklyn, \$5; St. Francis Hospital Alumnae Assn., Poughkeepsie, \$10 -----	65.00
Washington: Washington State Nurses' Assn. -----	5.00
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	\$28,795.84

REPORT OF THE McISAAC LOAN FUND
TO JUNE 10, 1924

On hand at last report-----	\$621.02
California: Fresno County Nurses' Assn., Fresno, \$10; Los Angeles County Hospital Nurses' Assn., Los Angeles, \$10; Santa Clara County Nurses' Assn., San Jose, \$10 -----	30.00
District of Columbia: Garfield Alumnae Assn., Washington, \$5; Sibley Memorial Hospital Assn., \$5 -----	10.00
Georgia Fourth District Association, Savannah -----	2.50

Indiana: District No. 1 Association	5.00
Massachusetts: Lawrence General Hospital Nurses' Alumnae, \$10; Peter Bent Brigham Hospital Nurses Alumnae Assn., Boston, \$10	20.00
New York: The Cortland Alumnae Assn., Cortland, \$5; Brooklyn Hospital Training School Alumnae Assn., \$5 -----	10.00
	<hr/>
	\$698.52

Contributions to either fund may be sent to the Treasurer, Mary M. Riddle, 36 Fairfield St., Boston, Mass. Checks should be made out separately, payable to Mary M. Riddle, Treasurer.

ARMY NURSE CORPS

During the month of May, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Jessie C. Thompson, Flora Culver, Nellie Waddington; to Station Hospital, Fort Benjamin Harrison, Ind., 2nd Lieuts. Celena A. M. Finnegan, Edna D. Umbach; to Station Hospital, Fort Leavenworth, Kan., 2nd Lieut. Mary C. Scherer; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Millicent E. King, Minerva Musselman, Eilian Davies, Alice G. Griffin, Clifton A. Grinnell, Dorothea Johnston, Helen M. Karhu, Esther Klain, Mary E. Ray, Maidie E. Tilley, Violet E. Neith; to Peabody College, Nashville, Tenn., 2nd Lieuts. Sara Connerth, Lyda Rodgers; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieut. Lucy R. Taylor; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieuts. Alma R. Hagen, Katherine E. Walsh; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Angeline L. Staples, 2nd Lieut. Barbara Ziegler.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Lenora E. Achatz, Laura A. Boness, Marguerite Bottema, Mary L. Brady, Daisy D. Clark, Grace M. Crigler, Emma M. Davis, Grace Dean, Lylan M. Grady, Anna A. Halvorson, Clementine Holcomb, June H. Howard, Jessie A. Keating, Katherine E. Kelly, Katherine S. King, Ella H. Malm, Selma F. Rappana,

Elizabeth M. Stallman, Barbara L. Vincent,
Josephine E. Ziesing.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

ARMY SCHOOL OF NURSING

The graduating exercises of the Army School of Nursing took place on June 6, in the formal garden of the Walter Reed General Hospital, Washington. They were conducted with the graduating exercises of the other schools which compose the Army Medical Center: The Army Medical School, The Army Veterinary School, and the Army Dental School. The exercises were impressive, consisting of a formal review and parade, with the presentation of the graduating classes of the four schools. The Secretary of War and the Surgeon General made addresses. There were forty-five members of the class. Prior to the graduating exercises, the Senior class of the Army School held a Class Day program. The whole week has been full of commencement affairs, beginning with the Baccalaureate sermon, and including a tea dance, picnic supper given by the Army Nurse Corps, a garden party at the White House, Senior luncheon, Red Cross dance, Senior and Intermediate breakfast and alumnae banquet, and the Senior Ball.

JULIA C. STIMSON,
*Major, Supt., Army Nurse Corps,
Dean, Army School of Nursing.*

NAVY NURSE CORPS

REPORT FOR THE MONTH OF MAY, 1924

Transfers: To *Canacao, P. I.*, Jane E. Hamilton; to *Guam*, Laura A. Roburds (via Argonne), Nellie M. Skinner (via Argonne); to *Mare Island, Calif.*, Rosa L. Lane, Helen L. McKenzie, Chief Nurse, Bess C. Sanderson; to *Newport, R. I.*, Josephine A. Phelps; to *U. S. S. Mercy*, Julia Moehr; to *U. S. S. Relief*, Marie-Louise Breingan; to *Washington, D. C.*, Rosa C. Wertz.

Honorable Discharge: Margaret F. Bresnahan, Margaret M. Brown.

Resignations: Veta B. Markley, Florence K. Missimer, Loise Potter.

Discharged from Inactive Status: Marion E. Lush.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Baltimore, Md., Elizabeth Burke; to Rosebank, Staten Island, N. Y., Emma Anderson; to Boston, Mass., Eunice Worrell; to Chicago, Ill., Agnes Lally; to Fort Stanton, N. M., Clarice Buhrnam; to Key West, Fla., Jessie MacFarlane, Georgia Bigler; to Port Townsend, Wash., Helen Hunt; to St. Louis, Mo., Nell Webb; to Hudson St., New York, Irene Brown, Emily Schmitz; to San Francisco, Calif., Mary Neylon, Annie Gillespie; to Norfolk, Va., Annie R. Bransfield.

Reinstatements: Mary Keegan, Rachael Hamilton, Pearl Finwall.

New Assignments: Mary Giles, Louise Kodadek, Mary B. Alexander, Hazel Cupit, Margaret Hill.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE. Transfers: To Washington, D. C., Cora D. Bouley; to Asst. Supt. of Nurses, Central Office, Helen K. Smith, C. N.; to Alexandria, La., Gertrude Duchez, LuGene Clark; to Legion, Tex., Kathleen Binns; to Federal Park, Md., Grace A. Pengilly, Clara M. Spielman; to Augusta, Ga., Elizabeth Pittman; to Ft. Bayard, N. M., Jessie S. Wright, Janet Cochrane, Lisetta Korb, Thelma Cox, Mrs. Grace I. Tillotson; to Northampton, Mass., Matilda McDonald, Sadie Thibodeau, Jean A. McIsaac, Mary G. Petitt, Mrs. Katherine Tanguay, Katherine E. J. MacCormick, H. N.; to Chillicothe, O., Mrs. Dora L. Read, H. N., Flora Schumacher, C. N.; to American Lake, Wash., Freda E. Becker, Esther Julian, H. N., Julia M. Magagnini, Irene A. Jennings, Mrs. Catherine B. Lithgow, Margaret B. Casey, Mayme Pyle, H. N., Hazel Manning; to Tacoma, Wash., Clara Quinlan, C. N.; to Helena, Mont., Anna Daley, C. N.; to Ft. McKenzie, Wyo., Ada E. Potter, Teresa G. Collins, H. N.; to Newport, Ky., Alpha Hoover, Asst. C. N.

Reinstatements: Mrs. Rose S. Bach, Marguerite O'Neill, Harriet S. Hunter, Edna G. Van Hooser, Mary J. Heindel, Annie M. Killam, Ruth Y. DeCoteau, Ina V. Boyer, Alma A. Houser, Celia F. Battey.

DISTRICT MEDICAL SERVICE. *Transfers:*
To Gulfport, Miss., Sallie E. Lawrence.

Reinstatements: Mrs. Tyldesley Sands Taylor.

On May 12, the U. S. Veterans' Hospital No. 95, Northampton, Mass., was formally opened. Margaret S. Belyea, formerly Instructor in Neuro-Psychiatric Nursing, with the U. S. Veterans' Bureau, has been appointed as Chief Nurse at this hospital. Helen K. Smith, formerly Chief Nurse at U. S. Veterans' Hospital No. 72, Helena, Mont., has been assigned to duty at Central Office as Assistant to the Superintendent of Nurses.

MARY A. HICKEY,
Superintendent of Nurses.

CIVIL SERVICE EXAMINATION

THE U. S. CIVIL SERVICE COMMISSION will hold an open competitive examination, July 9, to fill vacancies in the Panama Canal Service. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C.

Alabama: Selma.—THE VAUGHAN MEMORIAL HOSPITAL held graduating exercises for a class of 8 on May 12 in the nurses' dining room of the hospital. The address was given by Dr. E. G. Gammon; diplomas were presented by Dr. F. G. DuBose. A reception followed the exercises. The class presented the staff with a silver tea service.

California: The fifth annual convention of the California State Organization for Public Health Nursing, the ninth annual convention of the STATE LEAGUE OF NURSING EDUCATION and the twenty-first annual convention of The California State Nurses' Association was held in Pasadena on May 20-24,—Janette F. Peterson, presiding for the State Association; Anna C. Jamme, for the League; and Ellenor Hazen for the Organization for Public Health Nursing. An amendment to the by-laws of the State Association to discontinue including the subscription to *The Pacific Coast Journal of Nursing* in the dues was considered and after a long and interesting discussion it was decided to continue the arrangement as at present. M. Adelaide Waterman, for eight and one-half years Editor of the *Journal* tendered her resignation which was accepted with deep regrets. Margaret

Rice, formerly of Seattle, and now a member of District No. 18 was appointed her successor. Two new district associations, Stanislaus County and San Pedro were added to the membership. The California State Nurses' Association this year celebrates its twenty-first birthday with twenty-one Districts. Mary E. Davis of San Francisco was elected President of the Organization for Public Health Nursing; Anna C. Jammé was re-elected President of the League, and Mrs. Janette F. Peterson was reelected President of the State Association. A splendid program was planned and carried out, delegates freely taking part on the program and in discussion. Santa Cruz was chosen for the meeting place of the 1925 Convention and the 1924 Convention adjourned to be the guests of Districts Nos. 5, 18, and 19, at the Community Play House to see Jane Cleg given by the Community players. **Los Angeles.**—DISTRICT 5 held a regular meeting on May 6 at the Y. W. C. A. Mrs. Deitrich reported encouraging progress on the Club House. Mrs. Peterson, State President, gave an interesting talk, urging coöperation between the Districts. This was followed by a good discussion of the problems presented. **Pasadena.**—PASADENA HOSPITAL held graduating exercises for a class of 18 at the Neighborhood Church on May 27. The address was given by Captain Paul Perigord. Donald R. Dickey presented the diplomas. A reception followed at the Nurses' Residence. **San Francisco.**—THE STANFORD SCHOOL OF NURSING celebrated its thirtieth anniversary by the first reunion of its graduates, on May 14, and commencement, as described in the June *Journal*. The gift from the class of 1924 to the School is a mahogany clock with Westminster chimes.

Colorado: Denver.—THE UNIVERSITY OF COLORADO SCHOOL OF NURSING, which has been closed since 1922 pending the opening of the University of Colorado School of Medicine and the Colorado General Hospital, will reopen in September. The school offers two courses, one of five years leading to a B.S. degree and a diploma in nursing, and one a three-year diploma course. Exceptionally good living conditions have been provided and students in both courses will live, during the time when they are obtaining hospital experience, in the new, modern and attractive

Residence Hall which adjoins the hospital buildings.

Connecticut: Bridgeport.—THE BRIDGEPORT HOSPITAL held graduation exercises for a class of fifty-three, the largest in its history, on April 22, in the United Congregational Church. The report of the School by its Superintendent, Leone N. Ivers, was followed by the address to the graduates by Annie W. Goodrich. Dr. Charles C. Godfrey presented the diplomas and pins. A banquet and dance followed the exercises. On the evening of May 10, the class banquet was held at Housatonic Lodge, the training school staff being guests. **New Haven.**—THE CONNECTICUT TRAINING SCHOOL FOR NURSES held commencement exercises for a class of 23 at Sprague Memorial Hall on May 28.

Delaware: THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its spring meeting at the home of Mrs. Allan Speakman, at Claymont, on June 3. Two members were appointed delegates to the Convention in Detroit, and two to the Convention of the Federation of Women's Clubs to be held at Rehoboth, Delaware, in July, the other delegates to be appointed by the President at a later date. Following the business meeting a delightful supper was served by Mrs. Speakman. In the evening, Dr. David A. Ward, Superintendent of Public Schools, gave an interesting address on Thrift.

District of Columbia: On Memorial Day, the grave of Jane A. Delano in Arlington National Cemetery was decorated, not only by the small flag and the poppy placed there by the Government and the flowers placed by Scouts, but a wreath, a cross, and a bouquet were placed upon it by a delegation of nurses representing the American Red Cross, the Jane A. Delano Post of New York, and the alumnae of the Pennsylvania Hospital, Philadelphia.

Florida: Lakeland.—DISTRICT 4 held a meeting at the Morrell Memorial Hospital Nurses' Home on May 5, as guests of the Lakeland Nurses. The resignation of Mrs. Joyce Keyser as treasurer was accepted and Mrs. Marjorie Terry was appointed to fill the vacancy. Miss French, the President, spoke on the need of a directory for nurses of District 4, also the need of a central registry for Tampa. A committee was appointed

to make plans for forming such a registry. The Gordon-Keller Alumnae are 100 per cent strong for the Relief Fund. Five of their members were accepted into District membership. Gladys Spalding of Winter Haven told of Red Cross work in that town. A social hour was enjoyed. The June meeting will be held in Orlando.

Georgia: Atlanta.—THE GEORGIA BAPTIST HOSPITAL graduated a class of 23 on May 29, with exercises held at the First Baptist Church. Dr. W. Frank Wells made the address. Dr. Eugene B. Elder presented the pins; Dr. Arch C. Cree, the diplomas; Dr. T. C. Davison administered the Florence Nightingale pledge. Prior to the exercises, the class had been entertained at a lawn party by the 1925 class; a banquet by the Alumnae; and a picnic and swimming party by the hospital officials.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its regular spring meeting, May 14, in the Business and Professional Women's Club Rooms at Twin Falls. Following the business meeting there was an address by Dr. Pike, State Senator. Tea was served by Mrs. Youngs. At 5 a. m. an auto trip to Shoshone Falls and Blue Lakes was enjoyed by the visiting members. In the evening a banquet held at the Rogerson Hotel was well attended and much enjoyed. Mrs. D. Connor, President of District 1 acted as toastmistress. The principal speakers were Rev. Mr. Pierson and Miss Worden, the Delano nurse stationed in Idaho. All arrangements for the meeting and the program were made by the First District and it is hoped enough interest will be shown throughout the state to make it possible to form new districts which will eventually mean holding state meetings in the different sections. A delegate was chosen for the Detroit convention.

Illinois: RAVENSWOOD HOSPITAL held graduating exercises for a class of 7 at the Chase Park Community House on May 13. The address was given by E. S. Gilmore, Superintendent of Wesley Hospital. The faculty of the School of Nursing gave a luncheon to the class at the Chicago Nurses' Club with Minnie H. Ahrens as guest of honor. THE NORWEGIAN-AMERICAN HOSPITAL held graduating exercises for a class of 11, on June 6, at the First Lutheran Church. **East**

St. Louis.—ST. MARY'S HOSPITAL held graduating exercises for a class of 7 on May 22 at the Community House. Bishop Althoff presented the diplomas. **Peoria.**—THE J. C. PROCTOR HOSPITAL held graduating exercises for a class of 6 on May 21 in St. Paul's Episcopal Church. Dr. G. A. Palmer gave the address; Dr. Hugh Cooper presented the diplomas. A reception followed the exercises. THE METHODIST HOSPITAL held graduating exercises for a class of 18 on May 12 in the First Methodist Church. Dr. Emerson gave the address. ST. FRANCIS HOSPITAL held graduating exercises for a class of 13, May 16, in Spaulding Institute. THE SEVENTH DISTRICT ASSOCIATION sent a delegate to the Detroit convention. Sarah Barnes, secretary of the Seventh District, is taking postgraduate work at Barnes Hospital, St. Louis. Clara Klint, graduate of the Methodist Hospital, is doing missionary nursing in West Africa.

Indiana: Fort Wayne.—LUTHERAN HOSPITAL held the eighteenth annual commencement exercises for a class of 18 on May 28 at St. Paul's Auditorium. Addresses were made by Dr. W. O. McBride and Rev. J. C. Baur. Students took part in singing and valedictory. The diplomas were presented by Rev. H. C. Luehr; the pins and the gifts from the Ladies' Aid by Anna M. Holtman. The Alumnae Association entertained the class at a banquet on May 17. **Terre Haute.**—THE UNION HOSPITAL held its 23rd commencement exercises for a class of four on May 20 at the Washington Avenue Presbyterian Church. Paul M. Bogert gave the address; Dr. E. W. Layman presented the diplomas and made a short address. A dance followed at the Elks' Club. During commencement week the graduates were entertained by the class of 1925 at Deming Park; also they were given a banquet at the Elks' Club by the Alumnae Association, at which time each one was presented with a very pretty souvenir.

Iowa: Davenport.—THE SIXTH DISTRICT ASSOCIATION held its quarterly meeting at the Nurses' Home, Mercy Hospital. A program of music and readings was given by members of the Senior class. Twelve new members were received. A delegate was appointed to the convention in Detroit. A luncheon and social hour followed. MERCY HOSPITAL ALUMNAE gave a successful card party and luncheon

at the Nurses' Home on May 23. The proceeds will be used for the Nurses' Relief Fund, to help furnish the Nurses' Home, and for alumnae expenses. MERCY HOSPITAL graduated a class of eleven on June 9. Rev. M. Coane preached the baccalaureate sermon. A reception and dance followed the exercises. The graduates were given a banquet by the Alumnae on June 4 at Hotel Blackhawk. The address of welcome was given by Elizabeth Grossman. Katharine Glantz responded for the class. The evening ended with a theater party. **Marshalltown.**—DISTRICT 4 held a meeting on June 10 at which Frances M. Ott, President of the Private Duty Section of the American Nurses' Association was the speaker. **Muscatine.**—Commencement exercises for the three graduates of the BENJAMIN HERSHEY MEMORIAL NURSES' SCHOOL were held at the Hotel Muscatine, May 22. A dinner was given in their honor at the Hospital by the trustees, preceding the exercises. Josephine Creelman, Superintendent of Nurses, University Hospital, Iowa City, gave an inspiring address. **Waterloo.**—THE SYNODICAL PRESBYTERIAN HOSPITAL held graduating exercises for a class of 7 on May 16 at the Westminster Presbyterian Church. The address was given by Rev. Mr. Darling. A reception followed the exercises. A banquet was given the class by the Alumnae Association. The Alumnae Association also entertained all the nurses of the city at a tea at the Y. W. C. A. on May 21.

Kansas: McPherson.—THE MCPHERSON COUNTY HOSPITAL graduated a class of five on May 12. The Alumnae gave a banquet for the class on May 10.

Louisiana: Baton Rouge.—OUR LADY OF THE LAKE SANITARIUM observed Hospital Day by having a tour through the hospital in the morning, a parade and flag raising at noon, with an oration by Dr. R. McG. Carruth, and the recitation of the Florence Nightingale Pledge by the student nurses. Four hundred military cadets and student nurses participated in the Flag Raising, which was very impressive. Refreshments were served on the Hospital campus. The Hospital was beautifully decorated with flags and bunting. Many hundreds visited the institution during the day. The institution was opened November 4, 1923. This, the first National

Hospital Day, was observed by the community in general.

Maine: Portland.—THE ALUMNAE ASSOCIATION OF THE MAINE GENERAL HOSPITAL held a meeting on May 7 at which it was decided to send \$25 to the Relief Fund. Arrangements were made for the reunion and banquet to be held in June.

Maryland: Baltimore.—The officers of the NURSES' ALUMNAE OF THE TRAINING SCHOOL, UNIVERSITY OF MARYLAND are: President, Lillian McDaniel; vice-presidents, Elizabeth Marsh, Blanche Martin; secretary, Marie Sander; treasurer, Ellen Israel. The University Directory is now being governed entirely by the Alumnae and its members must be members of the Alumnae Association in good standing. Ruth Aiken, 4020 Belle Avenue, is registrar.

Massachusetts: Boston.—THE ALUMNAE OF THE WOMAN'S HOSPITAL held their reunion on April 26 at the Elizabeth Peabody House. Nurses in training were the guests. The proceeds of the party were used for the Free Bed Fund. **Holyoke.**—Ethel Doherty, Superintendent of the HOLYOKE CITY HOSPITAL, has resigned and will spend the summer abroad studying hospital conditions. She is succeeded by Margaret E. Conrad, a graduate of the Presbyterian Hospital, New York.

Springfield.—THE SPRINGFIELD HOSPITAL graduated a class of 18 on May 12, the exercises being held in the Nurses' Home. A reception followed. Charlotte Powell, Superintendent of Nurses has resigned and will rest at her home in Canada for a time. The new wing of the home, where the graduation was held, is very pretty. The new grand piano was a gift of the Alumnae, the doctors and friends of the school. **Westborough.**—THE WESTBOROUGH STATE HOSPITAL ALUMNAE ASSOCIATION held its third annual meeting on May 14, at the Hospital. The membership has now reached seventy-five, and five additional applications were received at this meeting, one from a member of the first class, who graduated in 1891. The election of officers was as follows: President, Bertha H. Burt; vice-president, Anna L. Taylor; Counsellor, Bertha H. Burt; secretary, S. Ellen de Almeida; treasurer, Sarah McDonald. A dance and excellent entertainment followed.

Michigan: Detroit.—THE VISITING NURSE

ASSOCIATION has changed the administrative duties of its chief executives. Mrs. Lystra E. Gretter, for fifteen years its Superintendent, will be given advisory duties and will be called Counsellor, while her former assistant, Emilie G. Sargent, becomes responsible for the more active work. THE GRACE HOSPITAL ALUMNAE ASSOCIATION gave a banquet on June 17, at Hotel Statler in honor of the past Principals of the Training School. The guests of honor were Eugenia Hibbard, Chief of the Bureau of Nurses, Habana, Cuba, and the founder of the Grace Hospital Training School; Lucetta J. Gross, Registrar, Boston, the founder of the Alumnae Association; Mrs. Van der Water Patterson of Huntington, W. Va.; Miss Darling, Director of Nursing, Allegany General Hospital, Pittsburgh; Mable Haggman, Director of Nursing, Hurley Hospital, Flint, Mich., and Lauria Meader, the present Director. The after dinner speaker was Dr. Stephen H. Knight, always associated with the Training School, who reviewed the history of the School. Dr. Mary Stephens acted as toastmistress. **Grand Rapids.**—Anna M. Coleman has been appointed educational director of the Butterworth Hospital Training School, after ten years of faithful and efficient service as Inspector of Training Schools for Michigan. THE MARION LOUISE WITHEY TRAINING SCHOOL ALUMNAE held its annual picnic on June 2 with Ida M. Barrett and Mary Welsh, at which plans for a reunion in 1925 were made. **Kalamazoo.**—THE KALAMAZOO STATE HOSPITAL held commencement exercises for five nurses on June 11. The exercises were followed by a reception and dance. **Saginaw.**—The Senior nurses of Saginaw General, St. Mary's and the Woman's Hospitals were honor guests at a dinner given May 28, at the Hotel Bancroft by the ELEVENTH DISTRICT NURSES' ASSOCIATION. About eighty were present. Songs, toasts, and dancing were enjoyed, also an address by Mrs. Myron Vorce of the League of Women Voters, who explained the purposes of that organization and emphasized the work of international coöperation for the prevention of war.

Mississippi: Mrs. Blanche M. Hopper, President of the State Association, has been appointed Superintendent of nurses at the Methodist Hospital, Hattiesburg.

Missouri: Kansas City.—THE GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES, (Colored), held graduating exercises for a class of 13 on May 19 at the Paseo Y. M. C. A. Addresses were made by Dr. L. W. Booker and Rev. Arthur E. Rankin. The diplomas were presented by Gus Schmierer; the pins by Mrs. S. J. Smythe. **St. Louis.**—WASHINGTON UNIVERSITY has formally recognized the School of Nursing (Barnes Hospital), which has long been affiliated with it, and has made it one of its regular schools. The members of the faculty of the School of Nursing now become members of the University, and Claribel A. Wheeler, Director of the School of Nursing, becomes Professor of Nursing. A five-year course leading to a B.S. degree in nursing will be started in the Autumn. THE MISSOURI SCHOOL OF SOCIAL ECONOMY, under the University of Missouri, which has been conducting a course in Public Health Nursing for the past few years, went out of existence on July 1. The University of Missouri had decided against contributing any further to its support, and Washington University is unable at the present time to take it over, since they are just starting the five-year combined nurses' training and college course. No doubt in another year or so, Washington University will organize a course in Public Health Nursing. Also, it is hoped that some arrangement can be made for the hospital students who have heretofore been given two months' practice work in Public Health Nursing at the Teaching Center, so that they can continue to get some experience in this interesting field. **St. Louis City Hospital Training School for Nurses** had graduation exercises on May 14 for 12 graduates. **St. Louis City Hospital No. 2 Training School for Nurses (Colored)** graduated 5 students on May 22. At the Euclid Avenue Baptist Church on May 22 the **MISSOURI BAPTIST SANITARIUM SCHOOL OF NURSING** gave its 25th annual graduating exercises for a class of 27. On June 4, **St. Luke's Training School for Nurses** had its commencement exercises on the west lawn of the Hospital. The Valedictory was given by Dr. Fredic Aldin Hall, Lld., Chancellor Emeritus, Washington University. One scholarship was awarded. There were 22 graduates. **THE JEWISH HOSPITAL** held graduating exercises for a class of 13 on May 28 at Temple Israel.

The address was by Sophie Nelson, Director of the Visiting Nurse Association, on Opportunities in the Nursing Field. A scholarship of \$1000 and a prize of \$500 were awarded. Elmira W. Bears, Secretary in charge of School Nursing of the National Organization for Public Health Nursing, stopped in St. Louis for a few days and during her stay addressed several groups of nurses, among them the Visiting Nurse Association, and the Public School Nurses.

Nebraska: Lincoln.—ST. ELIZABETH HOSPITAL held graduating exercises for a class of 12 on May 25 in Knights of Columbus Hall. The address was given by Bishop McCormick. The valedictory was given by a student. The diplomas were presented by Bishop Beckman. **Omaha.**—THE NEBRASKA METHODIST EPISCOPAL HOSPITAL held its thirtieth annual commencement on May 27 in the First Methodist Church for a class of 19. Addresses were given by Dr. A. F. Jonas and Rev. James E. Wagner. The class was presented by Edith M. Salin. The diplomas were given by Ford E. Hovey.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting at the Historical Building, Concord, June 11. In the morning there was a business meeting followed by an address by F. E. Butterfield, Commissioner of Education; 11-12:30, a Private Duty Nurses' meeting with an address by Miss Newhall. In the afternoon there were addresses by Judge Charles R. Corning and Dr. Fred Clow. **Keene.**—THE NURSES' ALUMNAE ASSOCIATION OF ELIOT COMMUNITY HOSPITAL has presented to the Nurses' Home a desk and chair for each student nurse's room, and a set of furniture for the parlor. The association sent two delegates to the meeting of the State Federation of Women's Clubs held in Claremont in May.

New Jersey: Elizabeth.—THE NURSES' ALUMNAE ASSOCIATION OF ST. ELIZABETH'S HOSPITAL held its annual meeting at the Nurses' Home on Hospital Day, May 12, and elected: Honorary President, Sister M. Thrasilla; president, Louise Martin; honorary vice-president, Sister M. Finan; vice-president, Ella Reilly; secretary, Dorothy McMahon; treasurer, Mrs. Margaret Flack. The meeting was followed by a banquet at the Florence Moore Tea

Room. **Passaic.**—THE PASSAIC GENERAL HOSPITAL held graduation exercises for a class of 9 on May 12 at the high school auditorium. The address was given by Florence M. Johnson of the American Red Cross. Dr. A. H. Temple presented the pins and R. J. Scoles the diplomas. The Nightingale Pledge was administered by Dr. George S. Davenport. Dancing followed the exercise. **Plainfield.**

—MUHLENBERG HOSPITAL formally opened a new nurses' residence by entertaining at tea on May 18. The main floor is given over to rooms for social and school use. The heart of the house is the great living room with open fireplace, luxurious couches, easy chairs and lamps, and book cases. The equipment for the use of the School of Nursing far excels that in the majority of hospitals of much larger size. The main classroom, with its desk chairs, fine blackboards, etc., makes an audience room of sufficient size to serve for lectures and social affairs. A demonstration room, for instruction in practical nursing, fills a long-felt need. The chemical laboratory and the domestic science laboratory contain the most up-to-date equipment for their various purposes. There is an attractive office for the science instructor, and a study, equipped with desks and reading lamps, for studying under supervision. The second and third floors are mainly devoted to bedrooms, but there are also sitting rooms and sleeping porches. The Hospital graduated a class of eleven on May 29, with exercises held at the Hartridge Auditorium. Dancing followed the exercises. **Trenton.**—

THE WILLIAM MCKINLEY MEMORIAL HOSPITAL held graduating exercises in the State Street Methodist Church on June 3 for a class of 7. The address was given by Rev. Samuel Steinmetz, D.D. The diplomas were presented by Samuel Haverstick; the pins by Dr. John H. McCullough. A reception followed.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION held its annual meeting in the Capitol Building, Santa Fe, May 27. The meeting was called to order at 9 a. m. by the president. Rev. Edgar Casey gave the invocation, Mayor Nathan Jaffa gave the address of welcome. Buelah Coad, Child Welfare nurse, very ably responded. Emily Rogers, Chief Nurse, Veterans' Bureau, State of New Mexico, read a paper on Public Health

Nursing under the supervision of the Veterans' Bureau. At 12 o'clock the nurses motored to Los Cerros; luncheon was served, nurses of District 1 being hostesses. At 2:30 p. m. a very interesting talk on Coöperation or Good Fellowship was given by Olive A. Chapman, Director Nursing Service, American Red Cross. Dr. R. O. Brown, Medical Director, St. Vincent's Sanatorium, read a paper on the Feeding of the Normal Child; this was illustrated by charts. Marie T. Phelan read a paper on The Nurse in the Maternity and Infant Program of the U. S. Children's Bureau, which was most instructive. The rest of the afternoon was given over to business. Officers elected for the year were: President, Teresa McMenamin, Albuquerque; vice-presidents, Sister M. Austin, Santa Fe, and Thelma Tipton, Dawson; secretary, Minnie Kreuger, 306 S. Edith Street, Albuquerque; treasurer, Sister Francis de Chantal, St. Joseph Sanatorium, Albuquerque; directors, Ella J. Bartlett, Emma S. Maylor. Belva Staples was hostess at dinner at Sun-mound Sanatorium. At 8 p. m. a reception and dance at St. Vincent's Sanatorium was greatly enjoyed by the doctors and nurses. There were sixty nurses in attendance and Sisters from the different hospitals of the state. A delegate was appointed to the convention in Detroit. On May 25, about 40 nurses motored to Rito de los Frijoles, 42 miles from Santa Fe, where there are cliff dwellings. At a small hotel situated a short distance from the caves, dinner was served. Aside from the many lessons the nurses brought home with them, the meetings were enjoyed by all. The members were fortunate in having Miss Chapman, Miss Phelan and Miss Harris with them.

New York: THE STATE DEPARTMENT OF HEALTH conducted its annual conference for health officers and public health nurses at Saratoga Springs, June 24-26. The addresses at the opening of the conference were by the Commissioner of Health, Dr. Matthias Nicoll, Jr., Hugh S. Cumming, M.D., and Simon Flexner, M.D. **Albany.**—AN INSTITUTE under the auspices of the Hudson Valley League for Nursing Education and the Nursing Department of the State Education Department was held in Albany, May 5-9. It was very well attended, there being 129

registered, 68 of whom registered for the full course. Among those present were 38 superintendents, 32 instructors, and 20 supervisors. A number of pupil nurses attended, also, and considerable enthusiasm was displayed. A fee of \$10 for the entire course, or of \$2 per day, was charged, which entitled two or three from the same hospital to attend. This was for the purpose of defraying expenses which consisted of stationery, programs, traveling and hotel expenses, and fees for those who participate by teaching a class or giving a paper. The total receipts were \$531, expenses \$351.01, leaving a balance of \$179.99, which has been deposited in the bank as a nucleus for another institute. Special emphasis was laid on the Teaching of Practical Nursing. Classes were taught in Anatomy and in Bacteriology, followed by classes in Principles of Nursing demonstrating the correlation of these subjects. Papers on Principles of Teaching were given as well as several papers on other vital topics. Round tables were held and the discussions were most interesting and helpful. A question box added much, and at the close of the last session suggestions for another institute were dropped into the box. Most of these proved to be of importance and are on file for future use. It is felt that the Institute was successful in every way and the committee wishes to thank all who took part and contributed to its success. **Brooklyn.**—Members of the ALUMNAE ASSOCIATION OF THE BROOKLYN HOSPITAL feel the loss by death of Mrs. Thomas R. French who was President of the Board of Managers of the Hospital and an honorary member of their association. Mrs. French was also prominent in Red Cross work. THE BROOKLYN HOSPITAL graduated a class of 47 on May 16 with exercises held at the Academy of Music. Diplomas were presented by Harold I. Pratt and the school pins by Anna Bentley, following the taking of the Nightingale Pledge by the members of the class. The address was made by Rev. Howard Dean French. CUMBERLAND HOSPITAL SCHOOL OF NURSING held commencement exercises on May 22 for a class of 6. The address was made by Mary M. Roberts. The Hippocratic Oath was administered by Dr. William H. Aten; the diplomas were presented by Hon. Bird S. Coler. THE METHODIST EPISCOPAL

HOSPITAL graduated a class of 37 on May 5, exercises being held in the Summerfield M. E. Church. **Buffalo.**—Graduating exercises for a class of 24 from the SISTERS OF CHARITY HOSPITAL were held on May 27 in the Hospital. Addresses were made by Rev. P. X. Sindele, Rev. John P. Boland, and Dr. J. Herbert Donnelly. On June 3, the Alumnae Association gave a banquet for the graduates. MILLARD FILLMORE HOSPITAL held commencement exercises for a class of 12 on May 15 at Westminster Parish House. Ernest C. Hartwell, Superintendent of Education, was the speaker. Clark D. Ingham presented the diplomas; Dr. F. M. Rich, the pins. **Clifton Springs.**—Commencement exercises were held for the 22 graduates of the CLIFTON SPRINGS SANITARIUM SCHOOL OF NURSING on June 11, in the chapel. The address was given by Professor Arthur W. Browne of Cornell. The pledge of fidelity was administered to the class by Dr. Hubert Schoonmaker; the diplomas and school pins were presented by Hon. Arthur E. Sutherland. **Glens Falls.**—GLENS FALLS HOSPITAL held graduating exercises for a class of 12 at Parish Hall, on June 29. The address, Personality of Schools of Nursing, was by Mary M. Roberts, editor of the *American Journal of Nursing*. The diplomas were presented by Maurice Hoopes; the pins by Conrad J. Hoffman, M.D. An informal dance and reception followed the exercises. **New York City.**—AN EXTENSION INSTITUTE IN INDUSTRIAL HYGIENE FOR NURSES will be given under the auspices of the School of Social Service of Fordham University, on the 28th floor of the Woolworth Building, beginning September 30 at 8:15 p. m. and continuing each Tuesday evening for thirty periods. Information as to qualifications and fees may be obtained from Fordham University School of Social Service, Room 2866, Woolworth Building, New York. MANHATTAN MATERNITY HOSPITAL AND DISPENSARY announces an advanced practical course in obstetrical nursing. The first class will form September first. As it is the intention of the director of the course to give a large amount of practical experience to each nurse, the enrollment will be limited to those who are preparing for the mission field, for rural nursing, or for special prenatal and maternity nursing. This course is a definite outgrowth

of the interest aroused in maternity nursing by the Shepard-Towner Act. BELLEVUE HOSPITAL graduated a class of 126 on April 24 with exercises held in the auditorium of the Nurses' Residence. The address was given by Dr. Alexander Lambert. An unusual feature was the presentation of a pin to Marguerite Van Ostrand "for conspicuous service." By presence of mind and quick action she had saved the life of a delirious patient. A reception and dance followed. The alumnae entertained the class at dinner on April 28. The Association held its annual meeting on May 15 and elected: President, Sara Shaw; vice-presidents, Julia Joyce, Frances Thelan; recording secretary, Lucile Kehr; corresponding secretary, Helen H. Gainey; treasurer, Emma G. Paulding. *Inter Nos* is the interesting little paper put out by the students of the METROPOLITAN HOSPITAL SCHOOL OF NURSING. The Alumnae Bulletin, *The Lighthouse*, is now five years old. THE FIFTH AVENUE HOSPITAL held commencement exercises at the Seventh Regiment Armory on May 21 for a class of 17,—seven belonging to 1923, and ten to 1924. At the commencement of the COMMUNITY HOSPITAL, (noted in the June *Journal*) State Senator William Lathrop Love, M.D., was the speaker. A reception and dance followed the exercises. At the ST. LUKE'S graduation (noted in the June *Journal*) the address was given by Rev. M. Bowie. Stephen Baker, President of the Board of Managers, gave the diplomas and certificates, after which, in his talk to the class, he announced that Mrs. Bath, who has been connected with St. Luke's Hospital Training School for 27 years had tendered her resignation and that very reluctantly the Board had accepted it. Mr. Baker also announced that Miss F. E. Carling, Mrs. Bath's able assistant for a number of years, had been appointed Directress of Nurses and Elsie Burkes, class of 1910, the first assistant. After the exercises, a reception was held. Commencement exercises of the METROPOLITAN HOSPITAL SCHOOL OF NURSING, were held at the Nurses' Home on May 27. Honorable Bird S. Coler, Commissioner of Public Welfare, presented the diplomas to twenty-nine students. Mrs. William Kinnicutt Draper administered the Hippocratic Oath; and addresses were made by Dr. Gove S. Harrington,

Dr. John H. Finley and George Gordon Battle. Five prizes and certificates of honor for general excellence during the entire course were awarded to members of the graduating class, and a prize for general excellence in practical work was awarded a member of the Intermediate class. The Student Nurses' Orchestra and Glee Club of which the School is very proud, took part in the exercises. Miss M. A. Gibney, for many years chief executive of the Out Patient Department at Post Graduate Hospital, has resigned. Miss Gibney will go abroad for a needed rest. Edith Ridley has become Directress of Nurses at the Hospital for the Ruptured and Crippled to succeed Josephine Hughes, resigned. **Portchester.**—M. Ellen McIntyre, for the past eleven years associated with The United Hospital, has resigned her position. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its annual meeting at the Club House on May 27 and elected officers: President, Mary F. Laird; vice-presidents, Hazel L. Jennings, Helen J. Hull; secretary, Lillian A. Reed; treasurer, Gladys E. Mann. Graduating exercises for the ROCHESTER GENERAL HOSPITAL (47 graduates), the HIGHLAND HOSPITAL (20 graduates), and the ROCHESTER HOMEOPATHIC HOSPITAL (20 graduates), were held at Convention Hall on June 4. The address was given by Dr. George E. Vincent of the Rockefeller Foundation. The diplomas were presented to each class by the president of its training school board. Much regret is felt at the resignation of Susie A. Watson, educational director for the three schools, and of her assistant, Miss Paulding. Miss Watson becomes educational director at the University School of Nursing, Ann Arbor, while Miss Paulding goes to Connecticut as State Organizer of Clinics for the Bureau of Child Hygiene. ST. MARY'S HOSPITAL held graduating exercises in May for a class of 15. Addresses were made by Dr. Leo F. Simpson and Dr. Benedict J. Duffy. Bishop Hickey presented the diplomas. THE PARK AVENUE CLINICAL HOSPITAL graduated a class of 12 with exercises held at the Rochester Club. Rev. Clinton Wunder made the address and presented the diplomas. Miss Gallery, Superintendent of Nurses, presented the pins. A reception and dance followed the exercises. ROCHESTER STATE HOSPITAL held commencement

exercises on June 12, at the Hospital, for a class of 4. The address was given by Rev. Sherman L. Devine. Dr. Eugene H. Howard presented the diplomas. A reception and dancing followed the exercises. **Schenectady.**—Commencement week at ELLIS HOSPITAL began on May 31, with a three-act play given by the members of the Student Nurses' Blue Triangle Club. June 2 was class day, when the class picnic was held at Indian Ladder in the Heldenberg Mountains. On Tuesday, Commencement exercises were held in the First Presbyterian Church, twenty-one graduates receiving their diplomas. Dr. Malcolm T. MacEachern of Chicago, and Bishop Reilly gave addresses. Nine prizes were given, one new one for the student having the best ethical record. John R. Magarvey presented each member of the class with a copy of Scott's Cyclopedia of Nursing. On June 4, a reception and dance were given the class by the Board of Managers. On June 5, Mrs. James W. Yelverton, President of the Board of Managers of the School of Nursing, gave a delightful Tea Dance in the Assembly Hall on the hospital grounds. In the evening a theater party was given by the class of 1925. On June 6, the Ellis Hospital Alumnae entertained the class at a banquet at the Mohawk Hotel. **Utica.**—THE UTICA HOMEOPATHIC HOSPITAL held graduating exercises for a class of 10 at the New Century Club, June 6. A reception followed the exercises. THE CENTRAL SCHOOL OF NURSING OF WESTCHESTER COUNTY has finished its first year of work and has proven so satisfactory that the Committee has decided to continue the School the coming year under the same conditions. In the first semester 30 students completed 180 hours of instruction, in the second group there were but 19 students and 215 hours of class work were covered. Chemistry was added to the curriculum for the second term as having it taught by five different instructors at different times had not been found satisfactory. The salary of the Educational Director is shared equally by the five hospitals; this is on the whole the only joint expense, as each school attends to its own transportation. For the coming year a small leaflet, with illustrations, has been printed outlining the work of the School. This will

be enclosed in the prospectus of the different schools forming The Central School.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its 22nd annual convention in Winston-Salem, May 27 to 29, guests of District No. 2, with an attendance of 150 nurses. The meeting was a very profitable one. The reports of the nine districts showed that the nurses all over the state are active and progressive. The number of district members is 488. The first day of the meeting was given over to important business, the President's address and the session held by the Private Duty Nurses. There were interesting and instructive papers, followed by discussions. The following subjects were presented: What Twelve Hour Duty Has Meant to Nurses, May Houston; The Pioneer Nurse of North Carolina, Mrs. Lucy Russell; Caring for the Aged, Mary Sheets; The Private Duty Nurse from the Superintendent's Point of View, Anne Ferguson; Artificial Pneumothorax, Ellen Watson. The League of Nursing Education presented some of the important problems that hospitals must solve: Recreation for Student Nurses, Arrangement of Day-Time Classes, Record Librarian, X-ray and Laboratory, Anesthetics and the Instructor for Nurses. Special attention was given to the Student Nurses. Good papers were written by them and they came to the convention in a body on Wednesday night when Dr. O. L. Miller of Gastonia showed lantern slides on Orthopedic work, discussing his cases. The N. O. P. H. N. had a one-day session with Jane Van de Vrede, Director of Nursing Service, Southern Division, American Red Cross, as speaker. She talked on the many problems of the Public Health nurse and gave interesting discussions on the American Red Cross Work. One of the most instructive lectures of this session was The Value of Special Training for Public Health Nurses, by Abbie Roberts, Director, Department of Nursing Education, Peabody College, Nashville, Tenn. Throughout the Convention days the sessions were interspersed with automobile rides, teas and luncheons. The Convention will go to Asheville next year as guest of District No. 1. Blanche Stafford was reelected President, Edna L. Heinzerling, secretary.

North Dakota: Grafton.—THE GRAFTON DEACONESS HOSPITAL held its first graduating exercises on June 6, for a class of 4. Edith B. Pierson of the Fargo Health Clinic gave the principal address.

Ohio: Amherst.—ST. JOSEPH'S HOSPITAL graduated a class of 9 on May 22,—the nineteenth class to graduate from the training school. The address was given by Rev. I. Rafferty, O.F.M. Diplomas were presented by Rev. Florian Billy; and the pins by Amy Linsenmeyer. One of the students gave a farewell address. Former graduates attended in full uniform. A banquet was given by the alumnae to the graduates and staff at the High School. **Cincinnati.**—Laura R. Logan, Principal of the School of Nursing of the University of Cincinnati, has resigned and will become, in November next, Superintendent of the Illinois Training School for Nurses, Chicago. THE JEWISH HOSPITAL held graduating exercises for a class of 10 on May 22, at the auditorium of the hospital. A reception followed. The annual meeting of the ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL SCHOOL FOR NURSES was held in June. The graduating class was presented to the members and an interesting program and a social hour were enjoyed. Officers elected are: President, Pauline F. Abrams; vice-president, Mrs. Corrine Uhlfelder; secretary, Mrs. Susan Jacocks; treasurer, Emma Ruth Ardell. The Training School has received a gift of \$25,000 from Morris Westheimer to be used for loans, scholarships, recreational and educational advantages. DISTRICT 8 at its annual meeting in May elected as officers: President, Marguerite Fagen; vice-presidents, Winifred Culbertson, Winifred Wolf; secretary, Edith Northup; treasurer, Leatha McGough. THE PUBLIC HEALTH SECTION OF DISTRICT 8 closed the year's work with a week-end party at Kroger Hills. Monthly meetings of great interest have been held. Officers elected at the annual meeting are: President, Mary Fischer; vice-president, Pauline F. Abrams; secretary, Margaret Kaufman. THE CHRIST HOSPITAL held its graduating exercises at the Walnut Hills Methodist Church on the 15th of May. A class of 36 was graduated. The address was given by Rev. Charles E. Schenk, President of the Cincinnati Missionary Training School. A reception fol-

lowed. THE CHRIST HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and election of officers on May 16: President, Mable Hannabery; vice-president, Lela Miller; secretary, May Schrimper; assistant secretary, Hulda Schifferly; treasurer, Clara Waln, and assistant treasurer, Pauline Bowman. The Alumnae Association voted to endow a room at Christ Hospital for the graduates of the school. A \$5,000 nucleus was pledged at the annual meeting. **Columbus.**—DISTRICT 12 was entertained with a social gathering at the Jane W. Case Hospital Nurses' Home, Delaware, on June 4. The Alumnae Association of this hospital had previously made application for membership in the District, and on this occasion six new members were enrolled. Helen Felkner, president, in behalf of the Alumnae Association, invited the District to hold one of its regular meetings of the coming year in Delaware. This was the first time in the history of the organization that a meeting had been held outside of Columbus; and the nurses attending all heartily approved of the innovation. **Lorain.**—ST. JOSEPH'S HOSPITAL held commencement exercises on May 22 for a class of 9. The Alumnae entertained the graduates at dinner that evening. The Intermediate and Junior classes gave an entertainment and luncheon for the class on May 19.

Pennsylvania: Allentown.—THE SCHOOL OF NURSING OF THE ALLENTOWN STATE HOSPITAL held its graduating exercises on May 14, in the auditorium. In the processional the eleven graduates were followed by the members of the classes that have graduated since the establishment of the school. The address was given by Prof. Johnstone, Director of Training School, Vineland, N. J. The diplomas were presented by Dr. H. I. Hoffman, Chairman of the training school. The Nurses' Chorus rendered several selections, this being their first public appearance. Following the exercises, a banquet was held in the assembly hall. It was a real reunion of the graduates and one that will not be forgotten. At the Alumnae meeting the officers of the previous year were elected and it was decided that the Association endeavor to join the Graduate Nurses' Association. At the meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL, held at the Nurses' College on May 5, a committee was appointed

(Anna Frankenfield, chairman) to meet with the hospital directors for the purpose of having a room set aside for the use of nurses on special duty. Commencement activities began on May 26 with class day exercises. On the 27th the class was given a tea and dinner by the Directress of Nurses. On the 28th, commencement exercises were held for a class of 15 with addresses by Dr. Ellen Potter and Dr. J. MacFarland. A concert was given in the High School auditorium by the Nurses' Chorus. The class president was chosen as a delegate to the convention in Detroit. **Philadelphia.**—Mabel Huntley has resigned as Director of the School for Teaching Preliminary Courses in Nursing Education. The May meeting of the SAMARITAN HOSPITAL ALUMNAE ASSOCIATION was well attended by members and also the Senior nurses. Dr. J. O. Arnold gave an interesting illustrated lecture upon Some Facts and Fallacies of the Prenatal Life. It was unanimously decided to hold a banquet every year, the first to be given at the Arcadia Cafe, June 23, all graduates of the Training School to be invited. As the Hospital gives a Scholarship at Columbia to the nurse having the highest average, the Association decided to give a prize of \$50 to the nurse having the second highest average. There are seventeen in the 1924 class, graduating exercises were held in the Metropolitan Opera House, June 13. The new building is growing very rapidly; when completed will accommodate one hundred private patients, some wards, offices, operating rooms, a suite of rooms for the accommodation of patient's family or friends. At the June meeting, the graduating class was present as the guests of the Association, a social hour followed the meeting. The Alumnae File is being revised and it is hoped that all members will promptly forward correct addresses or changes of positions to the Secretary. THE ALUMNAE ASSOCIATION of the School of Nursing of the Hospitals of the Graduate School of Medicine of the University of Pennsylvania held its annual meeting on May 5 at the Sylvania Hotel and also entertained the graduating class. On May 7, the class was given a dinner and theater party by the Senior class. Commencement exercises were held the evening of May 9 in the clinical amphitheatre of the Medico Chirur-

gical Hospital for a class of 13. On the following evening there was a reception and dance at the Acorn Club. The June meeting was held on the Wilmington boat as guests of Mrs. C. P. White and Mrs. C. Ten Wiegis and was greatly enjoyed. The next meeting will be held at the Phoenixville Hospital on September 3. THE WEST PHILADELPHIA HOSPITAL FOR WOMEN AND CHILDREN held its commencement in West Hope Presbyterian Church on May 22. Addresses were given by Miss Fog and Dr. Peck. Mrs. F. E. Stevens presented the diplomas and pins to the nine members of the class. THE ALUMNAE ASSOCIATION held its annual meeting on June 2 in the home of Mrs. James Harris, Colingdale. It was a happy occasion long to be remembered, as a bag of money was handed to Mrs. Harris, making the last payment on the endowed bed for nurses. As more had been collected than was needed, the sum of \$100 was given for the first brick in the new hospital building which is as yet but a dream. **Phillipsburg.**—PHILLIPSBURG STATE HOSPITAL graduated 6 nurses on May 12, National Hospital Day. Dr. Ellen C. Potter, secretary of Public Welfare in Pennsylvania, delivered a splendid address. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF THE SOUTH SIDE HOSPITAL entertained the graduating class with a dinner given at the Hotel Schenley on the evening of May 8. Following was an address by Mrs. J. E. Roth. MERCY HOSPITAL ALUMNAE ASSOCIATION held a surprise party in the roof garden of the hospital on June 11 in honor of Sister M. Etheldreda. Members of the Senior class and third-year nurses were present. PASSAVANT HOSPITAL held commencement exercises for a class of 9 on May 29, at the Pittsburgh Academy of Medicine. **Reading.**—Commencement at the READING HOSPITAL was held May 15 when 13 nurses were graduated. The address was given by Dr. Charles Burr. The \$150 scholarship and the "Willingness to serve" memorial were awarded, the latter in memory of Marie Hidell who lost her life in service. **Wilkes-Barre.**—THE WILKES-BARRE CITY HOSPITAL held its 35th commencement for a class of 18 on May 24 at the High School auditorium. A reception followed. **Williamsport.**—THE ALUMNAE OF THE WILLIAMSPORT HOSPITAL entertained the 12

graduates of 1924 with a dinner and dance at The Lycoming. Interesting talks were given by J. Fred McMurray and by Barbara DeRemer who is on furlough from missionary work in India. Miss DeRemer expects to take a medical course before returning. Original songs composed for the occasion were sung during the banquet. The Alumnae Association held a meeting preceding the banquet and elected: President, Mrs. George L. Fisk; vice-presidents, Lulu Hipple, Mrs. W. A. Myers; secretary, Mrs. H. M. Parker; assistant secretary, Wilhelmina Myers; treasurer, Mrs. W. F. Peard. The May dance brought \$304 for the Endowment Fund.

Rhode Island: Providence.—BUTLER HOSPITAL held graduating exercises for a class of 11 on May 27, in Ray Hall. The address was given by Anne How, Superintendent of Nurses, Children's Hospital, New York. A reception followed the exercises. In the afternoon, the Alumnae Association gave a lawn supper. The graduating exercises of the HOMEOPATHIC HOSPITAL for a class of 8 were held in the auditorium of the Plantations Club on May 26. The address was given by Dr. Mabel E. Elliott of the American Women's Hospital Association of the Near East. Bishop James deWolf Perry, Jr., gave the call to service. The pins were presented by Dr. Henry A. Whitmarsh; the diplomas by George W. Gardiner. A reception and dance followed. RHODE ISLAND HOSPITAL held graduating exercises on May 21 for a class of 48. The address was given by Isabel M. Stewart of Teachers College, New York. The diplomas were presented by Prof. Albert D. Mead, assisted by Dr. John M. Peters. A reception followed the exercises.

South Dakota: Hot Springs.—A clinic for children under the age of six was held at Our Lady of Lourdes Hospital, May 14 and 15, when children from three states were examined.

Tennessee: Chattanooga.—BARONESS ERLANGER HOSPITAL graduated a class of 8 with exercises held at the Wyatt auditorium of the high school. Addresses were made by Hon. Richard Hardy and Rev. Francis T. Sullivan. The diplomas were presented by C. M. Preston. A dance at the hospital followed the exercises. THE ALUMNAE ASSOCIATION of the Hospital held its last meeting before

the summer at the home of Mrs. Paul Wanns. The \$100 sick nurses' relief fund was completed and means of increasing the fund were discussed. Miss Bumgarner thanked the members for their support of the *Journal* and appealed for a 100 per cent record for the association in subscribers and readers. The 1924 graduates were guests. The district nurses were the guests of Nathalie Plews, when Dr. Stewart Lawwill spoke and a special song for Tennessee nurses written by Nell Grayson Taylor was sung.

Texas: Houston.—DISTRICT 9 held its annual banquet on May 14 at the Y. W. C. A. The honor guests of the evening were the graduating classes from the local training schools, there being 16 from the Baptist sanitarium, 15 from St. Joseph's Infirmary and three from the Municipal Hospital. A welcome was given by Miss Burlingame, President of the Association. Speeches were made by Mrs. J. H. Knowles and Retta Johnson. Nelle Burlingame addressed the May meeting of the City Federation of Women's Clubs. She also presented an outline of the work of a District Association and of a Central Registry.

Utah: Salt Lake City.—HOLY CROSS HOSPITAL conferred diplomas on 20 members of the class of 1924 on May 27 at Holy Cross Assembly Hall, Bishop Glass presiding.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting May 20, at the New Sherwood Hotel, in Burlington. At the morning session the reports of the officers and various committees were given, also reports from the Alumnae Associations throughout the state. The afternoon session opened with a short talk by Miss Kuhn on District Nursing. Miss Ehrenfeld of the American Nurses' Association addressed the nurses on State Registration, giving the history of the movement. The proposed bill for a new nursing law was then presented and discussed, Miss Ehrenfeld conducting the discussion. After much discussion the bill was laid on the table, to be again presented at the October meeting. The following officers were elected to serve the ensuing year: President, Mabel Ware, Superintendent of Nurses, Mary Fletcher Hospital, Burlington; vice-president, Erna Kuhn, Director of State

Red Cross work; secretary, Mrs. Rose Lawler, Springfield; treasurer, Mrs. D. A. Barker, Rutland; directors, Mrs. Daisy Giddings, Poultney, and Mrs. Merton Lazelle, Brattleboro. During the evening session, Dr. Taylor gave a lecture on Insulin and Dr. Bosworth lectured on Blood Transfusion. The evening session closed with musical numbers and solo dances, the entertainment being furnished by the nurses of Mary Fletcher Hospital.

Virginia: THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA as one means of raising money for the Foundation Fund for a chair of nursing at the University of Virginia, gave a pageant called Signal Fires, at Granby Theater in Norfolk, May 12 and 13. More than 200 persons took part in the pageant which in part represents the history of nursing and in part commemorates the services of Sadie Heath Cabaniss, who did pioneer work in the state. It is a most beautiful and impressive pageant and it was a great success, \$1,150 being cleared. **Roanoke.**—LEWIS-GALE HOSPITAL held graduating exercises for a class of 8 at the Hotel Roanoke on May 9. The address was given by Rev. O. F. Blackwelder; the oath was administered and the diplomas presented by Dr. W. R. Whitman. The pins were presented by Dr. W. B. Porter. Dr. J. T. McKinney gave a talk on Hospital Day. A social hour followed the program.

Washington: Seattle.—STUDENT NURSES OF SEATTLE GENERAL HOSPITAL raised funds to send one of their number to attend the institute at the University, July 7-11.

West Virginia: Wheeling.—OHIO VALLEY GENERAL HOSPITAL held its 27th commencement exercises for a class of 9, in May, at Scottish Rite Cathedral. The address was given by Bishop Strider. The Principal of the School, Jessie A. Clarke, gave her report of the school, emphasizing its good points and its needs. A gift was presented to Miss Clarke by the graduates and students in appreciation of her services. The diplomas were presented by W. P. Wilson.

Wisconsin: Ashland.—THE ELEVENTH DISTRICT held its annual meeting on May 24 and elected as officers: President, Emelia Peterson; vice-presidents, Agnes Boehm and Ger-

trude Stein; secretary, Nellie Hangard; treasurer, Mary MacDonald. ST. JOSEPH'S ALUMNAE served a luncheon at noon and in the evening a banquet was given at the Hotel Menard. Graduating exercises were held at the ST. JOSEPH'S HOSPITAL, May 27, when a class of six were given their diplomas. At 4 o'clock of that day, the graduates and the Alumnae were entertained by the Sisters of the Hospital at a banquet; on May 29 the Alumnae of the school held their annual meeting and in the evening entertained the new graduates at a banquet. THE GENERAL HOSPITAL OF ASHLAND graduated a class of 9, June 2. Exercises at the Presbyterian Church were followed by a reception. The graduates, alumnae, several doctors and visiting nurses enjoyed a banquet given by the Intermediate class at the hospital, June 3. The graduates of the General Hospital entertained the graduating class of St. Joseph's at a picnic supper in the country, May 31. **Milwaukee.**—THE COLUMBIA SCHOOL OF NURSING held its graduating exercises the evening of June 3, at the Athenaeum. Doctor William Ganfield, president of Carroll College, gave the address of the evening. The Columbia Hospital Alumnae gave a theater party and banquet for the graduating class the following night. The Commencement dance was given June 6 and the Senior breakfast and the Baccalaureate sermon, June 8. THE FOURTH AND FIFTH DISTRICT held its annual meeting at the Medford Hotel, May 13. The following officers were elected: President, Mrs. C. D. Partridge; vice-president, Erna Kowalke; treasurer, Helen O'Neil; secretary, Nina Gross. **Wisconsin Rapids.**—THE EIGHTH DISTRICT held its fourth annual meeting on May 20. After the noon luncheon at the Hotel Witter the business meeting was held. Pearl Dudley was elected to the presidency. The retiring president, Emma Long, reviewed the year's work. The afternoon's program included a talk by Miss Clancy on her work as Wood County nurse, a paper on Laboratory Findings by Miss Hastings of Stevens Point, a talk by Dr. F. X. Pomainville on Methods Now In Use in Prevention of Diseases, Alberta Jones, the school nurse of Marshfield gave a talk and showed the charts she used to gain the interest of her children.

MARRIAGES

J. Christina Alleman (class of 1916, The Christ Hospital, Cincinnati), to Albert J. Wissman, April 21. At home, Cleveland O.

Ida Jane Anstead (Child's Hospital, Albany, N. Y., and New York Hospital, New York), to Albert Arthur Palmateer, May 31.

Mrs. Clara Erhman Barrington (class of 1919, Deaconess Hospital, Great Falls, Mont.), to Reynold Dahl, May 3. At home, Great Falls.

Bertha J. Cornwall (class of 1915, South Side Hospital, Pittsburgh, Pa.), to Emmil Lewis, April 17. At home, Pittsburgh.

Martha Eichsteadt (class of 1914, J. C. Proctor Hospital, Peoria, Ill.), to Henry Snyder, April 16. At home, Streator, Ill.

M. Pauline Fritz (class of 1922, Kensington Hospital for Women, Philadelphia, Pa.), to Thomas C. Kohlhas, May 3. At home, Philadelphia, Pa.

Ruby Thelma Gamble (class of 1915, De Soto Sanatorium, Jacksonville, Fla.), to Joseph Oscar Summer, April 28. At home, Tarpon Springs, Fla.

Nora German (class of 1917, Lutheran Hospital, Fort Wayne, Ind.), to Jack Tudor, April 12. At home, Albany, N. Y.

Marion Estelle Gibbons (class of 1921, St. John's Riverside Hospital, Yonkers, N. Y.), to Robert John Gray, April 19. At home, Yonkers.

Charlotte Scott Giberson (class of 1923, School of Medicine, University of Pennsylvania, Philadelphia), to Ensign Edward Charles Kline, May 17.

Carolyn Ann Green (class of 1923, City Hospital, Little Rock, Ark.), to Coy Beldridge, May 12.

Marion D. Hall (class of 1922, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Alfred Taylor, in April.

Harriet D. Jayne (class of 1916, Methodist Episcopal Hospital, Brooklyn, N. Y.), to William Gordon Smith, May 10. At home, Brooklyn.

Hazel Jones (class of 1923, Huntington County Hospital, Huntington, Ind.), to William Weinley, May 2. At home, Huntington.

Mary A. Kay (class of 1905, Rochester General Hospital, Rochester, N. Y.), to Oscar McCormick, April 23.

Agnes H. Kerr (class of 1921, St. Francis Hospital, Pittsburgh, Pa.), to Clarence D. Dyer, May 7. At home, Pittsburgh.

Inez McGiboney (class of 1923, Georgia Baptist Hospital, Atlanta), to William Dunn, May 20.

Margaret McWethy (class of 1914, The Christ Hospital, Cincinnati), to Richard Klaiher, April 28. At home, West Carrollton, O.

Elizabeth Cole Patton (class of 1915, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to Albert Austin May, May 8. At home, Natick, Mass.

Ida Rue Phillips (class of 1923, Allegheny Heights Hospital, Davis, W. Va.), to Russell E. Brosius, June 6. At home, Edgewood, W. Va.

Martina S. Pladsen (class of 1921, Deaconess Hospital, Minneapolis, Minn.), to Joseph Thorvig, May 3. At home, Minneapolis.

Julia Plass (class of 1918, Lutheran Hospital, Fort Wayne, Ind.), to Henry D. Schoppman, June 8. At home, New Haven, Ind.

Fannie M. Pratt (class of 1921, St. Luke's Hospital, Cedar Rapids, Iowa), to Leo W. Heyer, May 22.

Katherine Puckett (class of 1917, City Hospital, Louisville, Ky.), to James Shaw, May 6. At home, Pikeville, Ky.

Amy Rice (class of 1921, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Harold Dwyer, June 3.

Essie Saloshin (class of 1920, Norton Memorial Infirmary, Louisville, Ky.), to Newman L. Ackerman, April 21. At home, Miami, Fla.

Pearl Stewart (class of 1923, Deaconess Hospital, Great Falls, Mont.), to Richard Smith, May 15. At home, Great Falls.

DEATHS

Lillian L. Allen, whose death was noted in the June *Journal*, was a graduate of the Woman's Hospital, Philadelphia, not the Women's College Hospital, as was stated in the notice sent for publication.

Ethel Irene Anderson (class of 1923, Rochester General Hospital, Rochester, Pa.), on May 17, at the hospital, following an illness of six weeks of tetanus, resulting from an injury. Miss Anderson was an exceptionally fine young woman. Even in her short career in her chosen profession, she had

gained an enviable reputation with her patients, the physicians and her fellow nurses. Her loss is keenly felt by all with whom she came in contact during her training and since her graduation. Funeral services were held in the Nurses' Home, after which the Alumnae Association and pupil nurses in uniform and the members of the Staff of the Hospital, who also acted as bearers, formed an escort to the train. Burial was at Munsen, Pa.

Gyda Bates (class of 1905, St. Luke's Hospital Training School, Cedar Rapids, Iowa), at St. Luke's Hospital, May 16, of cardiac disease. Miss Bates took a course in public health work at the University of Chicago in 1915. During the war she was engaged in Red Cross work, serving as secretary of the Central Division Nursing Bureau, and had a remarkable record of faithful service. At the close of the war she took postgraduate work at Columbia University. She continued to be identified with the Red Cross until the time of her death. For five years she served as secretary of the Iowa State Association of Registered Nurses; she was one of the organizers of the State Association. She had also served as president of the Alumnae Association of St. Luke's Training School and was an active member of the Business and Professional Women's Club. Burial was near Anamosa, Iowa. Miss Bates had been in failing health all winter, but the end came suddenly. Miss Bates was a refined, gentle, scholarly woman. She embodied in herself and exemplified the highest ideals of her most noble profession. It would be difficult to imagine a sweeter spirit than she possessed.

Priscilla Alden Beem (class of 1919, New England Deaconess Hospital, Boston), recently, at Dallas, Ore., of nephritis, following acute tonsillitis. Miss Beem was instructor of nurses at the Dallas Hospital. Previous to going to The Dallas, Miss Beem had done private duty nursing in Seattle.

Icy D. Byrne (Louisville City Hospital, Louisville, Ky.), on May 14. Miss Byrne's health was broken while overseas and she contracted tuberculosis. She was sent to Dawson Springs, Ky., and later to the National Home in Milwaukee, where she died. She served ten months in France during the World War and on her return was active in private duty nursing until ill health compelled her

to give up her work. Burial was at her home in Louisville.

Cassie Croft (class of 1909, Rochester General Hospital, Rochester, N. Y.), in May, in Toronto, after a long illness.

Mary E. P. Davis (one of the earliest graduates of the Massachusetts General Hospital), on June 9, in Norwood, Mass. Miss Davis did private duty nursing; she held many important posts as Superintendent of Nurses in both general hospitals and those for the insane; she started the Central Directory for Nurses in Washington, D. C. Miss Davis was Business Manager of the *American Journal of Nursing* and for some years served as President of its Board of Directors. Miss Davis was a pioneer in organization work, having helped to form the Superintendents' Society and the American Nurses' Association. She was one of the early Presidents of the Superintendents' Society. Her latest work was as Corresponding Secretary of the Massachusetts State Association, a position she held until within two years of her death. She was loved by all who really knew her and she will be missed by nurses in every part of the country. (For further comment, see Editorials.)

Elizabeth Fraser (class of 1923, Rochester General Hospital, Rochester, N. Y.), on April 10, at Sonyea, N. Y.

Christine Heilman (first graduate from the Baptist Hospital, Waco, Texas), in April, of tuberculosis.

Martha L. Karsten (class of 1914, Erie County Hospital Training School, Buffalo, N. Y.), on May 4, at Saranac Lake, after an illness of seven years. Due to ill health Miss Karsten was never able to take an active part in nursing activities, but she was a woman of charming personality and was much beloved by her patients and friends. She made a wonderful fight to regain her health, spending some time at Ray Brook and later at Saranac Lake, where her sister, afflicted with the same disease, took care of her.

Mrs. James W. Bowling (**Nina Mahan**, class of 1920, Norton Memorial Infirmary, Louisville, Ky.), on May 14, at Bardo, Ky.

Mrs. Rufus Whitby (**Mabel Matthews**, class of 1898, Methodist Episcopal Hospital, Brooklyn, N. Y.), on April 18.

Julia Mumford (class of 1919, Rochester

General Hospital, Rochester, N. Y.), on April 10, at Peter Bent Brigham Hospital, Boston, following an operation. Burial was at Watkins, N. Y.

Mary Miner (class of 1879, Bellevue Hospital, New York City), on May 31, after an illness of two months. Miss Miner was unfailing in her attachment to her school and all its interests. Her constant cheerfulness and courage, her affection for all with whom she was associated, won for her many friends in various walks of life. Services were held at her home in Portchester.

Sarah Ann Outlaw (class of 1888, Philadelphia General Hospital), on May 27, in Philadelphia, after a short illness. Miss Outlaw graduated under Miss Fisher, and served in the Philadelphia General Hospital for a number of years. She established the Training School for Nurses at the Polyclinic Hospital, Philadelphia, and subsequently had charge of the Lancaster General, Lancaster, Pa., and the Montgomery Hospital, Montgomery, Ala., a hospital in Birmingham, Ala., and one at Malvern, Pa. She had a bright

and vivacious manner, a fine spirit and courage and a high degree of zeal and loyalty to friend, school and church. Burial was at Kenosha, Wis.

Frances A. Proach (class of 1917, Christ Hospital, Jersey City, N. J.), on May 19, after a long and painful illness most patiently and courageously borne.

Mary M. Richardson (class of 1895, Buffalo General Hospital, Buffalo, N. Y.), on May 16, at Montreal, Quebec. After graduation Miss Richardson went to Louisville, Ky., where she had charge of the Norton Infirmary for several years. She later returned to Buffalo and did private duty nursing until ill health caused her retirement, when she went to Montreal to be near relatives. A much loved and highly respected nurse and woman is lost to the nursing profession. Burial was at Windsor, Ontario.

Lizzie Schneebele (class of 1892, Orange Memorial Hospital, Orange, N. J.), on June 7, at St. Luke's Hospital, Bethlehem, Pa., where she had gone for treatment for an infected hand.

BOOK REVIEWS

RULES FOR RECOVERY FROM PULMONARY TUBERCULOSIS. By Lawrason Brown, M.D. Fourth edition. 217 pages. Lea & Febiger, Philadelphia. Price, \$1.50.

An experienced animal trainer says: "If you are going to teach a dog, you must first of all know more than the dog." This is a good rule for anyone to follow who attempts to instruct or teach. I am thinking especially of the nurse and the educational work she is able to do. Instruction in the preparation for delivery, in infant feeding, in the care of contagion, and in hygiene and sanitation is usually effective because through the very nature of her training she is well grounded in these matters. When we come to instruction for the tuberculosis patient or family, we find that many nurses find themselves lacking in that interest, enthusiasm, and sense of authority which come only through knowledge of a subject. She may give rules for the guidance of the patient, but she is sometimes unable to give reasons, and she realizes that her instruction will not be effective. Because she has not had the opportunity for actual experience in the care and treatment of tuberculosis, she must look about for material from which she can glean information.

It is true that Dr. Lawrason Brown did not write "Rules for Recovery" for nurses. He wrote it for the use of patients and it should be placed in the hands of patients whenever possible, but there are always some patients who must be taught by word of mouth and through demonstrations.

"Rules for Recovery" if studied carefully by the nurse will afford logical and understandable reasons for the various steps involved in the successful treatment of tuberculosis. The nurse often asks herself how she may impress upon the patient the necessity for rest, the importance of controlling cough, the value of air to the lungs and skin of the tuberculous patient, the reason why a proper height-weight relation is essential. Answers to these and other questions will be found in "Rules for Recovery."

No nurse could read the chapter on Rest and not be more diligent in persuading patients to take the required amount of rest. Any nurse who still feels that patients should seek another climate will surely be convinced that the mode of life and the things which tend to raise individual resistance are far more important than climatic conditions.

The chapter on Food sets forth the needs of a tuberculous patient in a sane and practical way. In the paragraph dealing with the addition of fats to the diet, the use of cod liver oil is mentioned. I am sure Dr. Brown meant to suggest that these things should be used under the direction of the physician and not simply as a part of the diet.

Dr. Brown makes a good suggestion in the following sentence: "It is well, if possible, to have a dietary that precludes milk or eggs or depends upon them for only a small or concealed portion of the diet." We find some who still believe that eggs must be used

freely in the diet of the tuberculous patient and I believe we may learn through the newer theories of nutrition to arrange a satisfactory diet by increasing the use of vegetables and by new preparation of staple dishes without depending so much upon eggs.

In the summary will be found suggestions for the daily routine of the patient. With most patients it is absolutely necessary to outline the regime hour by hour in order to have any assurance that instructions will be carried out, and Dr. Brown has furnished a workable plan.

We note that during the rest hour following the noon meal reading may be permitted. It would seem that this is an especially good period for complete relaxation without reading, talking, or disturbance of any kind. From experience with patients in sanatoria and in the district, as well as with private patients, I am sure that this requirement can be made and that the results will justify the effort.

The book should be placed in the hands of as many patients as will be able to read it understandingly, and for the nurse we recommend it as a handbook to be studied. As a result she should find her instructions more effective.

ANNA M. DRAKE, R.N.,
*Bureau of Public Health Nursing, State
Dept. of Health, Des Moines, Iowa.*

DOSAGE AND SOLUTIONS. By C. E. Garnsey. 111 pages. W. B. Saunders Company, Philadelphia. Price, \$1.

Pedagogy maintains that an instructor should be so full of his subject that

teaching means but releasing the overflow. This is likewise true of the author and coupled with an efficient handling of subject matter, the School of Nursing prefers an author with a nurse's point of view.

Both of these necessary requisites of a text-book are fulfilled in C. E. Garnsey's *Dosage and Solutions*. The author's experience, as instructor in the Washington Sanitarium and Hospital Training School for Nurses, has given him an excellent idea of the needs of the student nurse.

The book is compact, numbers only 100 pages, and is of a most convenient size for reference work. One wonders how so much valuable information, such as classifications of drugs, dosage, pharmaceutical preparations, prescriptions, etc., has been crammed into such a tiny volume.

Can you imagine *all* problems in solutions solved with one rule which has but two exceptions? This single rule is here simply and clearly stated and problems are computed to show its application. The method employed is based upon fractions, with stress put on the use of the metric system because eventually this system will displace the apothecaries'. More decimals could be used.

The book is not padded with a superfluous amount of technical knowledge, there is instead opportunity for original explanations and problems by the instructor. In short, it is the simplest, clearest and most concise text on solutions that I have yet seen.

STELLA ACKLEY, R.N., B.Sc.
Milwaukee County Hospital, Wauwatosa, Wis.

A PRIMER FOR DIABETIC PATIENTS. By Russell M. Wilder, M.D., May A. Foley, and Daisy Ellithorpe. Second edition. 119 pages. W. B. Saunders Company, Philadelphia. Price, \$1.50.

A simple text, such as the Primer which sets forth in very clear manner the underlying principles of diabetic treatment, is welcome to many busy teachers of diabetic patients, whether these instructors be doctors or dietitians. While this text is intended primarily for the use of the patients at the Mayo Clinic, many others have found the book of value. The revision was made particularly to include the recent developments in diabetic treatment, such as the use of diets with higher percentages of fat and diets whose adjustments must be made in conjunction with Insulin.

The contents of the primer briefly include: An explanation of the disease (diabetes), including the physiological processes involved and to what purpose treatment is directed; how Insulin functions in assisting the disabled pancreas and how diet regulation must be enforced to really make satisfactory adjustment. The causes of acidosis are briefly, but very carefully, explained and directions are outlined for making urine tests. An explanation of the metric system, its use in dietary calculation and the weighing of food, forms a very important section. The heat value of foods, and food requirements, together with an explanation of the functions of the various food principles in the body, receive also sufficient emphasis. Hospital procedure in caring for patients, the use of Insulin, and treatment complicated with infections is necessarily stressed. A list of sample menus, carefully worked-out recipes,

and a list of tables of food values conclude the book.

This book, in addition to offering good instruction to the diabetic patient, is valuable in supplementary instruction in the nurse's dietetic course.

ROSE STRAKA,
Chicago, Ill.

PHYSICAL EXERCISES FOR DAILY USE.

By C. Ward Crampton, M.D. 303 pages. Illustrated. G. P. Putnam's Sons, New York. Price, \$3.50.

A trained nurse's comment to me after taking a thorough health examination was, "I am very much interested in this examination, for my approach to health has always been through symptoms and disease and this is so different."

She might equally well have made the same comment after reading Dr. Crampton's latest book, *Physical Exercises for Daily Use*, in which he discusses the value of exercise in keeping the individual in maximum physical condition. For instance, which exercise will best wake up the body in the morning by pumping the blood back into the circulation from the abdomen where it has "gone to sleep"? how certain movements of the muscles of the trunk massage and stimulate the internal organs, so improving their functioning, while others develop corsets of living muscle; how the mechanical adjustment of the body can be improved, so leading to less strain, better posture, and health.

These chapters are more than a theoretical analysis; numerous effective illustrations, readable text, and clear descriptions of exercises make the ma-

terial readily available for the trained reader as well as convincing and stimulating.

But just here a word of warning,—that individual is rarely well coördinated, with few postural bad habits and tensions who, without previous training, can execute these exercises correctly the first time. To understand with the mind is a very different thing from performing with the body. The worst of it is, if the exercise is done correctly it feels wrong to the person with bad postural habits, and vice versa when it is done wrong, it feels right. Consequently the individual is generally totally unaware that he is not following directions accurately. Naturally such a one is a very poor critic of another's performance.

Dr. Crampton, himself, says about these exercises that they should be taught thoroughly by a physician or by an assistant who has been adequately trained.

Many of the questions constantly asked about personal hygiene are answered in this book in a striking and pictorial way which stimulates in the reader a renewed ambition for a higher standard of health and vitality both for himself and for his community.

E. K. BERTINE,
Physical Educator, Health Center, New York.

APPLIED BACTERIOLOGY FOR NURSES.
By Charles F. Bolduan, M.D., and Marie Grund, M.D. Fourth edition. 195 pages. W. B. Saunders Company, Philadelphia. Price, \$1.75.

This is the fourth edition of a well known book. It has been revised somewhat and a comparison of it with the

last edition shows several valuable additions.

A good paragraph on the Period of Incubation has been added, and the material on Rabies has been slightly amplified. The chapter on Exanthemata has been practically entirely rewritten and the material on typhus fever which appeared elsewhere has now been transferred to this chapter and more material added. The discussion on Botulism and also on Disinfection has been enlarged. A new illustration shows the correct and the incorrect way to place clothing into a disinfecting apparatus. There are a number of other minor changes throughout the book.

On the whole the changes have added to the value of the book, but we wish that the suggestions for demonstrations which are given at the end of the earlier chapters might have been enlarged and extended and recommended for individual laboratory work. The book is very readable, gives accurate information and is well illustrated.

STELLA GOOSTRAY, R.N.,
Philadelphia General Hospital.

THE PRINCIPLES OF VITAL STATISTICS.
By I. S. Falk, Ph.D. 258 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$2.50.

This book is well described by Dr. C. E. A. Winslow in the Foreword. Says Dr. Winslow: "The present book owes its inception to a course of lectures and exercises in vital statistics given in this department for several years to the students in the public health nursing course offered by the New Haven Visiting Nurse Association in coöperation with Yale University. In this course Dr. Falk has been unusually

successful in arousing interest and in securing a clear comprehension of the important principles which the nurse and other public health workers must comprehend if they are to aid in the collection and interpretation of statistical data. Much of the material has appeared in the columns of the *Public Health Nurse*, and the author has been urged to expand it and to publish it in more permanent form in the hope that it may be of value to a wider circle of students both within and without the nursing profession. It is no easy task to present the elements of vital statistics simply and clearly and in readable fashion, but this task, as it seems to me, Dr. Falk has accomplished."

WOMAN'S PHYSICAL FREEDOM. By Clelia Duel Mosher, M.D. 87 pages. The Women's Press, New York. Price, \$1.

This book, giving as it does, the problems of women's health, especially those dealing with menstruation, would be a helpful guide to all women. It is written in a pleasing style, with references to books which would allow one who is interested to study the physiology of the body more fully.

It takes up the question as to whether women are capable of leading the same active lives as men. It is granted that although they are able to reach success, there is a handicap in the periodic disability. Dr. Mosher claims that the one function, menstruation, is the objection to women in industry. She gives the causes of painful menstruation and the means to correct these conditions. The constrictive clothing of women and the inactivity of the muscles of the abdomen and the diaphragm are factors in the

disability of women. The exercises which she explains as correcting the causes of painful conditions are simple and can be used by women of all classes. They include no expense or inconvenience.

She discusses the important part played by clothes, exercise, bathing and proper habits of life on woman's health, and in particular their influence in causing trouble at the menstrual period. The mental attitudes in regard to menstruation as a "sick time" have become so firmly fixed in most women that it is difficult to make them realize that it is a normal thing and not something to be dreaded.

Dr. Mosher gives the fundamental facts of how to be well and the advantages gained by a woman who will make herself physically efficient at all times. By being unhampered physically she can devote her time to worthwhile things and will be a force in society, not a hindrance.

ELIZABETH KECK, A.B.,
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SURGICAL NURSING AND AFTER-TREATMENT. By H. C. Rutherford Darling, M.D. Second edition. Chicago Medical Book Co., Chicago. Price, \$2.50.

This book, based on "the syllabus laid down for the final examination of the Australian Trained Nurses' Association," is graciously dedicated to the Association "which has done so much towards the advancement of nursing in Australia." The material presented is of wide range and well arranged.

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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

AUGUST, 1924

No. 11

THE RESPONSIBILITY OF THE COMMUNITY AND THE HOSPITAL IN THE ESTABLISHMENT OF NURSING SCHOOLS ¹

BY CHRISTOPHER G. PARNALL, M.D.

PERHAPS a subject better defining what I should like to say to you would be the responsibility of the public to nursing service and to nursing education. One cannot well be discussed without reference to the other and the obligations of the public differ widely toward each.

Professional education and institutions of learning for technical training are of recent origin when compared with the practice of any calling, even though that practice may have been a very crude precursor indeed of modern methods and ideas. The healing art was practiced long before schools were established to teach it; and nursing, while new as a profession, is as old as the race itself. Professions recognized today have all evolved from simple beginnings. Their evolution has been a direct result of a public need or a public demand. The need has always preceded public

provisions for training. One might naturally conclude then that since the various professions have come into being and have continued in order to satisfy a demand on the part of the

THE chief responsibility of the community to nursing which indeed may be the only one, is to provide a training which will enable the nurse to give the best service in her power to answer the demand of the public. The public has been sadly deficient in meeting its responsibilities in this respect.

community for service, that the public has certain obligations and responsibilities to these groups and to the individuals composing them.

The public or community responsibility however, on analysis, appears to be a purely selfish one. The combination of community need and individual desire to serve accounts for the filling of the ranks of various callings. whether they be trades or professions. Labor demand creates the labor supply. The demand satisfied, supply automatically is cut off. It there is an over supply in any one line individuals find employment in other fields. If the supply is not adequate to the demand the increase in emolument usually creates ultimately an additional supply. Highly

¹ Read at a joint evening session at the Detroit convention, June, 1924.

specialized labor under great demand assumes that the world owes it a living. The natural reaction of man is to take much and give little. When adversity comes, it is not ordinarily accepted with fortitude but the most arrogant bow in the end to the inevitable. It is quite the same with the professions as in commercial and industrial enterprise. The merchant renders a public service in the distribution of commodities necessary in the every day life of the people. He takes his reward in the form of profit. If he is sagacious, his profit is large; if he is unwise or if he misjudges the demand, his profit turns to a loss. If the losses are extensive enough, he can no longer continue his business. The individual who enters a profession does so usually from mixed motives. He desires to serve humanity and incidentally, in serving, to make his livelihood and to participate in the further reward, intangible though it may be, of the satisfaction of serving his fellow creatures. The public does not usually compel the individual to select any particular trade or calling. It is a matter of choice entirely. He takes his own chances and assumes his own obligations. If he were compelled to select any particular calling, then the community applying the compulsion would be morally obligated to look after the individual, but the community recognizes few obligations to him. It is largely a case of the survival of the fittest.

As professions, individually or collectively, we have no vested rights; the public needs determine our right to existence. The public is not concerned with what we may feel are our individual or group rights. The only right the

public recognizes is our right to serve if our service is needed. Our real preferences, our professional traditions mean nothing to the public. If we limit or outlive our usefulness we can expect nothing from the community. We may as well recognize that life is relentless. The individual means little. By and large he is great or small only to himself. He may be a factor in human existence. Events may be determined or influenced by a master mind, especially in some crisis, but the world goes on just the same. However much they have moulded the destiny of the world, the great names of history are only names. To individuals life holds nothing and accounts to none. Organized humanity owes itself existence, perpetuation of the race, improvement. Amelioration of suffering is one of the important functions of an organized society. Justice and education are others. The obligation of society to its members collectively is perhaps best illustrated by the obligation of the individual to himself and to humanity to develop his social qualities or latent powers or abilities to serve in the measure of his natural endowment. My point is that the obligation and responsibility of the community to any professional group is purely in its own interest. Now if the community owes nothing to the individual member of the profession or even to the profession itself, it owes it to itself, in order to be assured of the highest type of service from any profession, to establish the best training possible for those who embrace it. This responsibility is inescapable.

The public interest then must be our direct concern. Although it is perhaps safe to assert that nothing which is bad

for the medical or nursing professions is good for the public, on the other hand anything that is of permanent benefit to the public will in the end be good for us. Opposition and reaction must often be endured as a test of real value. If our principles are sound and our service valuable, we will endure. The same immutable laws apply whether our calling be lowly or exalted. It is true that special privileges are enjoyed by those who follow the higher walks, but these privileges are paid for largely in increased responsibility. Very often we are protected by law in the pursuit of our vocations. Frequently we look upon this protection as the fulfillment of an obligation on the part of the community to us as individuals or as groups, whereas the protection is instituted by the public for the public benefit. All legislation providing for registration and licensure is primarily for the purpose of public protection against incompetent service. At that the credulity of the public results in the legalizing of many only partially qualified practitioners and, often, of out and out impostors. The community needs are such that in order to supply the service demanded it is necessary in most professions for the individual members to pass through a relatively long period of highly specialized technical training. Formerly an imperfect training was obtained not in educational institutions but through the preceptorial or apprentice systems in which the individual received his preparation from the direction and example of a practicing member of a profession. The training was not adequate to meet the need and thus the community has been forced to establish expensive institutions for the sole purpose of offering the best

quality of instruction possible under our complex modern civilization.

What then is the status of nursing and nursing education in the light of the public need for the ministration of the nurse? Nursing has been undergoing a rapid transition. Is it coming or going? It must be one or the other. If there is a public need, nursing will stay. If the public need exists only in the estimation of its advocates, it will not survive. If some particular kinds of nursing are needed they will endure and only the kinds that are needed will continue. Who will supply the need? Will it be the "super-nurse" with university education, the garden variety of bedside nurse with a hospital apprenticeship as a preparation, or will it be a trained or untrained domestic, a servant type? Whichever it is, it will exist because of the public need. While few of us are dogmatic enough to assert that we know what is best for the public, those who have made a careful study are entitled to an opinion and to the right of expressing it. It may safely be asserted that there always will be a need of nursing service, at least as long as illness continues. There always has been, although the need has not been supplied. If past history is any indication, the practice of nursing will require a highly technical specialized training. Any calling requiring such special education becomes in reality a profession. No one will contend that if the preparation unfits a nurse for nursing that it is not faulty. There is a good deal of complaint on the part of the public generally and of physicians, that nursing service is not what it ought to be. There seems to be pretty good ground for criticism. While the brief history of nursing

education shows in its advocates the finest idealism built primarily on the desire to minister to the needs of mankind, it cannot be denied that the standards have not always been what they ought to be. There is a good deal of justification for the charge that trade unionism aspirations have been the highest possessed by many of the individuals practicing nursing today. It has been too much a question of hours and pay. I am not defending a policy which requires the nurse to make herself a living sacrifice. She is entitled to consideration but if she is to consider herself a professional worker, aside from having proper educational preparation for her work, she must find her interest primarily in her service and not in its pecuniary reward.

That nursing may, in some instances, have been given a bad name is not the result of a wrong attitude of the leaders of the nursing profession. The public expects altogether too much when we consider how little it has done to improve conditions surrounding the technical education of the nurse. The majority of nurses in practice have had very limited opportunities for education. Hospital training schools have been wretched examples indeed of what we ordinarily consider institutions of learning, especially when compared to university professional schools. If the attitude of the average nurse is selfish or unsocial, ignorant or unprofessional, we, the public, who criticise must be brought to realize that we alone are to blame. The old fashioned nurse of tradition, who existed in fact, had the finest attributes of mind and soul. We see it in the leaders in nursing today in whom as noble a spirit of altruism exists as in the leaders in any calling. In being

thus plain-spoken with you, it is not to criticise not to assume superiority. The scale of prices of the nurses' registry is no more to be condemned than the fee schedule of physicians which is often printed and exhibited in their offices for the perusal of their patients. When the official organ of a state medical society in large print carries in a box at the head of its editorial column the following, "Report malpractice threats immediately to Dr.——, address ——" and then derides the advocates of higher standards in nursing as irresponsible socialists, it looks a little like the pot calling the kettle black.

The chief responsibility of the community to nursing which indeed may be the only one, is to provide a training which will enable the nurse to give the best service in her power to answer the demand of the public. The public has been sadly deficient in meeting its responsibilities in this respect. Clearly to understand the responsibilities of the community for nursing education, we must know the needs for nursing service for which the training is the preparation. As set forth in the report of the Committee on Nursing Education, three general types of nursing service seem to be required; first and most important, that which provides for the care of the seriously sick at the bedside; second, a more highly specialized type which will provide for leadership in executive positions in hospitals, teaching in nursing schools, leadership in various public health fields and visiting public health nursing; and third, that which will supply trained but not expert workers who may assist the nurse and the physician in the care of patients not seriously ill.

The report of the special committee

on nursing of the American Medical Association presented a year ago at San Francisco clearly endorses the findings of the Committee on Nursing Education and both committees seem to be in substantial agreement on all of the important points. The report of the Committee on Nursing Education sets forth in conclusion:

That for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of standards of educational attainment generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states and that any attempt to lower these standards would be fraught with real danger to the public.

This means that nothing less than the preparation offered in the best training schools today is sufficient to meet the requirements of modern service to the sick at the bedside, whether in homes or in hospitals. If this is warranted and it is not clear how we can escape the conclusion that it is, then it is the responsibility of the community and the hospitals which serve the community, to establish training schools with standards at least as high as the best hospitals recognize today. Such technical training is needed by every nurse no matter what her special field may be. It has well been called the basic nurse's training. Whether it is given in two years and four month or in three years is here beside the point. Only a small percentage of the training schools today measure up to the standards thus set. Even the best hospitals, faced with the idea of exercising the most rigid economies in their administration, are not prepared to offer courses of a quality which would measure up to modern educational standards.

The situation is very well summed up in conclusion 5, of the Committee:

That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

Young women in sufficient numbers to meet the present needs for nursing service are not going to be attracted to hospital nursing schools as they now exist. A radical "bracing up" on the part of hospital schools has got to be effected. Hospitals generally offer every reasonable inducement but one, that one is the most important of all, educational opportunity. While decent living conditions go without saying, they are secondary after all. Other things being equal, the hospital of the future which maintains a waiting list of applicants for its training school will be the one that offers the substance of a real education and not the shadow. The teachers in this hospital will be qualified by special training for their important positions. The pitiable expedient of employing

an "instructor" to do the teaching in all its branches will be a thing of the past just as much as the teacher in the grade school who taught all the subjects through all the grades is regarded as a relic of a system long discarded. The hospital school preparation has been a training rather than an education. The term "nurses' training school" has been accurately descriptive. There are those, and many of them members of my own profession, who seeking relief from present unsatisfactory conditions advocate lowering of standards and a throwing open of the doors to an inferior type in an attempt to fill the ranks of nursing with numbers adequate to meet the demand for nursing service. Nothing could be more shortsighted. The effect of the adoption of such a policy would be just the opposite of the one desired. The product would multiply the faults and the much complained of attributes of the present group. If nursing is to be regarded as a semi-menial occupation young women even of a lower type of intelligence are not going to elect it as a life work. There are too many other opportunities. Nursing will not be regarded as a menial occupation. It will make its appeal to the finest type of woman as an opportunity to serve mankind. When nursing is put on a high plane and is respected by the public, recruits to its ranks will not be lacking. Until it is, the prospect is not encouraging. The hospitals are not entirely to blame for their failure to obtain recognition for the nursing profession. They have done the best they could with the means at their command. The system has been faulty and must be changed. It is the responsibility of the hospitals to enlist public support to the

end that their training schools for nurses will be converted into real schools for nursing. As suggested in the report of the Committee on Nursing Education the establishment of university schools of nursing would have the effect of preparing a type of nurse whose services are in great demand at the present time to serve as teachers and leaders. It was not the thought of the Committee that more than a small percentage of the nursing profession would be prepared in such schools. However, it does not seem altogether improbable that university schools will be the rule rather than the exception in the future. That a system of university training for nurses would result in a body knowing too much and inclined to usurp the prerogatives of the physician is a charge born of ignorance and selfishness. None of us, physicians nor nurses, have mortgages on our jobs. If somebody can do them better, individually, in the parlance of the school yard, we are "out of luck," but it is unthinkable that even the intelligent educated nurse is qualified to render the service of the physician. The better educated and more intelligent she is, the more she will realize her own limitations. The better trained the physician, the more security he will feel in his own field and the less likelihood will there be for his believing that the nurse would try to take his place. Dr. Richard Olding Beard has said that no aspirant for nursing can be too educated, too wise or too good. This is not only good sentiment, it is good sense. That an educated nurse may be able to distinguish between good medical service and bad is no ground for assuming that she "knows too much." The present system of cramming the mind of the student nurse is

wrongfully termed education. A little knowledge is a dangerous thing. Humility comes with real insight which is the result of education in its truest sense. Learning and teaching are the same process. The real teacher is only a student who inspires others to become students. That many individuals have not the capacity for education is not to be gainsaid but the student nurse, whether she is trained in a hospital school or a university school, for bedside nursing or for teaching or public health work, who has not sufficient capacity for education should be saved the mistake of entering a profession for which she is not qualified and in which she would become a public menace rather than a community asset. Just as professional education in other lines is best conducted in universities, so we may reasonably assume that nursing education will flourish best under the same conditions and in the same environment.

If it is the obligation of the public to provide for its own needs, and if we interpret aright the public's needs for nursing service, it becomes the responsibility of the public to establish university schools of nursing because such schools will undoubtedly offer the best preparation of individuals to meet the needs.

Universities as public institutions have been slow to recognize their responsibilities to nursing education. The nurse is regarded as an interloper, even in universities which maintain their own hospitals in connection with schools of medicine, but the university school is now a fact accomplished. Progress may be relatively slow for a short time but it is the prediction of those who are best informed that before the lapse of many

years, many university schools will be established. With all that has been said against her, God speed the day of the so-called "super-nurse," the nurse with professional ideals instead of trade unionism standards, the nurse who because of her education will be more keen to serve humanity than to haggle for a price. The educated nurse will confound her detractors. She is what they are looking for and they are too short visioned to know it.

The public must awaken to its responsibilities to pay the cost of nursing education in the future in the same way that it provides for the training in other professions. The student nurse must not be regarded as a cheap substitute. As a matter of fact she is not cheap, even now. Adequate budgets must be forthcoming for the financial support of nursing schools. The individual who is so unfortunate as to be the sufferer from illness may be expected to pay for his hospital care which includes nursing service but there is no more reason for requiring him to pay the cost of nursing education than there is to expect the house builder to step in and relieve the public of the cost of maintaining schools of architecture. Nursing after all is a public need. The cost of the service to the individual is properly borne by him, but only that part of the cost of the education of the person who renders the service which the individual may be expected as a member of society to pay, should be assessed against him.

As far as the so-called subsidiary nursing service is concerned, there are those who cannot altogether agree with the conclusions of the Committee on Nursing Education. The trained attendant is a domestic and not a nurse. She

does not render nursing service in the true sense of the word and while, in spite of a difference of opinion, there may be a distinct public need for the trained attendant, her preparation has no proper place in the discussion of nursing education. While physicians loudest in their denunciation of the over education of the nurse will rant about the need of just good ordinary nurses they will not employ attendants and they do not employ them precisely for the reason that they believe them incompetent to care for their patients.

Unless we are prepared to believe that the problem of the supply of numbers of nurses adequate to care for the sick who need nursing service is an unsolvable one, it is the duty of all who appreciate the seriousness of the situation today to awaken the community in its own interest to its responsibility for the future of nursing as a profession. It is a public responsibility to provide the means of education in all callings which serve mankind and particularly in those which have for their object the relief of suffering and the promotion of health. It is vital to the public interest to produce more Florence Nightingales, Clara Bartons, Adelaide Nuttings and Annie Goodrichs. Such public servants are all too few and while the

school of experience has trained them, their inspiration has come from a deep idealism developed by real education. This kind of education can be had outside any institution of learning but the only way we know of providing it and attracting any adequate number of the highest type of women is to establish nursing education on a more substantial basis than it occupies today. In bringing home to the community, the hospitals and the universities their responsibilities, we must expect to encounter ignorance and opposition but to you certainly the effort will not seem impossible. You have responded in your brief history to every call to duty. You are experienced in receiving rebuffs, in suffering calumny. With increasing maturity, as Joseph Conrad might say, comes a developed capacity for suffering. Your efforts on behalf of nursing education have been signally successful despite apparent discouragements. Your leaders have been inspired by ennobling visions of ultimate triumph. The world needs sorely what they have had to struggle to give and it will not be long before the world will come to recognize its obligations to them and its responsibilities to itself by according to nursing education the same privileges and the same standards as exist for practically all other professional training.

REPRINTS

Reprints of articles in this issue of the *Journal* or in the Supplement may be ordered up to August 15. Orders must be sent to the office, 19 West Main Street, Rochester, N. Y. Price ten cents per copy unless ordered in large quantities.

The article "Breast Feeding" by Dr. E. J. Hunekens in our June issue has been universally commended and is recommended for wide use by all nurses doing Infant Welfare work. Reprints at five cents per copy may be obtained from the American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

A MOVABLE PERINEAL DRESSING TRAY AS USED AT THE ROBERT W. LONG HOSPITAL, INDIANAPOLIS

BY NELLIE G. BROWN, R.N.

THE tray described was arranged in an attempt to avoid carrying a tray which must be placed on the bedside table for use.

The tray purchased is an ordinary butler's wheeled tray and is equipped as follows:

1. Hydrometer jar containing a pair of sponge forceps in 1 per cent. Cresol solution.
2. Enamel dressing jar with a layer of gauze in the bottom containing 18 9 inch sterile forceps.
3. Enamel dressing jar containing sterile cotton pledgets.
4. Enamel jar for soiled forceps.
5. Enamel jar containing $\frac{1}{2}$ per cent. Cresol solution.
6. Package of sterile perineal pads.
7. Pin bowl.
8. Paper bag fastened at end of the tray.

The forceps are made of one piece of metal bent to form a forcep and are much cheaper and also much more durable than dressing forceps. These were purchased from the Moreng Iron Works, and have been used for some time at the New York Lying-in Hospital.

There is no basin for hand solution with the equipment owing to the close proximity of a lavatory, but this could be added, either by attaching a basin ring to the tray or by placing a hand basin on it.

Technic for Use of the Tray—

1. Place screen about the patient.
2. Fill lysol jar with warm $\frac{1}{2}$ per cent. lysol. Wheel the tray to the bedside and place with the end



containing the bag nearest to the bed.

3. Bring to the bedside a clean bed pan and cover.
4. Unpin the T-binder and draw the perineal strap well back from under the patient's hips.
5. Uncover and place the bed pan.
6. Remove the soiled perineal pad from above downward and place in the paper bag.
7. Fold the covers to the thighs, separate the knees and push the fold of the covers well down between the knees.
8. Uncover the sterile graduate of $\frac{1}{2}$ per cent. Cresol solution. Take the sponge forceps and place 4 to 6

- sterile cotton pledgets in the solution.
9. With sterile forceps remove four perineal forceps from the enameled jar and place them in the graduate containing the $\frac{1}{2}$ per cent. Cresol solution and the pledgets. Replace the sponge forceps in the hydrometer jar.
 10. Pick up a cotton pledget from the Cresol solution with perineal forceps. Sponge the inner surface of the right labia from above downward toward the rectum. Drop the soiled pledget into the paper bag and place the soiled perineal forceps in the jar labeled soiled forceps.
 11. Repeat this technic, sponging the left labia downward toward the rectum.
 12. With the third forceps and pledget, sponge downward directly over the vagina.
 13. With the fourth forcep and pledget, sponge about the rectum.
 14. Apply the sterile perineal pad. Remove and cover the bed pan. Place it on the chair and pin the patient's T-binder. Replace the covers. Carry out the bed pan. Note the contents and empty.
 15. Wheel tray to utility room, boil the soiled forceps and replace them in the jar. See that the tray is set up for the next perineal dressing.
- The forceps are cleaned with Bon Ami, all jars emptied, washed and boiled, every morning. During the next 24 hours forceps are cleaned and boiled after use and supplies are replenished as necessary.
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DIET IN THE TREATMENT AND PREVENTION OF PELLAGRA

1. Eight well-marked though not very severe (mainly dermal) cases of pellagra were treated with fresh beef as the only therapeutic element in the diet.
2. In all eight cases clinical improvement followed the inauguration of the beef treatment.
3. In four of these cases the treatment with beef followed an unsuccessful period of treatment with gelatin, the contrast in results tending to emphasize, on the one hand, the inadequacy of gelatin, and, on the other, the therapeutic potency of fresh beef.
4. The preventive value of milk was tested by daily supplementing the basic diet of a group of 29 inmates of the Georgia State Sanitarium with approximately 40 fluid ounces (1,200 grams) of buttermilk.
5. None of these patients developed any evidence of pellagra at any time during the period of observation, which, for 25 of the group, lasted one year, although it is believed that without buttermilk or equivalent supplement upward of 40 or 50 per cent. of the group would have developed pellagra within a period of three to eight months.
6. Fresh meat and milk contain the essential pellagra-preventive factor or factors.
7. It is estimated that about 4 to 4½ ounces (125 grams) of fresh (lean round steak) and not over about 40 fluid ounces (1,200 grams) of buttermilk will suffice to prevent pellagra in all but very exceptional instances.
8. Fresh butter (from cows largely pasture fed) ingested daily in quantities averaging 125 to 135 grams (butterfat 100 to 110 grams) failed to prevent pellagra in several instances in which it was tried.
9. Cod-liver oil ingested daily in quantities averaging upward of 2 grams per kilo of body weight failed to prevent pellagra in several instances in which it was tried.
10. The primary etiological dietary factor in pellagra is a faulty protein (amino acid) mixture, a deficiency in some as yet unrecognized dietary complex (possibly a vitamine), or some combination of these.

"Diet in the Treatment and Prevention of Pellagra"
United States Public Health Report January 18, 1924

NURSING CARE OF HEAT EXHAUSTION, SUN-STROKE AND HEAT STROKE

BY LORETTA M. JOHNSON, R.N.

DURING protracted heat waves many persons may become physically depressed. They are unable to take nourishment or to do any work. In children there are gastro-intestinal disturbances and fever. Aside from this general lassitude, however, there are definite types of heat prostration which are more serious in their effects. Heat exhaustion, sunstroke and heat stroke are three definite forms and while heat exhaustion and heat stroke are produced by the same conditions, their symptoms are very different, and different treatment is indicated.

Heat exhaustion, it is thought, may be due to paralysis of the vaso-motor center in the medulla, thus disturbing the heat-regulating mechanism of the body. This condition may result from exposure to excessive heat, either from the sun, or it may be from artificial heat, such as we frequently find in a poorly ventilated room. The symptoms begin with giddiness, a staggering uncertain gait, nausea, the heart's action is poor and the pulse small; the patient is pale, and may become unconscious quickly. There may be profuse sweating, but the skin externally is cold and clammy. If the temperature were taken it would be below normal. The severity of these attacks differ. They may be very slight, such as we often find in a poorly ventilated room and when given fresh air, the patient recovers rapidly. In the more severe cases the patient becomes unconscious, and may finally lapse into deep coma followed by death.

In the treatment of these cases it must

be remembered that the patient presents all the symptoms of collapse, and every effort must be directed toward raising the body temperature and treating for collapse. The patient should be placed in a recumbent position, with the head low; plenty of fresh air should be freely admitted, but care should be taken to avoid drafts. There should be no restriction by tight clothing. External heat is applied in the form of hot blankets, hot water bottles or electrical pads, a hot bath or pack. Hot enemata are very effective. Hot tea or coffee may be given to drink. Caffein or Strychnin may be ordered by the doctor. The body temperature must be closely watched in order to avoid an elevation above normal, which often results from the use of hot applications. Every effort should be made to build up the general health, and this can be accomplished only by rest and quiet, until the patient is fully recovered. Diet plays an important part in the recovery, and tonics are frequently ordered to increase the appetite.

SUNSTROKE

Sunstroke or Insolation is the result of exposure to the direct rays of the sun which chiefly affects the head and neck due to the fact that they are least protected by clothing. The rays from the sun act powerfully on the body by elevating the temperature, and by exciting the brain and all the nerve centers.

The patient may be overcome, struck down and die within an hour, presenting all the symptoms of heart-failure,

dyspnoea and coma. The more usual form comes on during exposure, the first symptoms being a peculiar pain in the head, followed by dizziness with a marked feeling of oppression, at times there are nausea and vomiting, diarrhoea and frequent micturition. A temporary insensibility may follow, or it may deepen into a profound coma. The skin is hot and dry with no perspiration. The face is flushed, the temperature is very high, ranging from 105° to 110° and has been known to go even higher. The pulse is rapid, full and bounding. The breathing is deep and labored and occasionally becomes stertorous. A complete relaxation of the muscles is usually found, although convulsions and twitching have occurred in rare cases. The pupils are dilated at first and finally become contracted. In the more severe or fatal cases, the coma deepens, and the pulse becomes more feeble and rapid, the breathing becomes rapid and shallow. The fatal termination of these cases has occurred within twenty-four hours. The return of consciousness and a drop in temperature are very favorable indications for the recovery of the patient.

In successfully treating sunstroke, the first consideration is directed towards lowering the temperature, and one of the most effectual methods of accomplishing this result is by the use of hydrotherapy. The patient should be placed in a bath of tap-water to which plenty of ice has been added. Constant friction should be employed as there is a danger of the patient becoming chilled rapidly and of the temperature falling below normal. The body temperature is taken frequently by rectum. When the temperature has been reduced to

about 102° F, which usually occurs after the patient has been in the bath anywhere from ten minutes to one-half hour, wrap the patient in sheets, and place him in bed, in an airy, cool, quiet place. The patient's temperature usually begins to drop and may continue to do so, going as low as 95° F. The patient should be closely watched throughout these treatments for symptoms of collapse. On the appearance of any of these symptoms discontinue the hydrotherapy and use measures for combating shock. Very often when the cold applications are removed, the patient's temperature is likely to rise again. If the temperature is still elevated, an ice cap should be applied to the head, and cracked ice given by mouth. If the temperature is around 103° F, a cold sponge bath should be given, or a cold wet pack may prove effectual. But if it continues to rise above 103° F, the patient should immediately be placed in a tub of cold water. Some physicians have used the iced enemata with success, while their value is considered as doubtful by others. As long as the emergency exists, stimulants are given freely, and should be given hypodermically. Some doctors prefer to give them intravenously. Even though the temperature is reduced permanently, the patient requires careful nursing on account of the danger of meningitis, or a cerebral congestion. Secondary changes and an interference of the brain function have occurred, therefore an ice cap should be kept on the head constantly.

At first the diet should be liquid, and should be forced upon the patient; lemonade; orangeade, fruit juice, albumen water, and all of the drinks made from milk, such as eggnog, cocoa, and milk

shakes, should be given every two hours, from six to eight ounces at a feeding. If the patient is unable to swallow, a proctoclysis with glucose and sodium bicarbonate, 5 per cent. of each, should be employed. The temperature of the solution should be 120° F, regulated at a rate of 40 drops per minute. The solution is kept warm by surrounding the irrigating can or bag with two hot water bags at a temperature of 140° F and covered with a blanket. Two other hot water bags at 115° F are placed in the bed, through which the rubber tubing is passed. Proper elimination must be maintained as the bowels are very often the only tract left open. While the patient is convalescing, the diet should be light and nourishing. He should be kept in bed for at least forty-eight or seventy-two hours after the temperature and pulse have reached normal. If suffering from nervous involvements or a paralysis, massage is indicated with active and passive movements. Proper exercises should be encouraged and if possible there should be a change of environment.

One attack of sunstroke predisposes to another, so it is well to warn these patients against any undue exposure to heat. Many of these individuals show a permanent inability to stand high temperatures of any sort, and many of them are uncomfortable when the thermometer reaches 80° F in the shade. In others the slightest exposure to the sun causes them to suffer from headaches, faintness, nausea and vomiting. In the more severe cases, frequently the patient suffers from a loss of memory, an irritable disposition, peculiar conduct, and now and then we find motor lesions occurring, hemiplegia and paraplegia pre-

dominating. Coma occurring with a high degree of fever, serves to distinguish sunstroke from apoplexy, alcoholism and uremia.

HEAT STROKE

Heat stroke differs from Sunstroke in that the person need not be exposed to the direct rays of the sun, but may be exposed to a high degree of temperature from any source, especially when the humidity is high, as in the case of heat exhaustion. Heat Stroke very often happens at midnight, in a poorly ventilated room, or in engine rooms of large boats. Unlike heat exhaustion, the symptoms resemble those of sun stroke and the same treatment is followed.

Following simple hygienic measures during heat waves will do much to prevent heat prostration. The skin must be kept clean by bathing frequently, the diet should be light and nourishing, as excessive eating and drinking of alcoholic beverages while doing hard physical labor is highly dangerous. Tea and coffee should be used sparingly, as these are vaso-motor disturbers. The clothing in the summer should be light, loose and airy, so as to permit free ventilation. If at all possible, the heavy work should be done in the coolest part of the day. Any anxiety, worry or extreme fatigue must be avoided. Particular attention should be given to the intake of fluids; at least twelve or fifteen glasses of water should be taken a day. It is most essential that the bowels be kept regular. An individual who has had an attack of Sunstroke should go to a higher altitude, where the air is cool and dry, during the summer months, if it is at all possible. If, while working in the sun, an individual feels any of the symptoms

of weakness, dizziness, a throbbing dull headache, or a heavy sense of oppression, he should stop work at once and take a cool bath, or if that is not obtainable bathe the head and the hands in

cold water. He should then rest by lying down in an airy, cool, shady place, and rest quietly for an hour or two. The mortality due to heat prostration is probably not less than 40 per cent.

“WHATSOEVER THY HAND FINDETH TO DO DO IT WITH THY MIGHT”

BY EMMA VAN CLEVE SKILLMAN, R.N.

A STORY is told of a Roman Consul who wished to insult a political rival so he assigned to him the supervision of the cleaning of the streets. The rival refused to regard this act as an insult, but determined to make the position one of dignity and honor. After he had thoroughly organized this department he made a tour of inspection, each morning riding through the streets in his chariot. Soon there was a marked change in the cleanliness of the city and the position came to be regarded with honor. Thus the Roman glorified his job.

How often we nurses have jobs that need glorifying! Well do I remember a young probationer choking back the tears as she told me that a patient had just informed her that nurses were merely servant-girls with a little education. This opinion, I find, is shared by many, and so we must play the part of the Roman. To raise the job to our own level, we must fill it with ourselves, not taking as the limit of our efforts the accomplishment of a predecessor, nor the letter of the requirement, but making our limit our very best endeavor, and that in good measure, pressed down and running over.

I am thinking particularly of the

private duty nurse, for she is so largely “on her own,” to make each job, or case, what she will. The head nurse is on dress parade before the student nurses and is under the eagle eye of the directress of nurses. The directress is being watched by the trustees, and is on dress parade before both the head nurses and the students; and so in other organized branches of our profession, supervision or competition or public opinion puts the nurse on her metal if, perchance, her own standards sag.

But the private duty nurse, though working under a doctor and in the employ of the patient, may do a great deal less than her best and still “get away with it.” How often I have heard patients say of a nurse, “she discharged her nursing duties well but that is all I can say in her favor.”

Doing private duty nursing with one’s might touches upon several relations. First, of course, comes the relation of the nurse and her patient. If they are mutually attracted many problems are solved automatically. When this is not the case, a liking can usually be cultivated. It is quite possible to cultivate the habit of liking people. Furthermore, if the liking is upset one day, one can learn to forget and start over again

the next day. Even if things go from bad to worse, tolerance can be called to the rescue.

In the Litany of the Moravian Church we find this petition, "Make the bed of the sick, and in the midst of suffering, let them feel that thou lovest them." If we cannot love (not always being great hearted as the One to whom the petition is made) we can at least let them feel that we are interested in them. For though the nurse may perform her duty with irreproachable faithfulness, if she is cold and disinterested, the patient will feel it. Some nurses adhere closely to the rule of performing only those duties which come strictly under the professional requirements. There are, undoubtedly, very convincing arguments to uphold this rule. Very often, however, a willingness to transact a bit of business, or to do a trifle of mending or to perform a small household task will contribute so much to the peace of mind or the pleasure of the patient that it is the best medicine the nurse can give.

One time I had under my care a sweet young woman who had lost her first baby. Her heart was aching but her courage was high. The members of the family were all busy, and could give her but little of their time; consequently, I felt a special responsibility for comforting her. It was June and every day new flowers were blooming in the garden around her little cottage. I found she loved flowers and they became my allies. My patient looked forward to seeing what flower would decorate her tray and thus, being interested, her appetite improved and recovery was hastened. It takes thought and effort and tact and persistence to add

the personal touch to nursing, but it is thus that we nurse with our might.

There are others to be considered beside the patient—the family and, if any, the domestics. All nurses have felt the difference between families that help and those that hinder. I bless the memory of the mother of one small patient of mine who helped make my work effective. It was zero weather and cold sponges were ordered for the child. The mother was always ready to leave her work so as to soothe and quiet her little daughter during the ordeal. Thus good results were obtained at a very critical time. Often a hindering family can be won over to become a helping one when they find that the nurse is really interested and that their dear one is not merely "a case" to her.

More often than not, families feel a great burden lifted from their shoulders when the nurse appears, and place the greatest confidence in her. This lays upon us the responsibility of living up to that confidence.

The nurse's relation with the kitchen force is, unfortunately, often strained, as many of us know to our discomfort. To the average cook, a white uniform has the same effect as a red flag waved before a bull. But who can blame the cook! Irregular and extra meals, a stranger in the household, intrusions in the kitchen at all hours, are some of the inconveniences that spell the word "nurse" to the cook. Tact, consideration, and a friendly manner will often change hostility into coöperation, or, at least, will lubricate the strained relations.

So the story runs—Give, give, give freely and of our very best with no more thought of ourselves than is necessary.

When we give first-class nursing plus the personal touch our part of healing is almost boundless in its scope. "This is my work; my blessing, not my doom."

But what of our rest and recreation? Particularly applicable to the private nurse is the old adage: "Work while you work, and play while you play, then you'll be happy the live-long day."

The time between cases should not be spent in a haphazard way, but should be carefully planned to include both rest and recreation. In short, we should play with our might.

The private duty nurse should have more vacations than her sister nurse in the hospital because of her longer hours while on a case. She is paid at a higher rate than the institutional nurse because the patient must pay her not only for the time she is on the case but for the time of rest needed to regain the vigor and freshness she had when she came on the case.

Some may find more pleasure and profit in other forms of recreation, but to me, it seems, that travel is the ideal one for the private duty nurse. It is education, investment and recreation all in one. To get away to a new place, without cap and uniform, where no one knows you wear one, where you can be yourself, and sleep without thought of someone's dependence on your care;

this is indeed relaxation. New scenes, new faces, new pleasures and new thoughts engender new vigor and new ideas. There may not be sufficient funds in bank for a long trip, but what fun we can have planning even a short trip and what beautiful pictures it may bring to hang on memory's walls!

The reasons why I consider travel to be of special benefit to nurses are these: First—If a patient has travelled in the same direction much pleasure is derived from talking over the places visited. Second—If a patient has not travelled she can be entertained by little tales of other places. Third—In the darkness of night, or the tedium of watching over an unconscious patient, the mind of the nurse will be refreshed by recalling travel experiences and happy memories. However we may spend our time of recreation, it is our opportunity to attain a happy frame of mind and mental and physical vigor, without which we cannot do our work with our might. So we make our life and our work what we will. As we improve or neglect our opportunities, we grow or retrograde.

"Count that day lost, whose low descending sun,

Finds at thy hand no deed of kindness done."

Not one deed of kindness, but many
—and done with thy might.

PEPTIMISTS

A peptimist is an optimist who envisions much better things than are even now possible and has the determination, courage, ability and energy to go out and make his vision come true.

C. M. SAMPSON in *Physiotherapy Technic*.

THE ULTRA VIOLET RAY IN THE TREATMENT OF TUBERCULAR BONE LESIONS IN CHILDREN

BY MABEL SMITH GOULETTE, R.N.

THE Finsen Light (ultra violet ray) was named after Neils Finsen, a Danish physician, who first advocated its use in the treatment of disease. There were earlier workers in the ultra violet ray therapy, but he was the first to place it on a firm foundation, even though his apparatus was cumbersome and expensive.

The Alpine and Kromayer lamps in general use now, while expensive, are comparatively simple in construction and easy to manipulate. The ray is obtained by light or electricity passing through quartz crystal. The Alpine lamp is air cooled, while the Kromayer is water cooled. The ray does not penetrate to any extent, to a much lesser degree than X-Ray, for instance, and is easily and quickly absorbed.

Thus it becomes apparent for what forms of disease it may be used, i. e. skin lesions, abscesses, disease of the ear, throat and nose, and is especially valuable in tubercular bone disease, not because it cures the disease, but because it promotes metabolism, increases the red and white blood count and haemoglobin. It also stimulates the formation of new tissue and raises the calcium content of the blood.

For children with abscess formations and a discharging sinus, the water cooled Kromayer lamp is used at a distance of three inches for three minutes for the first treatment. If no erythema results, the length of the treatment is increased by two or three minutes at each treatment until twenty minutes is reached,

then the distance from the lamp to the patient is decreased until the lamp is in direct contact with the abscess.

Smoked glasses must be worn at all times by both patient and nurse in the Violet Ray room, as exposure to the ray of unprotected eyes gives a painful conjunctivitis. In treating patients with the Kromayer, water cooled lamp, all surfaces around part being exposed are protected by black paper; first applying sterile gauze next to the skin. Great care must be exercised to prevent erythema, for if it does occur, all treatment must be discontinued until the burn is healed, and thus valuable time is lost. Some patients are particularly sensitive to the ray and can never stand the light in direct contact to the wound, while others bear it well. Some become used to it only after repeated applications, putting the light nearer each treatment until sure the patient will not burn.

The surfaces around the abscess are anointed with any soothing salve (such as boric) and if an erythema with blistering has resulted, Ammoniated Mercury Ointment seems to heal the burned area more quickly than anything else.

The air cooled Alpine Lamp is used for anaemic under-nourished children with a tubercular bone condition but no abscess formation. The patient is laid without clothing of any kind (as the thinnest material will absorb the ray) upon a table three feet directly below the arc. The first treatment given both anteriorly and posteriorly is for three minutes, increased three to five minutes

each treatment until sixty minutes is reached, then the lamp is lowered gradually each treatment until only eighteen inches from the patient. The patient will easily stand long exposure eighteen inches from the arc without burning.

In the entire body treatment with the Alpine lamp, there is no distinctive technic, beside protecting the eyes and making the patient as comfortable as possible. After the maximum treatment of two hours, a light lunch of bread and milk is given.

The children here love the treatments and look forward to them, playing a kind of game, by comparing notes as to how many minutes a day they are ahead of some other child who has just started the treatment.

The Rollier idea of sun treatment for tuberculosis has been followed in this hospital for years. Although we found the children did remarkably well in summer when they were able to be out of doors all day long, those with abcess

formations having the abcess exposed to the direct rays of the sun did not do so well in winter as there were many days when there was no sun and it was out of the question to let them run about without clothes in this cold climate, as Dr. Rollier was able to do with his patients in Switzerland. The ultra violet lamps have solved that problem to a certain extent. Certainly there has been a marked improvement in the children under treatment. They have gained in weight, have better appetites and the general body tone has been raised to such an extent that they have more than a fighting chance against the tubercular trouble.

The ultra violet ray, of course, does not cure the tubercular joint disease, but judiciously and intelligently used in conjunction with proper diet, properly adjusted mechanical support to the affected joints, long hours of sleep, plenty of rest and fresh air, it has been found a valuable help.

QUESTIONNAIRES

Most busy people, especially those holding executive positions are all too familiar with the ubiquitous questionnaire. One such person stated that she had eighteen waiting on her desk for attention. If the "perpetrators" of questionnaires would be thoughtful enough to send duplicates of their outlines it would enable these busy people to keep records of the material compiled for further use and with minimum effort. It seems a courtesy that could very easily be extended.

THE ILLINOIS LEAGUE INSTITUTE

An Institute for nurses will again be held under the auspices of the Illinois State League of Nursing Education, August 18 to 29. The courses are planned to meet the demands of executives, instructors, public health nurses and private duty nurses. They include lectures on elementary psychology, principles of teaching and learning applied to nursing, sociology and public health nursing; and demonstrations and special lectures intended to illustrate points brought out in the first group and to demonstrate the most modern methods of treatment used in the best hospitals.

The lectures will all be given by highly qualified lecturers.

The Institute is open to all graduates of accredited schools. The tuition fee is \$10.00.

Applications and all correspondence concerning registration and further information should be addressed to May Kennedy, Director, 6400 Irving Park Blvd., Chicago, Ill.

THE PRESCHOOL CHILD AS A HEALTH PROBLEM

BY ARNOLD GESELL, PH.D., M.D.

PRESCHOOL HYGIENE A NEW MOVEMENT

THE preschool child is being rediscovered. A few years ago the preschool period of childhood was picturesquely called the "No-Man's Land" in the field of public endeavor. It was pointed out that there were social provisions to protect the newborn infant and compulsory safeguards for boys and girls of school age; but that the toddler and runabout did not have our official concern. In the social sense of the term, the preschool years of childhood, particularly the years from two to six, were suffering from neglect.

But all this is changing now. The "No-Man's Land" is beginning to look like a frontier settlement. Outposts have been established. Surveyors are on the ground. Streets are being laid out. There is every indication that the health and development of preschool children are coming under systematic social control. This new movement in public hygiene, under the stimulus of the World War, is at present remarkably active, but it is not a boom. It appears to be a sound movement based upon principles of prevention and upon common sense foresight.

HEALTH SIGNIFICANCE OF THE PRESCHOOL YEARS

How can we afford to neglect the preschool years of life? The child is father of the man, but the preschool child is father of the school child, of the youth, and of the man. The preschool years are the most important in the development of an individual for the sufficient

reason that they come first. We commonly say the children outgrow their childishness. But this is a false view. Children do not grow out of things; they grow into them. And they grow into more of their estate during the preschool years than during any subsequent period of their lives. From a medical and from a psychological standpoint, we may safely say that the basic lines of both physical and mental organization are laid down during the formative preschool years.

How could it be otherwise? When a shipbuilder builds a ship, he lays down the timber first, the trimming and rigging come second—often after the launching. What counts first, last, and most in the ship are her planking, her beam, her keel. How she will mind the rudder, how she will take the waves, and how she will weather the sea, are fundamentally influenced by what happened when she was on the stocks. In a more profound way still, the preschool years are fundamental to all the development that follows. This is when the individual is on the stocks.

THE MEDICAL SIGNIFICANCE OF THE PRESCHOOL YEARS

The health significance of the preschool years can be quickly summed up. First of all, it is the period when death and disease pile up their biggest scores. One third of all the deaths of the nation occur below the age of six. There are ten times as many deaths during the half decade of preschool life as during

the following full decade of school life. Even physical accidents like being scalded, burned, injured, and run over by automobiles, bear with special weight on the preschool age. The susceptibility to infection is generally greater the younger the child. Over eighty per cent. of all cases of diphtheria and of all deaths from diphtheria occur before the age of five. Malnutrition, likewise, is more prevalent among preschool than among school children. Rickets, a disorder of nutrition, is almost as common as dental caries and is essentially a preschool disease. Approximately fifteen per cent. of three thousand preschool children examined in Gary, Indiana, clinically, showed bony effects of rachitic origin. With few exceptions, the typical physical defects of school children, like malnutrition, and nose and throat conditions, are more prevalent among preschool children.

It is not our purpose to convey the impression that it is a great misfortune to be a preschool child. But we are trying to show that it is of all periods the most fundamental for a constructive health program. Health work here pays the highest dividends. The forces of prevention and guidance must be gradually shifted downwards to the nursery level.

PREVENTION OF MALNUTRITION, DIPHTHERIA AND RICKETS

Malnutrition, diphtheria, and rickets constitute three of the most powerful foes of early childhood. Nutrition work as it is now recognized should not be limited to infant welfare stations and to public school classes. There should be a continuous sequence of supervision which will reduce malnutrition to a min-

imum by the time of school entrance. It is most probable that diphtheria, like smallpox, can be conquered by a prevention procedure including the Schick test and Toxin-anti-toxin treatment. New York City is making a convincing demonstration of this possibility by focusing the work on the preschool child. Rickets, likewise, can doubtless be largely eradicated through fish oils and sunshine in any community which undertakes the task beginning with the baby's birth. The Federal Children's Bureau, with the coöperation of the Yale Medical School, is inaugurating a community demonstration to determine whether Rickets cannot be controlled in a certain section of New Haven.

PSYCHOLOGICAL IMPORTANCE OF PRESCHOOL AGE

What is true of general physical development, is true of mental (and nervous) development. The brain grows at a tremendous rate during the preschool age, reaching almost its mature bulk by the age of six. The mind develops with corresponding velocity. The infant learns to see, to hear, handle, walk, comprehend, and talk. He acquires an uncountable number of habits fundamental to the complex art of living. Never again will his mind, his character, his spirit advance as rapidly as in this formative preschool period of growth. Never again will we have an equal chance to lay the foundations of mental health. From the standpoint of mental hygiene, the preschool period, therefore, appears to have no less significance than it has for physical vigor and survival.

Normal mental growth is not a matter of complete predestination, even in

infants. Disease, handicaps, distortions, many of them preventable, occur. Practically every case of mental deficiency is present and recognizable during the preschool years. Three-fourth of all the deaf, a considerable proportion of all the blind, one-third of all the crippled, and over three-fourth of all the speech defective come to their handicap during the preschool period. Numerous cases of mental abnormality, of perversion, of faulty habit formation and of conduct disorder have their roots in the preschool years. Our kindergartens and nurseries must reckon with many problem children, manifesting serious errors or defects in behavior development. One-fourth of all our school beginners fail of promotion at the end of the first year in public school. Retardation, abnormal prematuration, normal precocity, superiority, and normality, all tend to reveal themselves well before the child cuts his sixth year molar.

SOCIAL CONTROL OF PRESCHOOL CHILD WELFARE

For all of these reasons we shall be compelled to bring the preschool years of childhood increasingly under social control. The ultimate protection of national stamina requires nothing less. How can this social control be accomplished? It has been hinted in some quarters that we might congregate all of our babies and toddlers in capacious state nurseries as we now compel all of our boys and girls to go to school. This would be a very convenient arrangement for calling the infant roll, for weighing and measuring, for regulation of diet, for the dispensation of codliver oil and sunshine, for diagnosis, for immunization, and even for instructing and train-

ing. It would be a decisive solution of the whole problem, but unfortunately the solution would be worse than the problem.

THE PRESCHOOL CHILD AS A HEALTH PROBLEM

After all we do not need to adopt any violently revolutionary measures in order to bring school hygiene under reasonable social control. The fundamental enabling statutes are already on the books of social legislation. Still better, the enabling traditions have already been established and the three groups of agents primarily responsible for child hygiene; namely, physician, teacher, and parent, are still ready to perform and share their duties; and the nurse is ready to coöperate with all three. The problem of organizing and administering an adequate system of preschool hygiene consists chiefly in bringing these three groups into wider and closer contacts. Instead of inventing radically new devices, we need only to utilize and adapt agencies which have demonstrated their value.

I shall try to indicate very briefly the natural lines of evolution under three headings: 1. Periodical Health Service; 2. Kindergarten and Nursery; 3. Parental Training and Guidance.

1. *Periodical Health Service.* Just thirty years ago Dr. Budin, a French physician, established the first recorded infant welfare station which became the forerunner of the child consultation center, the children's health center, the baby welfare conference, and all similar enterprises except, however, the Baby Show, which naturally was invented by P. T. Barnum in the heyday of his New York Museum.

The child consultation center is a simple device. Its essentials are a doctor, a nurse, a parent, and a child. Physician and mother hold counsel concerning the health and rearing of the child. Fifty babies and as many mothers may come in that afternoon to the consultation room, but each situation is a new and individual one. The schools may handle children in masses, but the doctor makes one examination at a time and directs his recommendations to one particular child. He supplements the knowledge and solicitude of the mother and, for a critical moment, the welfare of the child may be in his hands. If this oversight is repeated weekly and then monthly, and still later at semi-annual intervals, we have the realization of continuous preschool supervision. The whole drift of child hygiene is toward the development of such a chain of safety which will lead the infant securely from the crib to the school desk. Each successive examination and follow-up forges a link in the chain.

This periodical health service may be supplied either by community agencies or by the private practitioner. We have not taken into sufficient account the possibilities of developing such a supervisory health service through the practicing pediatrician and the family physician.

Instinct alone will not keep the maternal impulse fully alive and alert. We need minimum standards of development and guidance norms to sharpen parental perception. Malnutrition and physical defects have hitherto been the chief concern in this periodical health service. They ought to be the fundamental concern, but the time is rapidly approaching when we must broaden our present med-

ical supervision to include the child's mental health and psychological development.

2. *Kindergarten and Nursery.* The American kindergarten is nearing its seventieth birthday. Whether it is to survive long the allotted three score and ten years is a question which may be raised in this connection. The friends of the kindergarten, among whom the writer would wish to be counted, believe that it has a prospect of much greater longevity. At present the kindergarten in this country reaches only one child out of ten from four to six years of age. It has, however, wielded an influence upon American education, far in excess of its actual enrollment.

The location of the kindergarten is a very strategic one. It occupies the frontier of the preschool domain and, because of its organic relations with the public school system, it is in a position to perform a great service in the development of preschool hygiene. In order to meet this vital opportunity, it must redirect its energies and, to some extent, readjust its present organization. Progressive kindergartens are demonstrating how this may be done without any sacrifice of educational idealism. The kindergarten of the future, if it is to serve adequately the demands which are forming, must not function as a sub-primary school room, but must transform itself into a flexible, versatile health-promoting agency. It must take on more semblance to a health dispensary and nursery and conduct its activities in close alignment with infant welfare and public health agencies. Indeed it should be converted into a child hygiene agency which will have a new concern for physical perfection and

mental development. To realize this destiny, it must gradually come more fully under medical and nursing influences.

In view of these possibilities the new nursery school movement, both in England and in America, takes on considerable significance. The nursery school as a public agency has received in England the official sanction of Parliament through the Education Act of 1918. In our own country, the nursery school is altogether on a voluntary and pioneer basis. One of the outstanding schools of this type is the Merrill-Palmer School of Detroit, which was established in 1921, and reflects the vision of its donor. This nursery is demonstrating the possibility of adapting medical and educational procedures more systematically to promote the development of children from two to six years of age and also to train present and future parents of such children.

It is too early to assess the work and the significance of the nursery school and, at present, we may regard it sympathetically as a kind of third party movement through which the full responsibilities and opportunities of the

American kindergarten will be made more clear. We may not so much need the nursery school as an additional, independent agency, but we do need it as a stimulus which will bring the kindergarten to a full realization of its possibilities.

3. *Parental Training and Guidance.* Finally, the welfare of the preschool child will be ultimately dependent upon the character of his home and upon the intelligence of his parents. Even the administrative task of preschool hygiene resolves itself largely into a problem of parental guidance and pre-parental education.

From the broad standpoint of public policy, no more far-reaching measure in behalf of the children of the future can be instituted than a systematic and sincere type of pre-parental education, which will include future fathers as well as mothers.

By developing the possibilities of a periodical health service and by bringing this through the kindergarten into vital relations with our vast public school system, we shall be able to meet more completely the needs of the preschool children of the future, and of their parents.

PER CAPITA CONSUMPTION OF MILK

It will be many years before the per capita daily consumption of milk in this country reaches an altogether desirable amount, but let us for the present aim to teach the people so well that enough is used to allow each child under six one quart daily, and all the rest of the population a pint apiece.

—Haven Emerson, M.D.

MARKING RUBBER GOODS

The Ajax eyelet fastener may be used for marking rubber goods—ice caps, rubber sheets, hot water bottles, etc., by piercing articles with eyelets to designate the number of floor or ward (one, two or three eyelets as necessary). These show clearly and cannot be altered if taken from one floor to another.

—Grace Scott, R.N.

WHO'S WHO IN THE NURSING WORLD



XXXVI. EFFIE J. TAYLOR

BIRTHPLACE: Hamilton, Ontario, Canada. PARENTAGE: British (Scotch-Irish). PRELIMINARY EDUCATION: Hamilton Collegiate Institute, Wesleyan Ladies' College, Hamilton, Ontario. COLLEGE: Teachers College 1908-1909. PROFESSIONAL EDUCATION: Graduate in 1907 of Johns Hopkins Schools for Nurses. POSTGRADUATE WORK: State and Private Mental Hospitals, 1912. POSITIONS HELD: Instructor, Johns Hopkins Hospital School of Nursing, 1909; Assistant Superintendent of Nurses, Johns Hopkins Hospital, 1912; Director of Nursing, Phipps Psychiatric Clinic, 1912-1920;

Director Army School of Nursing, Camp Meade, 1918; Executive Secretary, National League of Nursing Education, January to October, 1923; OFFICES HELD: Secretary, Maryland State Nurses' Association, Secretary, National League of Nursing Education, 1917-1919; Member of the Board of Directors, National League of Nursing Education, 1916-1922. PRESENT POSITION: Superintendent of Nurses, New Haven Hospital, New Haven, Conn., and Associate Professor, Yale School of Nursing. Author of various papers and pamphlets on nursing subjects.

EDITORIALS



EMILY A. McLAUGHLIN, R.N.
Chairman of the Committee on Arrangements

IN DETROIT

IT was a mighty host of five thousand strong that gathered at Detroit; and deep and full, like the diapason of an organ, through all the meetings ran the theme of service through coöperative effort.

Can a convention have a soul? We think this one had, a shy, elusive, intangible, but withal a shining thing. Because of this spiritual quality we predict that the Detroit convention will go down in history as marking a new phase of our professional development, a development partially forecasted by Miss Fox in the closing sentence of her presidential address: "May there be peace, unity and concord between you and your sister nurses in other fields of nurs-

ing endeavor;" concretely stated by Mrs. Bolton when she said: "Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?" and humorously expressed by Dr. Vincent, who pleaded for patience in the slow process of educating the none too intelligent public which is made up "of such as you and I." It was the motivating idea underlying the addresses on Communicable Disease and on the Demands of Community Health Work.

In common with the rest of the world we have been going through a period of chaos. The effect of the Convention is bound to be steadying and out of coöperative effort we have faith to believe order will come. On the program were speakers from all parts of the country. It could hardly have been accident and we believe not merely by design, that one after another, each in his or her own way, emphasized the importance of sharing knowledge, of maintaining a generous and tolerant attitude, of persistent search for fundamental truth.

It was eminently fitting that the Convention should open with the vibrant address of former Associate Justice John H. Clarke, on Woman's Relation to World Peace. No other women in the world, not even the mothers of men, know the horrid wastage of war as we know it. No women have greater opportunities for turning their creative instincts to fruitful use if we see clearly and think wisely in our efforts to

promote understanding and thus to dispel the causes of war.

Nursing has many good and great friends in medicine but it would be difficult to conceive of a more able and sympathetic presentation of "The Role of the Physician in the Education of the Nurse" than that by Dr. Charles D. Lockwood of California. We recommend a thoughtful reading of that address to every nurse who is disposed to think that the coöperation between nursing and medicine is all on the nursing side.

From Monday to Saturday the meetings surged onward, no one getting everything but all getting something. The sense of actually belonging to such a group is alone worth many miles of travel. The program, carefully planned and with many joint sessions made a distinct contribution to the common body of knowledge necessary if all groups are to function harmoniously. The importance of our university schools may seem to have been overstressed. It was important that they should be so stressed at just this time. It is vital that they should develop soundly for from them will come much of the leadership of the future just as leadership in other important phases of our national life may be traced back to such centers.

No two persons will find identical bits of color in their mental kaleidoscopes of the convention. To many the most frequently recurring picture will be that of the gracious personality of the good fairy of the Cleveland school and her amazingly poignant description of the life of the student nurse. To others will come the picture of the Government Nursing Section, conceived at Seattle and born at Detroit, and the not-to-be-

forgotten ovation to Major Julia Stimson who presided. Yet others will find their thoughts going back again to some social function or to a particular discussion such as that on Central Registries, too many of which are still described as "bedroom registries" instead of dignified and well managed business and professional organizations, to the demonstration of a communicable disease visit (a thing of which most of us, to our shame be it said, know nothing at all), to discussions of scholarships, of teaching helps, or of that backbone of our whole structure, support for schools of nursing. One thought every nurse must surely have taken away with her—that of Dr. George Vincent of the Rockefeller Foundation, who closed the convention and his speech with the wish that we might have "the time of our lives" in nursing. There is profound truth behind the oratorical use of that phrase for the woman in nursing who does not believe that she is having what is for her the best possible life, is in the wrong vocation and she and the world are the losers through her unwise choice. The Detroit convention will have served a most magnificent purpose if every delegate spreads the thought that nursing is real only if it is done whole heartedly and so devotedly that those who practice it have "the time of their lives" and in so doing enrich the lives of those with whom they come in contact.

WHY CONVENTIONS?

OUR national conventions are growing so unwieldy that a question may properly be raised as to whether they really function efficiently. Probably every person attending the Biennial in Detroit had at least four objectives: a desire "to see the wheels go

round" and to participate in the actual business of our organizations; a search for specific and advanced information; a desire to renew friendships and to begin new ones; and perhaps most vital of all was the urge to renew enthusiasms and to catch the vision of those who dwell upon the mountain tops.

Long months in advance, the program committees worked to the end that these objectives might be realized. The work was well done but, as in all human relationships, those who have received most are those who went with a rich background and open minds and generous hearts.

The joint sessions were inspirational in the finest sense of the oft abused term. Section meetings and round tables were specific and discussion clear cut and to the point. Business was dispatched with celerity but never "railroaded." It was not easy to find one's friends or to make appointments for conferences. This was partly due to sheer mass and partly also to our intellectual greediness! We all wanted everything and it was far from possible for any individual to absorb it all. Definite choices had to be made and the very canny, with a few specific problems to be solved, contented themselves with attendance at the meetings promising most of inspiration and stimulation and spent all the intervening time on problems of personal moment. Each successive convention is "the greatest ever held." This is particularly true of the mighty conclave in Detroit.

A DEBT

POSSIBLY delegates of the Democratic Convention, still in session as we write this, are working harder than did the delegates to our Biennial, but we

doubt it. A national nursing convention begins to partake of the nature of an endurance test so avid are those in attendance for information, for thrills, for experience. Every delegate and guest knows her own weariness! We are moved to wonder if many appreciate the burden carried by the officers of our three associations,

They appear on platforms, suave, well poised, well gowned. They conduct meetings and are whisked away in automobiles. Whither? To luxurious rest? Not at all. They are rushed off to Board meetings, to conferences, to other platforms in order that all groups may be equally informed on important activities. Behind closed doors secretaries and chairmen of committees work feverishly in order to be ready for coming sessions. It is a very great honor to be an officer of one of the national nursing organizations, but the honors are not lightly worn and they carry heavy obligations. The presidents and secretaries who have so ably filled these positions were re-elected; in each instance a well earned tribute to service of a high order. Our debt, however, cannot be cancelled by re-election only. Our officers need and should have the thoughtful support of every member of their respective organizations. Further, we should not only lend individual support but should set about increasing the membership of each organization and then, when we meet with the National Health Council at Atlantic City in 1926, there will be shown to the world an army of health and peace such as was hardly conceived even a decade ago and that was not even dreamed of when the event Philadelphia will then be celebrating was consummated.

A HAPPY LONESOME

ONCE upon a time we asked a resident of a college town if theirs was not a lonely place after school closed. The prompt reply was, "yes, but it's a happy lonesome!" Michigan nurses must be lonesome now that the Biennial for which they have planned over a period of two years is an accomplished fact. Like a cloud of locusts we descended upon them in our thousands devouring in a week what had been set up through months of effort. For a week Detroit nurses were on duty day and night keeping the complicated machinery of that huge gathering moving smoothly. We do hope theirs is a happy lonesome, for Michigan entertained more than double the numbers attending any previous convention and did it with gracious hospitality and seeming ease. Only those who have participated in the actual operation of a convention can really evaluate the achievement of our Detroit sisters for the vast amount of detailed planning necessary was not apparent to those whose minds were fixed, not on how but on what was being done. A splendid program was splendidly executed and so to every Michigan nurse who contributed to the success of the convention we wish the leisure in which to enjoy "a happy lonesome."

AND THEN THE STUDENTS—

THERE was an abundance of parties during Convention week, for breakfasts, luncheons, teas and dinners were given for Boards, for States, for Alumnae Associations, and for special groups such as the private duty nurses. The editor was the pleased recipient of a goodly number of invitations but the one of them all that made her fairly

strut with pride was that to the first banquet ever given to student delegates at one of our national conventions. It was a graciously conceived and charmingly arranged affair, given at McLaughlin Hall and presided over by Margaret Casey, a student in the school at St. Mary's Hospital, Detroit. The program, consisting of toasts and music executed with spirit and enjoyment, was given entirely by students except for the small contribution of the lone graduate. Of the hundred and fifty young women at the flower decked tables, more than half were from without the borders of Michigan and some had traveled from the extreme East and from as far West as Denver. We had listened with pleasure to the student chorus on opening night and had experienced the never failing thrill that comes on seeing the massed loveliness of a large student group but it was with deep satisfaction that we looked into the faces of the student delegates. Eager, animated, excited and thoughtful by turns; one read into those countenances something of the spirit, the initiative, the leadership that had put them where they were and, so reading, sighed with satisfaction and thought, after all, the future of nursing is assured for these—these will "carry on."

CONVENTION PROCEEDINGS

Unusual efforts are being made by all three nursing organizations to preserve and disseminate valuable convention material.

For the first time the proceedings of the American Nurses' Association are being published as a supplement to the regular issue of the Journal. It is believed that those who make frequent use of such reference material will find the supplement a great convenience.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE RESPONSIBILITY OF THE UNIVERSITY SCHOOL OF NURSING TO THE INDIVIDUAL STUDENT, THE HOSPITAL AND THE COMMUNITY¹

BY FRANCES P. BOLTON

TWO university schools of nursing have sprung into being since the last national nursing convention. Very quietly, two great universities have welcomed the profession of nursing and have taken the small-seeming yet infinite step that separates the departments of nursing within medical schools, women's colleges, etc., from the free, independent, self-determining school, a step which marks the beginning of a new era and consummates the dreams of half a century.

There is no need to trace for you the evolution of nursing through these fifty years, no need to point out the glaring faults of apprentice training which has been made so clear by the Rockefeller Report, as they do the desperate need of hands, as well as the economic necessities of hospitals which have themselves evolved from being places to care for the sick poor into institutions to meet the needs of all classes, including the clinical requirements of medical schools—all this is too vividly a part of your lives to need any portrayal. Indeed it is still all too widespread an actual fact. But regardless of the time that must elapse before all hospitals adopt adequate training-school standards the fact shines out clearly that nursing training has come into its own and has taken its place in the field of education.

To insure ourselves against possible

misapprehension let us take a moment to clarify our minds as to our conception of education. Modern education in the United States has tended to become merely the means of making the individual economically productive. Little emphasis, if any, is placed upon the development of the individual as a human being, as an all round, balanced citizen. Facts are crammed into the head at high pressure, and the mind that can evidence its ability to contain these facts is retained within school and college regardless of the character and heart and capacity for future growth of the individual along the lines of human development. This is not the interpretation that we can tolerate when we say with deep joy that university schools of nursing have placed this specialized training in the educational field. *Education* as we understand the word is *preparation for life*, and in a full, rounded, contributive life, the economic factor—though necessary—is but a fractional part. Therefore, we mean by education, the process of developing all the faculties of the body, mind and spirit and of preparing each individual for that special place in the kaleidoscope of life for which he is best qualified.

Nor is there any desire upon the part of any one connected with the establishment of these two university schools to confine the training of nurses, even in the distant future, within university walls. The mere physical limitations

¹ Read at a joint evening session at the Detroit convention, June, 1924.

preclude such a possibility. Yet it is readily seen that nursing training has been definitely recognized as of educational value and in consequence even the smallest training school acquires a new dignity and assumes a correspondingly greater responsibility.

As we step over this threshold of opportunity it behooves us to take an accounting, to analyze our hopes, to face our responsibilities, not because these have changed, but because they have been deepened and broadened and heightened. Every hope and every dream for the development of nursing through a more satisfactory method of training is based upon the cry of suffering humanity, upon the need of adequate care of the sick. The increasingly heavy demands of institutions and communities for nurses and for good nurses have made a situation that unfortunately has not simplified the problem. In order to secure numbers, compromises have been made on every hand, and these compromises have, in a measure, defeated their own ends.

The Vassar camp that the war gave us brought into the profession a large group of intelligent, purposeful young women, and the two years of their experience in the various hospitals of the country showed them and us how much we need women of their stamp, and how little we are really meeting standards of balanced training even in our best schools. It showed us also that nursing has a direct appeal to the very finest women of the country, not just to such occasional individuals but to large groups. The problem is—how to secure their interest.

The university training school is the direct and definite answer. By placing

nursing training in the educational field it immediately becomes of new interest to the young woman seeking to prepare herself for a broad life of self-dependence and service whether she choose a university school of nursing or a regular hospital training school. If she chooses the regular hospital school she will seek out the one whose standards approximate most closely to university standards. Further than this training school committees and hospital trustees will realize that only a well balanced basic training will bring them the greatly needed students and the community will see that such standards of training alone will protect it from inadequately prepared nurses.

Because of the ramifications of the influence of these schools of nursing it is my desire to try to interpret something of the sense of responsibility to the students, to the hospital, to the community, resting upon those intimately connected with their establishment.

What is the human material coming to the modern training schools? Half a century ago the women who went into nursing were of mature years, with an understanding of life, its complications, its possibilities. Their bodies had already been through tests of strain, their minds had met disillusion, their hearts had experienced both sorrow and joy. They took up nursing because they had learned to value human life. Today the student nurse is still in her teens, her body is in the process of maturing, her mind is but beginning to find itself, her heart is still in a state of emotion. She is wholly inexperienced, life looks very wonderful, rosy, filled with every brilliant prospect. She dreams of the joys of an ideal service

to humanity, she sees herself as a ministering angel. Of course she has no sense of the value of human life—how could she? She is too recently awakened for that, too throbbing with her newly discovered and still intangible sense of womanhood. Coming as so many do from communities where social life is tied up with the church, the breaking off of that association, combined with the fact that hours are of necessity such that new church affiliations are difficult to make, the student feels deprived of a normal outlet and divorced from accustomed counsel. She has become one of a group and for a time she loses herself, sensing little but her aching body, her dazed mind, her curiously cold heart. Perhaps homesickness has seized her in its clutch and utter darkness surrounds her; but that must not be allowed to keep her from her work. Who cares whether she is lonely or not? Who knows that every breath she draws hurts because it is not home air? To whom does it matter whether every experience brings with it a shock that life and death are so different from what she had imagined them?

Months pass, she becomes more accustomed. She has learned something of nursing procedures, her duties have taken on definite responsibility, too great, perhaps, for the time of preparation, considering her youth. Night duty! The terrible stillness with the strange, weird sounds that the sick make during sleep or in the long hard hours of wakefulness. The creeping cold, the insidious temptation to allow her normal desire for sleep to slacken her attention, conquered by an extra tour of the beds with a whispered word

of reassurance to the patients whose dread of the long dark, increases rather than dispels her own. The lowering of her threshold to all the weaknesses of her nature, and oh! so little understanding of that nature or life to help her. Only those in whose lives is the memory of such experience can fully appreciate how it shakes the very foundations of being.

She goes from one service to another, finding some intensely interesting, others indescribably horrible. These follow so quickly one after the other that she has no time to digest them, to assimilate them. Always the pressure of work, mental as well as physical, for she must stand well in the classroom if she is to complete her course.

Fun there is, too, the happy intercourse of a sort of boarding school life with new friends and an enlarged horizon, though here, too, are shocks and re-adjustments—always with the background of sickness. So she comes to the end of her three years when she goes out into the world to serve humanity.

We all agree that the university school of nursing has a very great responsibility to these young things, all of them, everywhere, for whatever is set up within university walls will be followed in varying degree by all training schools. Youth is a fervent, vital, thrilling time, but it cannot evaluate life and service. Its ideals are in the clouds, its feet have not yet reached good mother earth. What must be a part of these years of training to protect the girl and to return her enthusiasm and her desire into the right way?

First—She must be given certain ideals for the understanding of *positive*

health of body, mind and soul, and those ideals must be made so practical that they become a *modus vivendi* as well as a norm by which to judge deviations. Second—She must learn to value human life and to appreciate the privilege of service.

To make these things possible, her education must be based upon what the community expects her to know rather than on what any particular hospital can give her, which involves living and working conditions that will enable her to build up proper habits of study, work and play, with protection against too heavy responsibilities before she is prepared for them. And further than that she should be taught to appreciate that all this is justified only on the assumption that it will enable her to render more worth while service.

Medicine and surgery have been occupied with the study of disease in order that society might be protected against the scourges civilization brings with it; all the energies of the profession have had to be expended in the effort to find the causes, supply antidotes and remedies, and to effect cures. So great has this task been that there has been no time left in which to study health. Only very recently has there been intruded into the minds of certain medical groups the idea that the future medical school must offer its students the opportunity to study and practice health principles and function. The public wants health, and its demands are growing more and more insistent. Especially is this true of women, for their function is to bear children, and they want healthy children. The external appearance of physical strength which is apt to be man's definition of health, has no attraction for

woman. She wants that which will give her the endurance she needs to bear and rear children, and to take her place in the larger world that modern life has opened to her. She wants knowledge, not of the abnormal, the diseased, the evil, but of the laws that govern health and happiness. Man by his nature is a fighter and the crisis toward which he moves is death, either for himself, or the other fellow. Woman in her nature is the creator and the supreme experience of her life is birth—so her demand for a better understanding of life is one that cannot be stilled—nor can it be satisfied with panaceas. Necessary as it is that medicine should study disease, germs, serums, etc., is it not time that health be made a subject of intensive study and that a definite application of its principles be made possible to all men and women?

If there is any one group of people more than another that should radiate health it is nurses. If you have had the experience of illness you may have been cared for by a nurse who was always tired, worn, depressed, or you may have found the radiating smile, the bright eye, the clear skin, the steady strength of buoyant health. If you have experienced both, you know how great a factor this health quality is in determining the atmosphere of the sickroom, and you may also be able to weigh its direct contribution to the reestablishment of health.

To my mind one of the first responsibilities of university schools as standard making bodies is to change the attitude of all concerned toward this matter of health. The first step in this as in all things is to do away with ignorance and in its place to put, not only knowledge

of health principles and law, but the demonstration of these by every student and every nurse, twenty-four hours a day. This is not an easy matter, for it requires teaching for which few are prepared. It would appear that the medical profession has little to offer us in this emergency for, as we have seen, its emphasis is placed upon disease, its nature and its cure, and for all the theoretical knowledge a doctor may possess of the functioning of a normal body, he has little understanding of how to have health and how to keep it, as it is outside his sphere, and he seldom applies the principles he may have known to his own body. Teachers of health for our young students should have thorough scientific knowledge of structure and function, but more important still they should know how to apply this knowledge, how to make it practical, how to teach it, *how to live it*.

Shall we find what we seek among the so-called physical culture teachers? Have they a sufficient background of anatomy, physiology, biology, chemistry, psychology and function to answer our needs? Just a course in gymnastic exercise will not be enough for our purpose, though even this is better than no emphasis at all on the student's own well-being. But perfunctory gymnastics do not insure health. And there is a definite feeling among gynecologists and obstetricians that there is every possibility of injury from the athletic form of exercise now in general use in girls' gymnasiums. A practical working knowledge of the natural laws of internal cleanliness, circulation, respiration and their daily use, combined with an understanding of and obedience to the laws of the inter-relation of mental and bodily

function, and a realization of the limitless possibilities for self-control, self-development, self-mastery, that is the background necessary for health, that is what we want for the student. If she can be given a comprehension of the marvelous mechanism that is the "house we live in," and appreciate through actual experience the wonderful kindness of nature, she will have a reverence for her own body that she can acquire in no other way, and through that, a reverence for the bodies of others, and a sense of the sacredness and value of human life.

In order to accomplish all that we want through this education for health it must include the *practice* of the principles involved: bodily function, mental development and character building. "Character," says Stanley Hall, "can be defined as muscle habits." So by beginning our teaching with the body structure and function, applying those same great principles to the mind and through both to building character, by giving them such knowledge we shall be protecting them from themselves and from the temptations that freedom from the usual restraints has involved them in—and we shall be giving them a vision of the sacredness of that which we call life.

Again I feel impelled to insure ourselves against possible misunderstanding, through differing definitions. I do not use the word "knowledge" in the sense so often used in health matters by those who decry the "knowledge of life" that the young people have indiscriminately gleaned from heaven alone knows what sources, for this is not knowledge, it is information without wisdom. Knowledge is two sided—it

gives understanding because it gives both good and evil. It is based upon a true picture, upon science, upon reason.

Because our students today are so young it is clearly our duty to counteract the effects of their contacts with the results of the misuse of function by giving them a vivid picture of the results of right living, right function and a real capacity for happiness—that they may find knowledge.

Hospital atmosphere is another great factor in the life of a student, and it involves all the individuals who play a part in the network of its machinery from the trustee to the garbage man. If the members of the board of trustees are too concerned with other affairs to study hospital problems, if they place an over emphasis on financial returns, they quite definitely contribute an attitude that, as it goes down the line, grows into a curious disregard of the real center of activity, the patient, and he becomes a victim rather than the hub of the wheel. The medical staff plays a very important part in this intangible but powerful factor in determining the type of student that is developed. Men who have not certain fineness of feeling, who lack the humanities, exude a certain hardness and cruelty that leave a trail of acute mental suffering among the patients, and indirectly teach those qualities to the students. No amount of lecturing on hospital psychology, nursing ethics and the like, be that lecture ever so marvelous, will efface the effect of making rounds with a man who discusses the problem at the bedside, who intrudes the personal element, or who stoops to suggestive inuendoes. Men of this caliber are unfit to teach.

We hope they are very much in the minority, and we trust that the medical profession of the future will be able entirely to exclude them from its ranks. The influence of men who, as the writer of *The Corner of Harley Street* says: "Take off their hats" to the marvels of the human body and the laws that govern it, who have found a reverence for nature in all her manifestations and who value human life because of that reverence, have an immeasurable influence over the student, as well as radiating it into every corner of the hospital.

Surely our university schools of nursing should face frankly this responsibility in the matter of teachers and insure their students against the unconscious influence of a bad atmosphere, securing for them the benefits of the good.

Girls who choose nursing as their career, though they may have but a vague idea of what they are involving themselves in, very definitely know that they must do without certain light hearted fun that their friends are experiencing. They give it up very cheerfully, feeling that they will find compensation in the sacrifice. But we who have the planning of those years of training must keep ever before us their need of normal, healthy, happy playtime to balance the exactions of their discipline. This regulation of the free hours is as important in its way as is the proper arrangement of theory and practice, and hand in hand with it comes the necessity for pleasant, wholesome living conditions. This does not mean luxury, but it does mean that the residence facilities shall be such that each student's rest time shall be protected from interruption and that she has an environment that spells health and happiness. The idea of self-sacrifice

for a principle is a most estimable one, and, as I have said, there is quite rightly an element of it in every student's heart, but if she has to stay herself upon it in order to keep up her courage, in order to bear the pressure of overwork, or inadequate play time, improper housing conditions, etc., she is in danger of being possessed by the idea that she is a martyr, that her life is nothing but sacrifice. Surely this is far from the actual fact. I feel certain that not one of you but knows that there is nothing so overwhelmingly soul-satisfying as the experience of saving life and leading a human being back to health! So let us not run the danger of the student starting her nursing life with the wrong conception. Let us so adjust her work, her rest, her play, that she will recognize the privilege that is hers in being able to train herself to serve humanity, and through that service to find an abiding happiness.

The actual educational responsibility of the university schools of nursing can scarcely be over-estimated, nor the extent of their influence upon other nursing schools. Curriculums will be based more nearly upon what a nurse should have as equipment rather than upon what any one hospital is able to give her. The Boards of the hospitals giving the practical training will make superhuman effort to secure the funds necessary to the proper balance of the student's work, once they see the need.

It would be unfair to the student not to give her a realizing sense of the opportunity that is hers—not to have her appreciate that the only possible justification of this additional expenditure in all its ramifications is the assumption that she will be able to

render better service not only during her student years, but in all the years of her active nursing life.

The primary cause behind all medical and nursing schools, the *raison d'être* for all hospitals, is the poignant need of suffering humanity. The patient is the center and from him radiate all the spokes of medical education, diagnosis, treatment, care, etc., that reach out to reconstruct this Wheel of Life. All hospitals, large and small, exist primarily for the care of the sick, and each makes its particular contribution, but those that are definitely teaching institutions assume an added responsibility for they must set standards, they must be the living examples of all that is best in medicine, surgery and nursing.

This constitutes a dual problem: Adequate care of patients and balanced training for the student, and if either has to be temporarily held in abeyance it *must* be the student's training.

It is in the nursing department that the dual problem is most acute. To give adequate care to the patients and at the same time have the student body free for the theory and practice of nursing procedure is not an easy task. Unless there is a force of graduate nurses to supplement the student service one of two things must happen: either the patient will not receive proper care, or the student will be on the wards over the time required for her education, and will have an unbalance of services. Naturally it is the student not the patient who suffers, this must be so, and should be so, no one could possibly wish it otherwise. But with the assertion that a university school of nursing makes nursing training an *educational* matter comes the necessity for enough

supplementary nursing service in the hospitals involved to do away with the over use of the student.

The economic factor is, unfortunately, all too often the deciding one, and it is well that, as one of the results of the Rockefeller Committee report on training schools, we of the laity have been made to realize that three years in a hospital has not necessarily meant a well-organized, well-balanced training. We found to our horror, those of us who did not already know it, that R.N. after a name does not necessarily guarantee us against the perfectly honest but inadequate nurse whom we have called in, in our need, to care for our children, who has had but a week's pediatrics while in training, and no contagious work at all! We have been rudely awakened and made to see that it has been somewhat our own fault, we have been blind to the fact that as trustees, we were misusing some of those precious hospital years from sheer ignorance of the problem. It is very human to search about for an alibi. And I think we often hide from ourselves behind the feeling that somehow we should have been informed, that you of the League² should have taken us more into your confidence, that we might have helped you bear the burden, and so hastened the day that has begun to dawn.

As I study the history *you* have made I am thrilled beyond measure at your endurance, your patience, your steady determination to establish adequate nursing standards. I doubt if there has ever been a more consecrated body of women anywhere and your achievements make me proud to share your woman-

hood. I have the joy of possessing an N.O.P.H.N. pin, and you of the League have given me the privilege of an equally intimate comradeship. I am happier than I can tell you to have this opportunity of expressing in person my deep and lasting appreciation of your graciousness. The fight for recognition that you have had to make has developed among you a wonderful *esprit de corps*, something that women need. To my mind you have in consequence two clear responsibilities, one to the rest of us, one to yourselves.

Your fifty years of studentship in the art of working together for an ideal have given you an experience that all women need. Can you not pass on to us some of the fruits?

The other responsibility consequent upon your long struggle, is one of self analysis in an attitude of the utmost selfishness. Is there not always danger that too concentrated an *esprit de corps* confines growth and so starts involution? Is this not the moment for you to catechise yourselves both as individuals and as a group as to whether you have not come to the end of the old revelation where your God was, and had to be, the God of Battles, whether you do not stand upon the threshold of the new world where God is not only a judge but a father, mother and a son? In this world it is no longer brother against brother, sister against sister. Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?

² National League of Nursing Education.

The problem of securing a well balanced basic training for the student nurse is so involved with that of securing sufficient financial support for hospitals that I see no better way to attain it than to share the burden with the financially responsible. It is a matter of educating enough people to see it your way, and it is infinitely better psychology *to work with* people than to insist upon their doing something *your* way. Once men (or women) realize that they run the risk of having a nurse in a time of stress who is inadequately prepared simply because the hospital she trained in hadn't funds enough to relieve her of enough ward work to permit her to get the training she went for, they are going to put their right hands into their pockets. But so long as they have a feeling of suspicion about it all, so long as they imagine that "what the nurses want" is an "easy road," or something equally ridiculous as it is false, just so long will they refuse to make it possible.

The only way I can see to dispel these illusions is for you to open your hearts to them. You have only to do this to reap the fruits of your long years of labor and of ceaseless struggle for the ideal that is a light in the darkness of suffering. Not one of you but shares in the responsibilities now resting upon these new branches of education. You have cherished the hope, you have laid the foundation stones and put up the framework and you must help to build the walls. Each one of you has the power to influence many separate individuals, each case you have, each day you spend at your work will be a definite help or hindrance to the development of these and other schools. You are just as definitely a part of this visible evi-

dence of a new era in nursing as any member of the faculties, and you share with the trustees the responsibilities they have assumed of interesting the young women in nursing as a career, of safeguarding them during training, and of interpreting nursing in all its practical value and its beauty to the community.

This matter of securing students is one that is of greatest moment, for without students there can be no university school of nursing or any other. And they must be of good quality, capable of appreciating the opportunities of such a standard-making school.

The hospitals in which university students will receive their practical work have a right to expect them to have an appreciation of this high quality of service, of the privilege they enjoy in participating in the work of the hospital, being co-workers with trustees, doctors, etc., in the wheel of relief of pain and the study of disease and cure. We must never lose sight of the fact that we share the hospital's responsibilities for the care of the patient, and our students should feel the challenge and the opportunity.

Further than this it would seem that the time has come when the actual economic value of the instruction, the teaching equipment, the living conditions provided by the hospital and the university should be more definitely realized by the student. She should see that if she wants the dignity of her profession recognized educationally she must begin to pay for what she receives in something other than service. If her time is so arranged that her service to the hospital is in very truth guarded for her training, she in turn should

recognize its value and joyfully pay as students in all colleges do.

This is one of the matters requiring much thoughtful consideration on the part of the hospitals and the schools of nursing and other hospital training schools. It involves the coördination of the groups other than undergraduate students, those of affiliates, of special postgraduates and of regular graduate service. It is not possible to discuss it at this time, but it would seem pertinent to emphasize the sense of responsibility carried by the university schools in this phase of the problem.

In closing I have only a word to say in the matter of responsibility that these new schools recognize to the community at large. As I see it, it is twofold. The first consists largely in those matters we have already discussed: the selection of the best human material, safeguarding them, developing them as human beings and assuring them a truly sound fundamental training in those essentials of nursing that are generally termed basic, that they may be truly fit to go out into the community as women trained in the care of the sick.

Just at this point I want to say a word about the university student not as yet touched upon—the postgraduates. There is a great need of supplementary and additional education for graduate nurses who have suffered from the failure of the apprentice type of training, and it is the university school of nursing that should recognize

a definite responsibility to the community to insure these women the chance to secure instruction in those branches they have missed, as well as to provide the training required in so many of the special fields now open to the nurse. These special fields are numerous and a nurse must have, besides a sound basic knowledge, an additional technical training in public health, industrial nursing, tuberculosis, etc.

Finally, it would seem that university schools of nursing have a definite responsibility and a somewhat unique privilege in the matter of interpreting nursing, not only to the student and to the active nurse, but also to the community, that there may be brought about a more general understanding of what nursing is, its ideals, its aims, its principles, its opportunities.

The community should be given the chance to see its own responsibility in the solution of the problem of securing adequate care for the sick and the further education of the individual for health. This can be best interpreted by the schools of nursing within universities as their very position within the seats of education gives them a certain impersonalness that is essential, and this gives them a further duty: to secure a more general recognition of the many fields now open for the nurse, dissimilar in external form, called by various names, but all based upon the need of the suffering and the clamorous demands of all humanity for health.

The address of the President of the National League of Nursing Education, Laura R. Logan, read at the opening session of the Convention in Detroit, will appear in the September issue of the *American Journal of Nursing*.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NATION-WIDE RED CROSS ROLL CALL

THE first, real, immediate, coast-to-coast test of the spirit of the enrollment of Red Cross nurses and the efficacy of the great machine designed at National Headquarters will occur on September 12. In the United States and her insular possessions, wherever the Stars and Stripes are unfurled, that day has been set apart to demonstrate whether the efficiency of a nation-wide roll call is merely hypothetical or not. It concerns every American citizen but most especially every single Red Cross nurse, who should mark it in letters of gold symbolic of the service she volunteered when she enrolled. On each individual rests the responsibility whether the muster, undertaken at the request of the Surgeon General's Office, is a gigantic success or whether it is the reverse.

It does not mean that a Red Cross nurse will be disturbed in the work she is performing and it does not mean that she will be involved in expenses. What it does mean is this: General Pershing has chosen the anniversary of the battle of St. Mihiel, September 12, 1918, when the American troops first went into action in France, to test national organization in every detail under the National Defense Act. Every year from now on the nation will have an opportunity of showing on this day whether it is a concerted whole able to respond in all its parts completely and immediately to any great call for service or whether

it is a series of misfits. Not only will September 12, 1924, inaugurate what may be a splendid indication of a body corporate with a wonderful national spirit but it can be made in the nature of a magnificent farewell gesture to General Pershing himself, who having reached the retiring age of 64 years, automatically retires the following day from the office of chief of staff, which he has held since the war, and from active service in the United States Army.

As the Reserve of the Army Nurse Corps, Red Cross nurses will want to make a conspicuous success of this great muster. Their *esprit de corps* is to be placed in the national balance. It cannot too often be emphasized that this is not a call to actual service and no nurse will be disturbed in the work she is at present performing. What is expected is that every individual member of the enrollment no matter what her age, what her occupation, what her physical condition, will report not later than the morning of September 12, either by letter, telephone, telegram, or in person at certain headquarters to be established. It means no more than the cost of a postage stamp or a possible charge for a telephone call unless a nurse is dilatory and does not write a letter in sufficient time to reach her headquarters by September 12, when she should be willing to assume the expense of a telegram.

No nurse should disregard this test



Tributes to that great Red Cross Nursing Chief, Miss Jane A. Delano, were laid in Arlington on Memorial Day, 1924. Miss Clara D. Noyes (left), National Director Red Cross Nursing Service, with the wreath from the American Red Cross; Miss Ida Butler (right), Assistant National Director Red Cross Nursing Service, with the wreath from the Alumnae of the University of Pennsylvania Hospital School of Nursing, where Miss Delano at one time was Superintendent of Nurses; and Mrs. Annie Humphrey (center), Director Home Hygiene and Care of the Sick, Washington Division Red Cross, charter member of the Jane A. Delano Post, No. 344, Nurses of the American Legion, New York, with the wreath from that Post.

under the National Defense Act as she has enrolled in the Red Cross Nursing Service in order to demonstrate her willingness to serve in a case of great national emergency. She is expected to respond as promptly to a call of this sort as if it actually meant active service. The spirit and efficiency of the greatest Nursing Service in the world can never be more fittingly demonstrated than by unanimous response on September 12.

Plans for reaching each nurse enrolled in the Service will be issued through National Headquarters, the six division offices and the state and local Red Cross Nursing Committees. Individual letters will be sent out in the course of the next few weeks. But nurses are asked to watch carefully the public press, the nursing magazines, the Red Cross *Courier*, and the Division Bulletins for detailed information regarding this very important event in national life.

As all nurses and those interested in nursing are asked to report at the headquarters which will be established, perhaps Red Cross nurses will pass this message on. Even if these nurses and others do not constitute the Organized Reserve they are a potential reserve and the Government desires a response regarding potential as well as actual resources.

Finally, Red Cross nurses in hospital or country, in great city or small town, in the thickly populated East or in the open spaces of the West, at home, in the out-flung island possessions or in distant foreign lands can show their allegiance to a great ideal of service by reporting themselves on September 12 and by seeing that the news of this national muster is passed on to other nurses

who may not have heard of it, in order that they, too, may make response.

ENROLLMENT ANNULLED

Again, a list of names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases, is issued this month. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Arnold, Mary Jane; Best, Mrs. E. L. (nee Mary S. Mitchell); Brennan, Mrs. Sue Stephenson; Davis, Mrs. Bertha Elizabeth; DeBarr, Stella L.; Edwards, Mrs. Thompson (nee Carmella C. Shillenn); Emery, Harriet; Essex, May Mills; Falconer, Mrs. T. (nee Ethel E. Sweet); Fencil, Helen Dorothy; Finnegan, Margaret Marie; Flaghouse, Helen G.; Fliger, Helen; Flynn, Mary C.; Folger, Mrs. H. G. (nee Maude M. Sage); Ford, Marion K.; Fulmer, Laura M.; Gabric, Minna; Gahagen, Mrs. Stella S. (was Mrs. Stella Stone Lee); Garrigues, Ruth Florence; Gaynor, Nora V.; Gilbert, Eleanor N.; Gillece, Helen Norah; Gleason, Mary Irene; Glover, Mrs. Mary I. (nee Pollard); Gochenour, Olive Kathryne; Goodall, Jane; Gordon, Mrs. Guy N. (nee Henrietta M. Howell); Gorman, Josephine D.; Gorman, Margaret M.; Graser, Blanche Caroline; Graven, Mrs. Catherine Ladden; Green, Miriam R.; Green, Viola May; Griest, Mrs. Bertha M. (nee Dixon); Grosch, Helen Amelia; Guenther, Marie Mathilda; Guiterman, Rita G.; Grant, Josephine S. (colored).

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

NOTES FROM THE CONVENTION

THAT the Michigan nurses were gracious hostesses stands out in the minds of all the Public Health Nurses who attended the eleventh Convention of the National Organization for Public Health Nursing. We want our appreciation of their thoughtfulness and interest in us to stand out as clearly to them.

One usually thinks of the business sessions as something dull and uninteresting, but the Monday morning session was made exceedingly worth while because it started on time, every report was brief and graphically told by the secretaries with the emphasis squarely on the essentials. Miss Hodgman in speaking for the Education Committee said there was an increasing demand for more Public Health Nurses and some communities were crying for better Public Health Nurses but the Education Committee had taken for its slogan "More and Better Public Health Nurses" and that there were many obstacles in its accomplishment.

Miss Fox spoke in sincerest appreciation of Miss Stevens' administration and of the fine teamwork of the secretaries; also of the assistance given by the Health Council and the increasingly happy working relations with the three National Nursing Organizations due to proximity with them. She also spoke of the test of practicability of joint services between the American Child Health Association and the N. O. P. H. N. which is being worked out in the

School and Preschool Nursing Services through their joint secretaries.

A challenge was hurled at the whole nursing world by Dr. Charles P. Emerson in his address "Communicable Disease" when he said "Every communicable disease means someone has made a mistake." His chief points of emphasis were that those in the medical and nursing professions who were directly responsible for the care of those having communicable disease should have the capacity to teach the patient as well as the family or caretakers the communicability of the disease. Furthermore that there is a source of infection for all communicable disease and that they should acquire a sensitiveness to all and any possible source of infection. He stressed the fact that many of the diseases of adult life are due to communicable diseases in childhood. Nephritis and many cardiac conditions are not acute conditions in adults but left overs from a communicable disease in early childhood.

Dr. Emerson's address certainly drove home to all of us the fact that we are "our brothers' keeper" in the control of communicable disease and that if our children have the disease some one else is surely going to get it unless great care is exercised. He placed the control of communicable disease in the great Child Welfare program of today and brought home to all of us very skillfully the need of assistance from every responsible person in every community to prevent

mistakes being made which cause children to suffer.

Probably the most helpful thing, following Dr. Emerson's address, was the session on Communicable Disease Nursing with Alta Dines presiding. Miriam Ames, Director of Child Hygiene, Community Health Association, Boston, Massachusetts, and Mrs. Ruth Haas Phillips, King's Daughters Visiting Nurse Association, Norfolk, Virginia, gave a demonstration of the care of a patient in a district home, showing exactly the precautions to be taken and the technic to be taught the one caring for the patient. It was a difficult experience for both the nurses to demonstrate before such a critical audience. However, every visiting nurse present wished all the mothers they worked with were as intelligent as the mother in the demonstration. All through the audience were murmurs of appreciation when the nurse brought in two half barrel hoops wound carefully and inserted them in the foot of the bed to hold the weight of covers away from the patient's feet. The skillful use of newspapers was also carefully watched.

The care of the contaminated utensils and soiled bedding is surely a test of the capacity of the visiting nurse, as Dr. Emerson pointed out; her ability to teach and her sensitiveness to sources of infection prove her to be either a prolific source of infection or a control of its spread. The staff nurse has a tremendous responsibility, her power is unlimited as a skilled teacher in the district homes by teaching through demonstrating cleanliness.

This last point was emphasized when Mrs. Schulken, Superintendent of the Denver, Colorado, Visiting Nurse Asso-

ciation told graphically of the spectacular assistance that association had rendered the Denver Health Department during an epidemic of small pox. The health authorities had questioned the advisability of using the Visiting Nurse Association staff but the rapid spread of small pox and limited hospital facilities had necessitated visiting nursing care of patients in their homes. Nothing could have been more satisfying than the way these well trained women proved their worth to the Health Department through their skillful nursing and teaching than the fact that the epidemic subsided and no new cases were traced to any homes under the care of the visiting nurses.

Is it not significant that in the early days of school medical inspection the detection of communicable disease was the primary function of the medical and nursing groups. Then the correction of defects loomed up on the horizon as most important in helping to build up the child's resistance against infections. And now we realize again that the control of communicable diseases is not just a matter of control by medical and nursing groups, of keeping to themselves all they know, but that they are responsible by simplyfying in non-technical terms and through actual demonstrations and making parents and guardians of children with communicable disease sense their responsibility to the community, for protecting their neighbors as well as their own children from disease.

It will be a great day when we all accept with that great teacher, Louis Pasteur, our share of the work as soldiers fighting intelligently and as one army; medical, nursing and lay groups against our greatest enemy, Communicable Disease.

THE STUDY OF VISITING NURSING

AT a meeting of the Committee to Study Visiting Nursing held on June 19 in Detroit, the Executive Committee presented to the Committee of the Whole the completed report of the study, together with a summary of its conclusions and recommendations. These were unanimously accepted by the Committee with a few suggested changes in the wording.

On June 20 this report and the recommendations were presented by the Committee to Study Visiting Nursing to the National Organization for Public Health Nursing, represented by its officers and directors, staff, and a large membership group, and were accepted by them. As soon as the few suggested changes are made, the report will be published and will be available to nurses and nursing organizations.

The address of the President of the National Organization for Public Health Nursing, Elizabeth G. Fox, the Mobilization of Public Health Nursing Forces in the States, which was read at the opening session of the Bi-ennial Convention, will appear in the *Public Health Nurse* for September, the Convention number of that magazine.

OUR CONTRIBUTORS

Christopher G. Parnall, M.D., for a number of years Superintendent of the University of Michigan Hospital, Ann Arbor, Michigan, has just assumed the direction of the Rochester General Hospital, Rochester, New York. Dr. Parnall has long since demonstrated his understanding of and coöperation with the movement to improve the education of nurses.

Nellie Gates Brown, R.N., is so enthusiastic about good bedside nursing that we have again persuaded her to discuss methods. (See Our Contributors for October, 1923.)

Loretta M. Johnson, R.N. is a graduate of the Philadelphia General Hospital School of Nursing. Following a summer course at Teachers' College she returned to her own school as assistant instructor in practical nursing and she is now instructor in practical nursing.

Emma Van Cleve Skillman, R.N. (See Our Contributors for July, 1923) puts so much of the true spirit of nursing into her writings and derives so much joy from private duty practice that we are fortunate in again having a contribution from her pen.

Mabel Smith Goulette, R.N., is a graduate of St. Mary's Free Hospital for Children and of St. Luke's Hospital, New York City. She has served at the Hospital for Ruptured and Crippled in New York City, as a missionary nurse with Bishop Brent in the Philippines and is now supervisor of nurses at the Orthopedic Hospital, White Plains, N. Y.

The name of **Arnold Gesell, Ph.D., M.D.**, is pre-eminent in the field of which he writes. Dr. Gesell is Director of the Psycho-Clinic and Professor of Child Hygiene at Yale University.

Frances P. Bolton (Mrs. Chester C.) is the "fairy godmother" of the School of Nursing of Western Reserve University, Cleveland, Ohio. (See editorial, Journal, May 1923.)

Mary Laird, R.N., is a graduate of the Rochester General Hospital School of Nursing and has the distinction of being a member of its Board of Trustees. She has had a year at Teachers' College and is Director of Public Health Nursing Association of Rochester. She was a member of the Committee which made the comprehensive study of Visiting Nursing reported at the Biennial.

Elizabeth Kamman is a student in the school of nursing of the J. N. Norton Memorial Infirmary, Louisville, Kentucky.

STUDENT NURSES' PAGE

IMPRESSIONS OF THE CONVENTION

By ELIZABETH KAMMAN

MY first impression after attending several meetings conducted by wonderfully well trained women, was how important a position our profession holds in this glorious world, and the necessity of each one of us loving and living the Florence Nightingale Pledge.

My second impression, was the necessity for the coöperation of doctor and nurse. *Coöperation*—the word itself is getting so abused and battered that I hesitate to write about it and would not have used it at all if there had been another word of precisely the same meaning—a substitute. Only, we are identically the same, too, we are without a substitute. Yet we cannot go on without coöperation. It is a movement of the spirit, not an industrial or economic cure-all. It is like a soldier obeying his superior officer, a nurse must take orders from the doctor. There are two kinds of coöperation, the conscious and the unconscious. The former type oft times requires an heroic subjugation of self that many women cannot stand. If hospitals are to be built and schools of nursing, in fact the education of the nurse brought to perfection, we must work together and not against one another. Being a Kentuckian I feel privileged to use the State Motto, "United We Stand, Divided We Fall." The

principle may be used in every phase of life, for "In Union There Is Strength."

My third impression, was of the Public and the Nurse and of Publicity for the Schools for Nurses which was wonderfully visualized at a Round Table under this heading.

The needs of the public as well as those of the nurse were discussed. At this time we were made to realize how necessary it is for the graduate nurse and the student nurse to coöperate in placing the nursing profession before the public. Explain to them the advantages offered by our schools, as nursing is not a JOB, it is a CAREER. Let us be leaders, not servants, of the people. The suggestion of one of our noble leaders was to go before the Parent-Teachers Associations. Familiarize mother and teacher with the scope and importance of our nursing schools, and so build for the private and public welfare of future generations. The high school girl of today is the mother or business woman of tomorrow, and only through the education of the young is it possible to instill the importance of our profession in the minds of the people. Having had these points so forcibly presented, makes one realize the importance of giving our coöperation in carrying out these ideas.

TO THE NURSES OF '24

Three things may not be neglected if you would avoid serious regrets later on:

1. Membership in your alumnae association.
2. Registration in your home state and the state in which you intend to practice.
3. Enrollment in the nursing service of the American Red Cross.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

AN INTERESTING LETTER

(A letter from the British Ambassador at Washington, to Honorable Charles E. Hughes, Secretary of State.)

SIR: I have the honour to refer to the recent visit of Dame E. Maud McCarthy, G.B.E., R.R.C., Matron-in-Chief of the Territorial Army Nursing Service, to the United States of America in response to a warm invitation extended to her by the Surgeon-General of the United States Army on behalf of the United States Army Nurse Corps.

During her visit to this country, Dame Maud was cordially and courteously entertained in several of the greater American cities and was afforded opportunities of inspecting a large number of naval, military and civil hospitals, and moreover, during her stay in Washington, the President of the United States was so good as to receive the above mentioned lady in audience.

In view of the kind and hospitable welcome extended to Dame Maud, I have the honour to convey to you and, through your kind intermediary, to the competent authorities of the United States Government, an expression of the thanks of the Army Council for every courtesy shown to Dame McCarthy and of their great gratification at the eminently successful outcome of her visit to the United States.

I have the honour to be, with the highest consideration, Sir,

Your most obedient, humble servant,
ESME HOWARD

MENTAL ALERTNESS TESTS

DEAR EDITOR: The Army School of Nursing, keeping step with other professional schools, has taken the "Intelligence Test," or perhaps a better term is "Mental Alertness Test." The tests used for this purpose naturally would be the Army "Alpha" which were prepared especially by the psychological Committee of the National Research Council. They were revised by the direction of the Surgeon General of the Army, and printed by the Medical Department, U.S.A., September 1, 1917.

The object of the tests was to sift out the mental defectives who were not qualified for military service, to discover men of superior ability, and men with marked special skill. It was called "Alpha" to distinguish it alike from examination "A", and from examination "Beta" for illiterates. These tests were retained until the close of the war as a group examination of literates. Between April 1 and December 1, 1918, it was given to approximately 1,250,000 men.

The tests were given to over one hundred students of the Army School of Nursing just as an experiment to compare their ratings with those of college freshmen. The tests came as a surprise, and to some an agreeable surprise, for they were rated higher than they hoped, and the result was most gratifying, even to us who knew they were superior.

The students made a median score of 128, and for the purpose of favorable comparison I am using the median scores made by other professional or prospective professional groups:

Colorado College	142
20 Colleges Combined (men)	130
University of North Dakota	129
Army School of Nursing	128
University of Minnesota (freshmen)	128
13 Colleges Combined (women)	127
Southern Methodist University	123
State Teachers' College, Colorado	122
University of Idaho	117

It gives a great deal of satisfaction to be able to tell the Class of 1924 that many of their number fall in the group which is termed "near genius" or "genius."

In a recent issue of one of our popular magazines, Allen Harding relates an interview with President Scott of Northwestern University. President Scott and his co-workers are using a "student-rating scale," and the factors considered are Personality, Perseverance, Mental Alertness, Confidence and Vigor, and Reliability. He quotes: "A man is the sum of all his qualities. He is mind and body plus character and personality."

MARY W. TOBIN, A.S.N., Class 1921
Instructor, Army School of Nursing

DEAR EDITOR: The Smith-Barton Training School for Nurses of Taikuh-sien, Shansi, China, held its first commencement on March 29, 1924.

The Commencement was the first one in the Province of Shansi, in which the N.A.C. diplomas were awarded to the graduates. The day was wonderful, and nothing was spared to make it a day to be long remembered by the graduates. Guests arrived the day before, and many sent letters and telegrams of congratulations to the nurses. Governor Yen sent a gift in the shape of a nice book to each one of the graduates. The exercises were held in the American Board Church, and among the guests were the students of the Taiku Commercial School, and students of the Oberlin-Shansi Memorial School. The Glee Club of the latter played one or two numbers which added much to the entertaining of the friends. Mrs. Dr. Corbin presided at the organ. Dr. E. W. Edwards of Taiyuanfu gave an eloquent address after which one of the graduate nurses read an essay on "The Nurse's Duty Toward the Hospital." Soon after the exercises friends sat down to a feast which lacked nothing.

The nurses have already been assigned to various hospitals, and one of them has started in doing Public-Health Work in our Outstations. Since this is the first work of its kind, and the nurse being especially qualified for it, there will be no limit of his usefulness to the public.

Taiku, Shansi, China

A. M. A.

DEAR EDITOR: In reference to twelve hour duty nursing, I do not understand why so many nurses are opposed to it. In my estimation twenty-four hour duty is certainly not improving to one's health, but impairs it, I think. What rest can a nurse get if on a case as mentioned above? The nurse retires between nine and ten o'clock, she is called three or four times before six a. m., arises at seven; she averages about four hours of light sleep, for one ear and one eye were open for calls. Does one feel rested and freshened? *No!* She performs the forenoon nursing care, after a brief lunch she hurries off to get a street car which will take about one hour or more to reach her destination,

has a few chores to do at home, remembers she has only four hours off, time is up, must hurry back to her patient and start the same routine, but minus the rest and recreation. Is four hours' sleep enough for a nurse to get out of twenty-four? I say no. Can one stand the strain week in and week out? *No.* I understand it is hard from the financial point of it, but if your health is gone, can anyone, or yourself, buy it back? *No.* I am highly in favor of the twelve-hour duty and sincerely hope in the near future we shall have it and that all nurses will benefit by it.

California

R. A. S.

LOST ARTICLES

DEAR EDITOR: Following is a list of articles still unclaimed which were turned into the "Lost and Found" booth at the Biennial:

1 pair of eye glasses—shell rim and gold bar.

1 gold and black enamel pin—initialed J. S. T. M. '24.

1 gold pin, initial "B" with small pearls.

1 gold pin, blue and white enamel—gilt initials B. C. S. and H. T. S.—C. S. M. 1913 on back.

Rosary.

Grip keys.

2 small loose leaf note books.

1 shorthand note book and several others.

1 small address book.

1 silver lead pencil—initial L. E. G.

1 Silver Eversharp pencil.

1 Standard memorandum book.

FRANCES S. DRAKE,

4708 Brush St., Detroit, Mich.

UNCLAIMED MAIL

DEAR EDITOR: The Headquarters Office of the American Nurses' Association, 370 Seventh Avenue, New York, is holding letters and post cards which were not called for during the Convention in Detroit, Mich. These will be forwarded upon request: Jessie McLean, H. Klemm, Catherine Corley, Katie Hohehouse, Margaret H. D. Hopkins, Ruby Gordon, Effie C. Dickinson, R. A. Lanler, Ella Spirving, Catherine Lavelle, Anne Phifer Crawford, Vernon Coffelt. Address,

The Secretary.

DEAR EDITOR. Bellevue Training School for Nurses was started, separate from the Hospital, by a Board of Lady Managers in 1873, and housed in their property, 426 East 26th Street (where is now Osborn Hall, our Club House), until 1908.

C. B. C.

JOURNALS ON HAND

Frances A. Dennis, 553 Main Street, East Orange, N. J., will sell at 25 cents each and carriage, for three or more copies, one or two copies at 30 cents each and pay postage, *Journals* for 1902, February and December; 1903, February, March, April, June, July, August, September; 1904, April; 1905, June; 1911, May and June; 1912, June and October; 1913, April; 1914, March; 1916 to 1923, complete except October and November, 1917, and May, 1918.

M. A. Candon, 66 North Willow Street, Montclair, N. J., will send for postage, copies of the *Journal* for 1923.

JOURNALS WANTED

Bess Lowry, Superintendent of Serials and Binding, Iowa State College, Ames, Iowa, would like a copy of the September, 1913, *Journal*, which contains the index for Vol. XIII.

Ethel J. Odegard, Madison General Hospital, Madison, Wis., would like *Journals* for November and December, 1900; January, February and March, 1903; July, 1904; July, August, September, October, November, December, 1905; April, July, 1906; December, 1909; October, 1910; June, July, 1911; November, 1912; January, February, 1913; October, 1915; January, 1916; October, 1917; July, September, October, 1919; March, November, December, 1920.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

26. How would a twelve hour duty nurse, taking a case at a small town hospital where a room could not be provided for the nurse by the hospital, arrange if she had to go to an hotel? Would the charges be made against the patient?

When a nurse leaves the town in which she is practicing to answer a call elsewhere it is expected that the patient or his family will bear the expenses of transportation and provide board and a suitable place for sleep while she is on the case.

27. Who was Charlotte Aikens and what did she do for the nursing profession? Was she a registered nurse?

Charlotte A. Aikens of Detroit, Michigan, graduated from Alma College, St. Thomas, Ontario, Canada, and took her nursing course at Stratford General Hospital, Stratford, Ontario. She was Superintendent of Sibley Hospital, Washington, D. C., of the Methodist Hospital, Des Moines, Iowa, and of Columbia Hospital, Pittsburgh. She retired from hospital work about 1908, to devote herself to writing. She lives in Detroit and has two adopted children. Before she left hospital work she was associate editor of the *International Hospital Record*, which work she

continued for some years. In 1911 she became associate editor of *The Trained Nurse and Hospital Review*, later becoming editor; in 1923 she severed this connection.

Her books are *Hospital Housekeeping*, *Hospital Management* (a symposium), *Primary Studies*, *Clinical Studies*, *Home Nursing*, *Training School Methods* and *Ethics for Nurses*. She has always been interested in the problems of the small hospitals, and in the Household Nursing movement. From 1912 to 1916 she was chairman of the committee of the American Hospital Association on the Grading of Nurses. In 1920 Miss Aikens was chosen by the Methodist Church Mission Board to make a survey of the continent of South America and give advice in regard to their program for the establishment and maintenance of medical missions in those countries. She was chosen for this because she probably combines a wider knowledge of hospitals and missions than anyone in America.

Miss Aikens' outstanding characteristic is her gift of prophetic insight. She is not, we believe, a registered nurse. Not many states had registration at the time she retired from active hospital service.

MINNIE GOODNOW, R.N.

NURSING NEWS AND ANNOUNCEMENTS

THE NATIONAL LEAGUE OF NURSING EDUCATION

THE THIRTIETH ANNUAL CONVENTION

A great Convention! This was the note sounded at the BIENNIAL NATIONAL NURSING CONVENTION held in Detroit from June 16 to 21. With the three National Nursing Associations in session and a registration close to five thousand nurses, representing not only this country but other countries as well, the Detroit Convention will go down in history as one of the momentous events in American nursing. This Biennial Convention marked the thirtieth annual meeting of the National League of Nursing Education. In common with the other two organizations the League shared the privileges and arrangements so efficiently planned by the Local Arrangements Committee. One of the outstanding impressions carried away from Detroit was the splendid machinery provided not only for the carrying out of the program but included also a rare forethought for the comfort of every individual nurse.

Speaking of the program itself, a feast indeed had been prepared by the Program Committee. Of the nine general sessions the three conducted by the League were given over to such important subjects as "Budgets for Schools of Nursing" (a report of the League Committee on Budgets, of which Miss Elizabeth Greener is Chairman), "The Responsibility of The Community and The Hospital in The Establishment of Nursing Schools" by Dr. Christopher G. Parnell, "The Responsibility of the University School of Nursing to the Individual Student, the Hospital and the Community" by Mrs. Chester C. Bolton, an account of the new Yale and Western Reserve Schools of Nursing and a presentation of Nursing in Other Lands. Included among the speakers on this latter topic was Miss Pohjala of Finland who brought greetings to the nurses of America from the nurses of Finland and an invitation overflowing with warmth and cordiality to come to Helsingfors next summer. Miss Christiane Reimann, Secretary of the International Council of Nurses also spoke at

this session on "A Glimpse of Nursing in Scandinavia."

To note only the general sessions conducted by the League would give an altogether incomplete idea of the variety and richness of thought mutually shared by the three national organizations. At the opening session each of the three presidents brought a distinct message. Miss Clara D. Noyes presented a graphic picture of the American Red Cross Nursing Service and the Honorable John H. Clarke spoke on "Woman's Relation to World Peace." Other general sessions included papers on "The Role of the Physician in the Education of the Nurse," "The Government Nursing Services," "Communicable Disease" and "Meeting the Demands for Community Health Work." At the closing general session Friday night, Dr. George Vincent gave an address which will long be remembered on "The Public and the Nurse."

Teachers and teaching, changing systems and demands constituted the theme of the Instructors' Section Session. At an open meeting conducted by the Education Committee the curriculum was the subject of a most profitable discussion. An unusually splendid program of Round Tables had been planned for some of which considerable investigation had been carried on resulting in valuable findings.

In recounting the proceedings of a convention the natural gravitation is toward a description of the general program. And yet the very heart beat of an organization lies, not so much in this phase of the convention, as in the business meetings out of which its policies grow and its strength is measured. Two business sessions had been formally scheduled for the League, but as a matter of fact, business meetings were interspersed throughout the week. Whenever a few minutes appeared vacant at the end of a League session, the body was promptly called to attention and business was again the order of the day. This procedure was necessary because at this convention, the Constitution and By-Laws with revisions were presented for discussion and it is gratifying to record they

were voted upon before the Convention adjourned. Excellent reports were submitted by the various committees, indicating in detail the breadth of the work to which the League is applying its efforts and resources.

At the open meeting conducted by the Advisory Council, nineteen State Leagues of Nursing Education presented reports of work covered in the past year. Strengthening the weak links in the state, meeting state situations as only state organizations can, a steady pursuit for better standards was noted again and again as each of these nineteen State Leagues briefly reviewed their year's history.

The officers of the National League of Nursing Education elected for the year 1924-1925 are: President, Laura R. Logan, Ohio; first vice-president, Carrie M. Hall, Massachusetts; second vice-president, Mary M. Pickering, California; secretary, Ada Belle McCleery, Illinois; treasurer, Marion Rottman, Wisconsin; directors for 1924-1926: Annie W. Goodrich, Connecticut; Bena M. Henderson, Wisconsin; Mary M. Roberts, New York; S. Lillian Clayton, Pennsylvania.

This report may seem a series of titles and names; almost a reprinting of the program. Little has been written of that other phase of the Convention: color, enthusiasm and the stimulation which comes from reunions and great group meetings. But if whisperings and echoes are to be relied upon at all, the convention was an event, not only in program and arrangements, but equally so in its urge to go onward and forward.

BLANCHE PFEFFERKORN, *Exec. Secretary.*

NURSES' RELIEF FUND

REPORT FOR JUNE, 1924

Balance on hand May 31	\$20,451.97
Interest on bonds	589.14
Interest on bank balance for six months	233.21

Receipts

California: Dist. 3, \$15; Dist. 5, \$10; Dist. 6, \$12; Dist. 7, \$5; Dist. 8, \$7; Dist. 9, \$47.50; Dist. 10, \$16; Dist. 11, \$36; Dist. 14, \$10; Dist. 16, \$3; Dist. 17, \$3; Dist. 19, \$88.40; State Convention Collection, \$90	342.90
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Florida: Dist. 2, \$64.50; Dist. 4, \$32;	96.50
Illinois: Anonymous	10.00
Indiana: Home Hospital Alumnae Assn., Lafayette, \$40; Hope Hospital Alumnae Assn., Fort Wayne, \$23	63.00
Massachusetts: Boston City Hospital Alumnae Assn.	25.00
Michigan: Dist. 1, \$7; Dist. 2, \$69; Dist. 3, \$9; Dist. 7, \$77; Dist. 9, \$5; Dist. 10, \$10.50; Dist. 11, \$75; Children's Hospital of Michigan Alumnae Assn., \$32	284.50
Minnesota: Dist. 2, \$9.50; Dist. 3, \$165; Dist. 4, \$38; Dist. 5, \$10; State Nurses' Assn., \$200	422.50
Missouri: St. Joseph's Alum. Assn., Kansas City	100.00
Nebraska: Dist. 1	17.00
New Hampshire: Woodsville Cottage Hospital Alumnae Assn.	25.00
New Jersey: Dist. 1, \$27; Dist. 6, \$4; Elizabeth General Hospital Alumnae Assn., \$15	46.00
New York: Dist. 2, \$1; Dist. 4, \$50; Dist. 13, \$667.75; Dist. 14, \$97; One individual, Rochester, \$1	816.75
North Carolina: State Nurses' Assn.	25.00
Oklahoma: State Nurses' Assn.	6.00
Oregon: State Nurses' Assn.	114.00
Pennsylvania: One individual, \$2; State Hospital Alumnae Assn., Scranton, \$28	30.00
Porto Rico: Assn. of Registered Nurses	48.00
South Dakota: Dist. 3	45.00
Texas: Dist. 1, \$1; Dist. 6, \$26	27.00
Washington: Dist. 2, \$2; Dist. 4, \$18; Dist. 5, \$24; Dist. 9, \$10; Sacred Heart Hospital Alumnae Assn., \$50; Deacon Hospital Alumnae Assn., \$32; St. Luke's Hospital Alumnae Assn., \$24	160.00
Wisconsin: Dist. 3, \$50; Dist. 7, \$50; Dist. 11, \$23	123.00

Total receipts \$24,101.47

Disbursements

Paid to fifty-one applicants	\$ 775.00
Printing and stationary	1.25
Expenses of Chairman	14.50

Purchase of bonds.....	12,067.00
Check returned	1.00
	<hr/>
	\$12,858.75
Balance on hand June 30, 1924.....	\$11,242.72
Invested funds	83,951.57
	<hr/>
	\$95,194.29

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON
ROBB MEMORIAL FUND TO
JULY 8, 1924

Previously acknowledged	\$28,795.84
California: Alumnae Assn. of the Good Samaritan Hospital, Los Angeles, \$10; Humboldt County Nurses' Assn., \$5.....	15.00
Indiana: University Nurses' Alumnae Assn., Seymour.....	25.00
Massachusetts: The Boston City City Hospital Alumnae Assn.....	25.00
New Jersey: Memorial Hospital Alumnae Assn., Morristown.....	5.00
New York: Nurses' Assn. of the Counties of Long Island, Dist. No. 14	10.00
	<hr/>
	\$28,875.84

REPORT OF THE McISAAC LOAN FUND
TO JULY 8, 1924

On hand at last report.....	\$698.52
Interest16
Bank error	5.00
California: Alumnae Assn. of the Good Samaritan Hospital, Los Angeles, \$10; Humboldt County Nurses' Assn., \$5.....	15.00

Indiana: University Nurses' Alumnae Assn., Seymour	10.00
New Jersey: Memorial Hospital Alumnae Assn., Morristown	5.00
	<hr/>
	\$733.68
July 1, Loan made	\$200.00
July 8, Loan made	200.00 400.00
	<hr/>
	\$333.68

Contributions to either fund may be sent to the Treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, payable to Mary M. Riddle, Treasurer.

ARMY NURSE CORPS

During the month of June, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Banks, Mass., 2nd Lieut. Daisy E. Kinsland; to Station Hospital, Fort Benning, Ga., 2nd Lieut. Ella Whelton; to Columbia University, New York City, 1st Lieuts. Mary W. Tobin, Margaret E. Thompson; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Laura Broghamer; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieuts. Rose C. Charvat, Esther Craney; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Helen E. Woodmansee, Edith H. Rutley, May V. Greenlees, Harriet E. Aronson; to Station Hospital, Camp Lewis, Washington, 2nd Lieuts. Maude A. Spinner, Mildred L. Johnson; to Station Hospital, Fort Riley, Kas., 2nd Lieut. Eva D. Hicks; to Station Hospital, West Point, N. Y., 2nd Lieut. May Dixon; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Alma C. Hanson; to the Hawaiian Department, 1st Lieut. Mary F. McLaughlin, 2nd Lieuts. Margaret F. Riley, Beatrice M. Dare, Blanche Kingsley; to the Philippine Department, 2nd Lieuts. Mary M. Brady, Johanna Gorman, Elizabeth Hansbrough, Louise R. Irvin, Mary A. Kalouner, Myrtle L. Rains, Elizabeth M. Reamer.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Marion F. Benson, Cora E. Black, Artie Craig, Lillian

M. Crummey, Agnes B. Daly, Annie G. Fox, May V. Greenlees, Nelle A. Harmon, Anna Hayes, Theresa M. Klein, Frances M. Luthardt, Teresa A. McGowan, Mary B. Massman, Vivian M. Newman, Alma M. Olson, Marguerite Reutiman, Julia B. Sherman, Caroline Slusser, Alva Tomlinson, Clara Swenson.

JULIA C. STIMSON,
*Major, Superintendent,
Army Nurse Corps.*

NAVY NURSE CORPS

Transfers: During June—To Annapolis, Md., Alice E. McGuire; to Canacao, P. I., Edith M. Ahlstrom, Helen C. Houser, Harriet K. Johnson; to Charleston, S. C., Violet S. Gass, C.N.; to Guam, Mary A. Kief; to New York, N. Y., Alice M. Gillette, C.N., Williamine M. Laurenson, Katherine F. Lowe, Nora A. Reardon; to Norfolk, Va., Anna McAloon, Mary M. Ritter; to Pearl Harbor, T. H., Johanna Ferris; to Parris Island, S. C., Georgianna Rennie; to St. Thomas, V. I., Margaret E. Jones, C.N., to Washington, D. C., Mary A. Snyder.

Honorable Discharge: Minnie A. Campbell, Florence R. Partridge.

Resignations: Harriet E. Kingston, Florence G. Flynn, Loretta McDonald, Anna L. Styer, Johanna E. Suzay, Elizabeth H. Whitehead.

Discharged from Inactive Status: Della Wheelers.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers and reinstatements have been made during the month of June:

Transfers: Emma Wilson, to New York City; Rachael Hamilton, to Fort Stanton, N. M.; Minnie Epstine, to Stapleton, N. Y.; Helen Kinnan and Agnes Corcoran, to San Francisco, Calif.; Edna Evans, to Port Townsend, Wash.; Eva Knight, C.N., to St. Louis, Mo.; Beatrice Bona, to Gallops Island, Mass.

Reinstatements: Margaret Redmond, Theresa Carr, Julia Crockett.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE. Transfers: To Legion, Tex., Mrs. Frances L. Curry, Ella Mosley, Annie E. Griswold, Alma Houser; to Memphis, Tenn., Pauline D. Troch; to Alexandria, La., Catherine P. Manney, Orene L. West; to Palo Alto, Calif., Elsie Andros; to Fort Bayard, N. M., Rose M. Waller, Stella Werner, Edna J. Osborne, H.N., Marion Echternach, C.H.; to Boise, Idaho, Helen Schmidt; to Kansas City, Mo., Emma May Dosdall; to Knoxville, Iowa, Edith C. Anderson, Sarah Meahan, Anna R. Fisher, Mary E. Grady; to Oteen, N. C., Jessie Wright, Mary E. Townsend; to Augusta, Ga., Kathryn I. Slayton; to 97 Chillicothe, O., Mary E. Musser, Mary S. Litter, Helen Van Meter; to Newport, Ky., Annie L. Ferguson, H.N.; to Waukesha, Wis., Nan M. Sullivan, Asst. C.N.; to American Lake, Wash., Mary D. Walters.

Reinstatements: Alice R. Simpson, Mary B. McLaughlin, Mae Stock, Dorinda Black, E. May Austin.

DISTRICT MEDICAL SERVICE. Transfers: To Fort Bayard, N. M., Mary E. O'Connor, Mrs. Katie H. Foley.

On June 1, the U. S. Veterans' Hospital No. 97, Chillicothe, Ohio, was formally opened. Flora Schumacher, formerly Chief Nurse at U. S. Veterans' Hospital No. 69, Newport, Ky., was transferred to this hospital as Chief Nurse.

During the month the Superintendent of Nurses attended the Convention of the American Nurses' Association in Detroit. Fifty-four of the U. S. Veterans' Bureau nurses attended the conference on official leave granted by the Director.

U. S. Veterans' Hospital No. 54, Arrowhead Springs, Calif., was officially closed on June 15.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN DIETETIC ASSOCIATION will hold its seventh annual meeting at the New Ocean House, Swampscott, Mass., on October 13-16, 1924.

ANNUAL CONVENTION CANADIAN NURSES

The Canadian National Association of Trained Nurses held its annual convention

June 23-24, in the Royal Connaught Hotel, Hamilton, Ontario. About three hundred delegates from different points in Canada attended. Jeanne Browne, President, gave the address of welcome. Jeanne C. Wilson, treasurer, reported the total membership of all affiliated associations to be 10,929. June 24, Florence Emory, president of the health section of the organization, presided. Dr. Grant Fleming, deputy medical health officer of Toronto, gave an address on "A Public Health Program for the Preschool Child," stating that the necessities were hygienic living conditions, proper food, sufficient sleep, fresh air and training in good health habits, and emphasized the importance of safe milk. The next annual session will be held in Ottawa.

Colorado: Denver.—MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual election on June 5. The officers elected were: President, Rose Miller; vice president, Nora Moffitt; secretary, Rebecca Killey; treasurer, Les- sie Chartrand. The annual picnic which the Juniors gave to the Seniors was held June 11, and the annual banquet of the Alumae on June 12. Commencement exercises were held May 22, and 19 students received diplomas which were presented by Right Rev. J. Henry Tihen, D.D., who also made the principal address. Dr. Robert M. Shea gave the opening address which followed the chapel exercises. A reception and dance followed the program. CHILDREN'S HOSPITAL held graduating exercises for a class of five on June 11. The address of welcome was given by Mrs. W. H. Kistler, the address to the class by Dr. G. P. Lingenfelter; diplomas were presented by Mrs. Oca Cushman, Superintendent of the School, and E. Luella Morrison, Superintendent of Nurses, presented the class pins. A reception and dancing followed the program.

Connecticut: Hartford.—Miss R. McConnell has been appointed Principal of the Training School for Nurses at the Hartford Hospital, to succeed Robina Stewart. Reverend Mother A. Valencia, Superintendent of ST. FRANCIS HOSPITAL, observed the golden jubilee of her religious profession on June 12. Twenty-seven of those years were devoted to the care and building up of St. Francis Hospital. The growth is clearly

manifested for during its first year 314 patients were cared for, while the last year 8382 were treated. The ability, and success with which the Superintendent carried out the task assigned to her are recorded in every chapter of the history of the institution. A woman of great intellectual power, she has had strength, moral, spiritual and physical, to labor for that future and to make it a glorious reality. Beneficiaries of the hospital residing in the vicinity of Hartford, together with the Hospital Staff and Nurses' Alumnae, handed Mother Valencia a check for \$16,000. Monday evening all the nurses connected with the hospital, aided by the Alumnae, presented a play in honor of the occasion, and were entertained at a banquet. **New Haven.**—THE ALUMNAE OF THE CONNECTICUT TRAINING SCHOOL have held their monthly meetings at the Nurses' Domitory. The speakers at these meetings have brought interesting news of advancements which are being made in other fields of work. Appreciation of these talks has been shown by the large attendance at each meeting. The senior class attended the annual picnic, June 12, at St. Paul's Vacation Home, Woodmont. Officers for the year are: President, Katherine Flang; secretary, Harriett Gregory; treasurer, Mrs. Cora B. Conklin.

District of Columbia: Washington.—THE LEAGUE OF NURSING EDUCATION held its monthly meeting at the CHILDREN'S HOSPITAL May 29. The principal subject discussed was, How to Interest the Nurses in Their Alumnae, State Association and the Red Cross. The general opinion was that this should be done before the nurse graduates and by presenting each student with application blanks for these associations before she leaves the school. A card party for the benefit of the Educational Fund of the League, which proved a financial success, was held in the New Willard Hotel ball room. The graduating classes of all of the schools of nursing in Washington were featured in the brown photogravure sheet of the *Washington Post*, the last Sunday in June. Gallagher Municipal Hospital dedicated four new psychopathic wards, at exercises at the hospital, during which nine nurses of the Capitol School of Nursing received diplomas. Cuno H. Rudolph, president of the

Board of District Commissioners, delivered the opening address and told of the plans for the building of the hospital. Representative L. C. Dyer of Missouri gave the principal address and stressed the need of adequate municipal hospital facilities. There were other speakers among whom were Catherine E. Moran, Superintendent of Nurses, and Dr. D. Percy Hickling, secretary of the School of Nursing.

Georgia: Chloe Jackson resigned her position as field representative for Georgia, of the Southern Division, American Red Cross, on June 1.

Illinois: Chicago.—THE CENTRAL COUNCIL FOR NURSING EDUCATION gave a reception at the Nurses' Club on June 11, in honor of the wives of the members of the American Medical Association, who were attending the annual convention. A brief address was given by Dr. John M. Dodson, Executive Secretary of the Bureau of Health and Public Instruction, A. M. A., on the work of the Council. Dr. Dodson emphasized the importance of nurses being adequately prepared to meet the needs of the community. ST. ANNE'S HOSPITAL sent four members of the Alumnae to the Detroit Convention. I. Kost, R.N., is Acting Superintendent of the ILLINOIS TRAINING SCHOOL FOR NURSES.

Indiana: Decatur.—THE FIRST DISTRICT, INDIANA STATE NURSES' ASSOCIATION, held its regular meeting at the Adams County Hospital, July 12, guests of Emilie Christ, Superintendent. Anna M. Holtman, president, presided. Forty-two members were present. The delegate to the A. N. A. Convention in Detroit gave a very interesting report which was greatly appreciated. The next meeting will be at Bluffton, at the City Library, September 13. The annual meeting will be held in Fort Wayne, November 8, at the Wolf and Dessauer Auditorium, beginning with a noon luncheon at \$1.00 per plate; remittances to be made to Lottie Keller, Lutheran Hospital, Fort Wayne. Edna Foley, Superintendent of the Chicago Visiting Nurse Association, will be the principal speaker. **Hammond.**—The graduate nurses of ST. MARGARET'S HOSPITAL met at the hospital, June 5, to form their Alumnae. Miss Schmidt acted as chairman. The Constitution and By-Laws were dis-

discussed. The following officers were elected: President, Wilma M. Schmidt; vice president, Olive E. Porter; secretary-treasurer, Marie P. Gunschevich. Sister Fulgentia and Sister M. Humberta were made honorary members of the Alumnae.

Iowa: Iowa City.—THE UNIVERSITY OF IOWA HOSPITAL held graduating exercises for a class of 27 in June. The Nurses' Alumnae Association gave a dinner party at Red Ball Inn, the Senior nurses being their guests. Several greetings were received from members who were unable to attend.

Kansas: Topeka.—THE KANSAS STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration August 19 and 20 in Newton. Nurses who will have finished their training on or before November 20, 1924, are eligible for this examination. Applications should be filed not later than August 6 with the Secretary of the Board, M. Helena Hailey, 961 Brooks Avenue, Topeka. **McPherson.**—Additional news in regard to the McPherson Training School commencement program which occurred on May 12. E. O. Hawkinson of Marquette, a member of the Board, presented the diplomas to the five members of the graduating class, stressing the high calling to which the young women have consecrated their lives. Dr. J. C. Hall, in behalf of the Institution, presented the class pins. The address was given by Dr. E. F. Pihlblad, President of Bethany College, Lindsborg, and President of the Board of Directors of the Hospital. Dr. Pihlblad gave many helpful suggestions to the graduates. The Nightingale Pledge was taken by the class. Special music was provided by the girls' quartette from McPherson College and the boys' glee club from Central College, also vocal selections.

Kentucky: Louisville.—THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES held its Eighteenth Annual Convention at the Brown Hotel, June 25-27. The President, Edith Edwards Bush, presided at the opening session. The invocation was by Bishop Woodcock; the address of welcome by Mayor Huston Quinn, was responded to by Harriett Cleek of Lexington. Addresses were given by Mrs. Ben W. Bayless, President of the Kentucky Federation of Woman's Clubs; and

Dr. Ira Kearns of Louisville, on Coöperation Between Nurse and Doctor. The State League of Nursing Education was called to order by its chairman, Lee Guthrie of Franklin. Splendid papers were read on, What We Need Most in Our Training Schools, by Flora E. Keen of Somerset, Secretary of the State Board of Nurse Examiners; The Training of the Nurse, by Sister Mary Benigna of Lexington (Read by Margaret Lynch). Dr. Stewart Graves, Dean of the Medical Department of the University of Louisville, gave a talk on Combining a University Course with Nurses Training. An automobile tour of the city followed with a stop for refreshments at the Deaconess Hospital. At 6:30 a reception was held at the Jefferson County Graduate Nurses' Club, with Jo O'Connor, Registrar, as hostess. June 26, Edith E. Bush presided. Invocation by Father Raffo of Louisville, followed by a splendid address by Mrs. George H. Webb, Governor of the Fifth District of Kentucky Federation of Women's Clubs. A joint meeting of the State Association of Public Health Nurses and the State Association of Registered Nurses was held. A paper, Public Health from the Standpoint of an Industrial Nurse, by Willie Offutt and read by Mr. Conley of the Louisville Sanitary Manufacturing Company, was greatly appreciated as it gave views to the nurses on a comparatively new field for the South. Moving picture demonstrations were given by Dr. Barnett Owen, Orthopedist. A paper on Infant Feeding, by Dr. James Bruce, which was followed by a discussion by Mrs. E. L. Parmalee of the Public Health Association, was very instructive. Georgia Baxter, chairman of the Private Duty Section, presided at the afternoon session. A paper on The Evolution of the Nurse, was given by Dr. Irvin Abell of Louisville, and followed by Some Recent Technical Diagnostic and Therapeutic Procedures the Private Duty Nurse Should Know, by Dr. Virgil Simpson of Louisville. The Private Duty Nurse from the Patient's Standpoint, by Mary V. O'Brien of Lexington, and The Nurse's Relation to Patients and Their Relations, by Dr. Stucky of Lexington. Following an address by the President, Edith E. Bush, the following officers were elected: President, Edith Edwards

Bush, 1119 S. Fourth Avenue, Louisville; vice presidents, Florence McClelland, Flora Gates; recording secretary, Sue Parker; corresponding secretary, Jane A. Hambelton, 922 South Sixth Street, Louisville; treasurer, Gertrude M. Bethell. At a dinner given at the Brown Hotel one of the interesting features was a table for the past presidents of the Association. Of the twelve, six were able to attend; among these was Laura Wilson of Boston, one of the first presidents and who was Superintendent of the Louisville Children's Free Hospital for years. The principal speaker was Dr. Royal Clyde Ague, Director of the Post War Service of the Washington Division of the American Red Cross. Following the dinner all were guests at a theater party given by the Louisville Convention and Publicity League. An Executive Board meeting was held on the morning of June 27. Invocation by Rev. E. Y. Mullins. Dr. Ora K. Mason of Murray gave a paper on Hydrotherapy, the Importance of Its Use in Hospitals; Dr. A. P. Williams of Louisville, a paper on Oral Hygiene; Nora Kirch, Manager of the Woman's Department, Louisville Trust Company, a paper on A New World. Reports were given by the committees of the Eastern and Western Districts of Kentucky State Associations of Registered Nurses, and other business was transacted. Next year the convention will be held in Lexington. THE WESTERN DISTRICT OF THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES held its annual meeting June 3, at the Public Library. The meetings have been unusually well attended during the year. After the election of officers a social hour followed, with music and refreshments. Officers for 1924-1925: President, Anna E. Flynn; vice president, Emma Conway; secretary, Emma Isaacs; treasurer, Mrs. Pearl Schlosser; directors for three years, Mrs. Myrtle Applegate and Florence McClelland. The annual meeting of the ALUMNAE ASSOCIATION OF THE NORTON MEMORIAL INFIRMARY was held on June 24, at the nurses home. After the routine business, officers were elected for the year: President, Carolyn L. Jones; vice president, Ruth Gamble; secretary, Mrs. E. R. Gernert; treasurer, Emma Isaacs.

Louisiana: New Orleans.—THE LOUISI-

ANNA COLORED STATE GRADUATE AND REGISTERED NURSES' ASSOCIATION held its sixth annual meeting June 9-11. June 8 the nurses attended Mount Zion M. E. Church in a body. June 9, the meeting convened at 8:30, Mrs. I. A. Carter presiding. Invocation by Dr. J. R. Heath. After the transaction of business, several lectures were given. Dr. Rene Crawford on The Care of the New Born; Dr. Hobson, Tuberculosis; Mrs. E. K. Edwards, Outlines of Health Interests; Dr. J. A. Hardin, Distribution and Therapy of Calcium Salts. June 10, the Institute opened at nine o'clock. Violet Harrison spoke on Social Work; C. A. M. Lehman, on School Work; Dr. Lobbenhoffer, on Morbidity Rate and Prevention of Tuberculosis in the Colored Race. At the afternoon session Dr. O. V. Cooper spoke on, The Trained Nurse a Necessity Rather Than a Luxury; Dr. Lopez, Mental Diseases; Dr. J. R. Coker, Infant Feeding, and Dr. R. Frederick on Cancer of the Uterus. A business session followed. June 11, Grace D. Davis, an Army nurse from Tuskegee, U. S. V. Bureau No. 91, gave a talk on Army Nursing; Miss Morris on State Board of Health; Dr. J. E. Simms, The Throat; Dr. Park Howell, The Eye; Mrs. M. B. Thornhill spoke on The Duty of the Nurse; Dr. F. T. Jones, Bacteriology; Dr. R. J. Vining, Infection, followed by the President's message. The officers elected were: President, Susie A. Carter; vice presidents, Susie K. Edwards, Sarah J. Buddington; financial secretary, Helen Payne; recording secretary, Mrs. May Ruth Thornhill; treasurer, Eola V. Lyons; state organizer, Viola Dominique. The meetings closed with a banquet at Economy Hall.

At a meeting of the Louisiana State Board of Nurse Examiners, Dr. John T. Crebbin, 1210 Maison Blanche, was reelected president and Julia C. Tebo, 27 Cusachs Building, was elected secretary-treasurer. The semi-annual examination of the Louisiana State Board of Examiners was held in New Orleans and Shreveport, June 16 and 17. Sixty-seven applicants qualified as registered nurses, four of whom are colored.

Maine: Portland.—THE WESTERN DISTRICT OF THE MAINE STATE NURSES' ASSOCIATION met and banqueted at the Columbia

Hotel. More than a hundred nurses were seated at the table. A new experiment was tried when three Alumnae Associations invited the senior students in training in their respective hospitals, to be their guests for the evening. This we hope will stimulate an interest in the soon to graduate nurse, in her alumnae and State Association. Witty stories were at each plate and were read between courses, interspersed with music. After the banquet Mrs. Jane Provost, Registrar for the Central Directory, Portland, gave a talk on The Private Duty Nurse and the Public. A business meeting followed and the rest of the evening was spent in games for which prizes were given, and dancing. The MAINE GENERAL HOSPITAL ALUMNAE ASSOCIATION held its tri-annual banquet June 5. This custom has been observed for the past twenty years. The oldest class which was represented was that of 1887 and the largest delegation came from the class of 1906. A pleasant time was enjoyed by all.

Massachusetts: Boston.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its annual meeting on June 6 and 7, in the Lecture Hall of the Boston Public Library. The Public Health Nursing Section, Helen B. Fowler, Chairman, presiding, opened the two days' program. Dr. Armeni Kleim spoke on Body Mechanism. Dr. R. W. Lovett of Boston spoke on the Treatment of Infantile Paralysis, and emphasized the importance of the work of nurses in disseminating the latest knowledge and thereby helping to maintain permanent recoveries. By-laws of the Section were approved and adopted and there were gratifying reports from Branch County Sections. Officers elected were: Secretary, Mary E. Ayer; chairman, Helen R. Fowler; vice chairman, Willarette Sears. In the afternoon there was a meeting of the Private Duty Section, Minnie S. Hollingsworth, presiding. Round table discussions were held, reports were read from counties, and other business was transacted. At the round table the nurses discussed ways and means for bringing private duty nurses into closer touch with the newer methods and nursing procedures in hospitals. Boston hospitals extended a cordial invitation to nurses to attend the training school lectures and observe methods. An

interesting report of the meeting held in Brocton was given. Officers elected were: President, Minnie S. Hollingsworth; vice president, Martha J. Avard; secretary, Anne Radford. In the evening a general session of the Massachusetts State Nurses' Association was held, Carrie M. Hall, President, presiding. Annual reports of the Recording Secretary and State Red Cross were read. The address of the evening was given by Dr. Edwin H. Place, Physician in Chief of the South Department of Boston City Hospital. The lecture was appreciated and enjoyed and furnished much valuable information to the nurses. On June 7, the State League of Nursing Education met in the class rooms of the Massachusetts General Hospital, Sally Johnson, President, presiding. A round table was conducted by Mabel McVickar, Assistant Superintendent of Nurses at Peter Bent Brigham Hospital, on What Opportunities Does Head Nursing Offer for Teaching? Margaret Vickery, Instructor at the Children's Hospital, Boston, conducted a round table on Discussion of an Experiment in the Teaching of Medical Diseases. A demonstration of procedures by preliminary students was in charge of Annabella McCrae, Instructor in Practical Nursing at Massachusetts General Hospital. The State League meetings were largely attended and much interest shown. Officers elected were: President, Sally Johnson; vice president, Jessie E. Catton; secretary-treasurer, Ruth Humphreys. At the afternoon session the annual business meeting of the State Association was held, Carrie M. Hall, President, presiding. Reports were presented by officers, committees, the New England Division Red Cross, and from various Section and Branch Counties. Sally Johnson, Chairman of the Legislative Committee reported that following the "Leave to Withdraw" given to the Nurses' Bill presented to the Legislature during the year, the Committee had been notified that the Bill, among others pending, had been referred to a Special Committee for further investigation and study. Officers for the coming year are: President, Carrie M. Hall, Petef Bent Brigham Hospital, Boston; vice presidents, Bertha M. Allen, Newton Lower Falls, and Melissa J. Cook, Melrose; recording secretary, Mary Alice McMahon, Boston; cor-

responding secretary, Jessie E. Catton, New England Hospital for Women and Children, Boston; treasurer, Emma M. Nichols, 36 Maxfield Street, West Roxbury. **Waverly.**—R. Helen Clelland has accepted the position of Superintendent of Nurses and Principal of the Training School for Nurses at the McLean Hospital. **Westfield.**—THE NOBLE HOSPITAL ALUMNAE ASSOCIATION recently held its June banquet in the Rose Room at the new Parks Square Hotel. A very pleasant evening was enjoyed by all. **Worcester.**—THE WORCESTER STATE HOSPITAL ALUMNAE ASSOCIATION met June 26 at the hospital. After a short business meeting the members adjourned to the Trustee Room where the members of the Alumnae and the class of 1924 were presented to Linda Richards, first graduate nurse of America, and former Superintendent of Nurses of the WORCESTER STATE HOSPITAL, who was guest of honor for the day. The president then welcomed the honorary members and the class of 1924, with a few well chosen words. Miss Richards spoke of the association at the time when she was superintendent of the hospital, of the difference in training and of the opportunities of the nurses of that time and of today. Elizabeth Brown ('22), presented Miss Richards with ten dollars in gold, from the members of the Alumnae Association. The Class Prophecy was pleasingly delivered by Anna Walsh. May Quilty ('26), presented gifts from the Superintendent of Nurses, her assistant, and the class of '26, to the class of '24. Dr. William A. Bryan, Superintendent of the hospital, presented a prize of five dollars in gold to Sarah Reardon ('24), for the best suggestion for improving the hospital and living conditions for the patients. After the unveiling of the pictures of Florence Nightingale, Dorothea Dix and Elizabeth Frye, Dr. Bryan gave a splendid address. Refreshments were served and the guests then inspected the new patients' cafeteria. Worcester State Hospital Training School held graduating exercises in Sargent Hall for a class of nine, June 26. Kathleen McElhinney received the Linda Richards prize, Sarah Reardon the Bryan prize. Linda Richards was guest of honor and addressed the class.

Michigan: Battle Creek.—THE BATTLE

CREEK SANITARIUM held graduating exercises for a class of forty-six, on June 10. THE BATTLE CREEK SANITARIUM AND HOSPITAL SCHOOL FOR NURSING ALUMNAE ASSOCIATION held their forty-year reunion, June 10-13. More than 275 alumnae registered for the festivities. There were present members from every class except three. Many of the members attended the Biennial in Detroit. An interesting historical exhibit was prepared for the occasion, one feature of which was a visualization of the education of the nurse forty years ago and the nurse of the present. On one side of a table reposed a copy of Weeks (long the only text for nurses), on the other a towering pile of the books in common use today. **Detroit.**—Katherine G. Kimmick, a graduate of the Rochester General Hospital, Rochester, N. Y., and also a graduate of Teachers College, Columbia University, New York City, will be the director of the new school of nursing and hygiene at the Henry Ford Hospital, which will admit its first class in January, 1925. The course of instruction will cover a period of two years and four months, and will be divided into a preparatory period of four months, the junior or first year, and the senior or second year. Two classes will be admitted annually, one in January and one in September. Applications are now being received. The first class will be limited to 100.

Minnesota: New Prague.—A small hospital was recently opened, with Esther Wolf of Asbury Hospital, Minneapolis, as superintendent.

Missouri: St. Louis.—A marble tablet and memorial drinking fountain were unveiled on May 29 at the Public Library in Sarnia, Ontario, in memory of Helen Barrie, a former school nurse, who died on May 23, 1923. Miss Barrie was a graduate of the St. Louis Protestant Hospital, St. Louis, class of 1894. After some years of private duty she returned to her home in Sarnia, where she was the pioneer nurse of the town. Grace Lieurance has resigned her position as Superintendent of ST. LUKE'S SCHOOL OF NURSING, and is returning to Columbia University, New York City, to continue her work there, which she began several years ago.

New Hampshire: Concord.—THE GRAD-

UATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting on June 11, in the Historical Building. Mr. Butterfield gave a very interesting talk on Nursing Education and the Growth of Training Schools, and Miss Ayres read a paper prepared by Miss Newball, on The Private Duty Nurse. Miss Lockerby, the president, talked on the meeting of the Federation of Women's Clubs, held at Clearmont. Three nurses were appointed to the field day of the Federation to be held at Hanover. Committees were appointed on Publicity and Printing, Bulah B. Richards, Chairman; Public Health, Edna Crough, Chairman. At the afternoon session, Anna Lockerby, presiding, Judge Cowing welcomed the nurses to Concord, and to the Historical Building in particular, as a trustee of that society. Miss Nelson gave an address on Red Cross activities. Dr. Fred Clow of Wolfboro, gave a very interesting and instructive talk on Hospital Work and Administration in London, England. The officers elected were: President, Mrs. Ethelyn Dutcher Jenkins, Concord; vice-presidents, Elizabeth Murphy, Concord; and Anna Harrington of Manchester; secretary, Helen T. Carlson, 194 Concord Street, Manchester; treasurer, Florence A. Morrill, Concord. The September meeting will be held in Keene, at the Elliott Community Hospital.

New Jersey: Plainfield.—MUHLENBERG HOSPITAL SCHOOL OF NURSING held graduating exercises in the Hartridge Auditorium, May 29, for a class of 11. The address was given by Dr. John H. Finley, of the *New York Times* editorial staff; H. H. Pond, President of the Hospital Board of Governors, presented the diplomas and Dr. Frederic J. Hughes, medical director of the institution, the pins. The Nightingale Pledge was administered by Henry Condit Munger, of the Training School Committee, and Annie E. Rece presented the prizes for high standing in class work and general proficiency in nursing.

New York: Brooklyn.—For the benefit of the new Nurses' Home of the Swedish Hospital, a song recital was given at the Bijou Theater, New York, June 15, by Allen Prior, the noted Australian tenor. The use of the theater was obtained through the

courtesy of Messrs. Lee and J. J. Shubert.

Middletown.—THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL SCHOOL OF NURSING held graduating exercises on June 18 for a class of twelve. The address was given by Rev. Octavius Applegate; diplomas were presented by the Superintendent, Dr. Robert Woodman. J. Floyd Halstead, a member of the Board of Managers, presented the Managers' prize which is annually given for the highest percentage in the final examination. Gertrude Ethel Goodale received a gold case thermometer. On June 19 a reception and banquet were given the graduates and students. THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on June 18. There were twelve applications for membership. The following officers were elected: President, Agnes M. Slawson; vice-president, Annie Nearn; secretary, Elizabeth Masterson; treasurer, A. Alvarez.

New York City.—The Intermediate Class of ST. LUKE'S TRAINING SCHOOL gave a farewell party to Mrs. Bath and presented her with a handsome traveling clock. Refreshments were served and dancing was enjoyed in the parlor of the Vanderbilt. On May 29, the ALUMNAE ASSOCIATION gave a farewell reception to Mrs. Bath, and in spite of a heavy rain, more than 175 alumnae were present. The graduating class joined with the alumnae in wishing Mrs. Bath Godspeed. Practically every class that had known Mrs. Bath was represented at the reception. Out of 985 nurses graduated from St. Luke's Hospital, 593 have been graduated under Mrs. Bath's regime. The student body of the METROPOLITAN HOSPITAL SCHOOL OF NURSING raised money to send two student nurses to the Biennial Convention in Detroit, and were very enthusiastic about having representatives there. Anna Scott, an instructor, attended the Convention and Jessie P. Allen represented the Alumnae Association.

Rome.—THE ROME HOSPITAL SCHOOL OF NURSING held graduating exercises on April 29, in Masonic Hall. Dr. Augustus S. Downing of Albany gave the address of the evening, which was greatly appreciated by the large gathering of nurses and their friends. Gladys Jones of Wilkes-Barre, Pa., received a scholarship which entitles her to four months'

training at the Henry Street Settlement, as a part of her three years' course. Refreshments were served and dancing enjoyed after the exercises. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, District No. 8, held its regular meeting, June 3, in the Trudeau Memorial Room. The feature of the meeting was the reading of the April number of the *State Bulletin* of the State Nurses' Association by Miss DeWard. **Brooklyn.**—THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE gave a dinner to the graduating class, on June 28, at the Commodore Hotel, New York. Sixty-five members were present. Miss Holt, a charter member who has been treasurer for many years, gave a very interesting history of the society since its beginning. Miss Burt also gave an address.

North Carolina: Winston-Salem.—THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its twenty-second annual convention May 27-29, with 150 nurses in attendance. The program was varied and interesting, the business was conducted with order and celerity. The entertainments featuring rides, teas, luncheons, musical programs and festivals generously provided by the clubs of Winston-Salem, and the nurses of District No. 2, were most delightful; and last but not least, the daily papers of the city carried excellent reports of each session. Asheville was selected as the 1925 meeting place, in response to a cordial invitation. Invitations also came from Raleigh and Charlotte. The Association will join the State Conference of Social Work, for one year. The Legislative Committee composed of Mary Laxton, Chairman, Miss Toomer and Miss Myers, represents the Association on a joint committee for the revision of the nurse practice laws, the other three members being from the Hospital Association. The committee expects to convene several times before the next regular session of the legislature to work out the proper details on the proposed changes in the law. North Carolina was the first state in the Union to have a nurses' registration law, the bill being passed in 1903. The Association founded in 1902 has grown from a membership of 38 to more than 500, and now feels that the time has come to make some changes in the law

to conform to the advances in nursing education and standards. The following officers were elected: President, Blanche Stafford; vice-presidents, Katherine Myers, Mary P. Oliver; secretary, Edna Heinzerling; treasurer, Jessie McLean; directors, Mary P. Shaw, Mrs. E. F. Long. Mrs. Blanche Lamb was elected chairman of the Public Health Section; vice-chairman, Lucia Freeman; secretary, Marion Edwards. In her presidential address, Miss Stafford spoke of the opportunity and pleasure it afforded Winston-Salem to entertain the Association. Mary Sheets of Winston-Salem gave many valuable suggestions in regard to Caring for the Aged. Carrie Faires of Charlotte read a paper by May Houston of Wilmington, *What Twelve Hour Duty has Meant to Me*. The paper was based on the following quotation from the *American Journal of Nursing*: "We comfort, heal and educate only when our bodies and minds are sound, when our spirits are unbroken, and when our capacities are not taxed beyond human endurance." In an address of marked interest, Lillian Manor, Rural School Supervisor of Lexington, told of her experience in Junior Red Cross work in a super-rural county in eastern South Carolina. She spoke of the great need of the children in small schools for social and inspirational activities. Abbie Roberts of Peabody College, Nashville, Tenn., spoke on *The Value of Special Training for Public Health Nurses*; Dr. O. L. Miller gave a very interesting illustrated lecture on the work done at the Orthopedic Hospital; Bessie Chapman's subject was *Recreation for the Student Nurse*, which was followed by a lively discussion. Jane Van De Vrede talked very interestingly on *How a Nurse May Overcome the Deficiencies of Early Home Training*. **Asheville.**—The regular monthly meeting of District 1 was held in July. Mrs. Shive (Belle Setzer), who has returned for a year's furlough from the Belgian Congo, gave a most inspiring address on the health conditions in Central Africa, and made an earnest plea for more nurses for missionary work. She is working under the Presbyterian Board of Missions. Annie Gray is engaged in similar work in Korea, Asia.

Ohio: Columbus.—THE PROTESTANT-WHITE

CROSS ALUMNAE ASSOCIATION held a two-day Homecoming June 5 and 6, following commencement week. This completed the thirty-second year of the Training School, which is the oldest in Central Ohio. The program included a tea at the Nurses' Home, an educational meeting, a picnic luncheon, and ended with a banquet at which the class of 1924 were honored guests. A large and enthusiastic group was present, many coming from outside the state. **THE WHITE CROSS HOSPITAL** has just completed an addition to the Nurses' Home with modern comforts and will soon begin the building of a two hundred bed addition to the hospital. **Delaware.**—THE DELAWARE SPRINGS SANITARIUM held graduating exercises for a class of nine on June 12. The annual meeting of the Alumnae Association was held on June 13. New officers were elected and the graduating class received into the organization. On June 14, a dance was given in honor of the class of 1924. **Loraine.**—THE ALUMNAE ASSOCIATION AND THE SISTERS OF ST. JOSEPH'S HOSPITAL, wish to thank the nurses from Chicago, Cincinnati, Cleveland and the surrounding towns, for their help and kindness in relieving the suffering people injured in the cyclone which hit Loraine on June 26.

Oregon.—The Annual Convention of the Oregon State Nurses' Association, was held in the Central Library, Portland, on June 10. The morning session was given over chiefly to business. After registration, the invocation by Rev. W. S. Gilbert was followed by an address. Emily L. Loveridge, Superintendent of Good Samaritan Hospital, gave an address on *Problems of the Nursing Profession of Today and Tomorrow*. The afternoon program included the following addresses: *The Type of Women Needed in the Nursing Profession*, by Jane V. Doyle; *Some Recent Achievements and Issues in the Nursing Profession*, Helen Hartley; *Service Ideals of Modern Professions*, Dr. P. A. Parsons. An informal reception was held in the evening by Jane V. Doyle. Officers elected were: President, Grace Phelps, 616 Lovejoy Street, Portland; vice-presidents, Helen Hartley of Portland and Grace Taylor of Salem; secretary, Marie Hershey, 772 Everett Street, Portland; treasurer, Clara Motley, Portland.

On May 12, the nurses for the first time took part in the Oregon State Federation activities. Grace Phelps, president of the Oregon State Nurses' Association, presided. The program included: Nursing as a Profession and the Type of Woman Needed, Jane V. Doyle; Schools of Nursing as Educational Institutions, Cecil L. Schreyer; The Graduate Nurse—Where She Is Found, Martha Randall; Oregon's Needs and Opportunities in Nursing, Helen Hartley. On May 12, Hospital Day was observed, all of the hospitals holding open house.

Pennsylvania: THE GRADUATE NURSES ASSOCIATION OF PENNSYLVANIA will hold its annual convention in Reading, October 27, through November 1. The Berkshire Hotel has been selected for Headquarters. Joint meetings will be held in Trinity Lutheran Chapel and Headquarters of the Berks County Chapter, American Red Cross. The Arrangements Committee requests that nurses expecting to attend the convention make application for reservation of rooms at their earliest convenience. Address, Berkshire Hotel, Fifth and Washington Streets, Reading, Pa. Rates: \$2.50 to \$3.00 a day without bath, \$3.50 to \$4.50 a day with bath, \$1.50 extra a day for two in a room. **Philadelphia.**

—THE SAMARITAN NURSES' ALUMNAE ASSOCIATION held its first annual banquet June 23, at the Arcadia Cafe. There were eighty-six graduates present, representing classes from 1895 to 1924. Elizabeth Miller acted as toastmistress. The last meeting for the summer, of the Alumnae Association was held on June 24. The graduating class of seventeen members was present. Margaret Dunlop, directress of the Pennsylvania Hospital, Philadelphia, spoke on Alumnae Advantages and Privileges. A social hour followed. The Protestant Episcopal Hospital held graduating exercises in the chapel on May 22, for a class of 28. The Alumnae Association gave the class a motor trip to Valley Forge, followed by a dinner at the Jeffersonville Inn, Jeffersonville. On May 24 the members of the Alumnae gave a tea at the Nurses' Home, at which a number of the former graduates were present, as well as the class of 1924. THE MOUNT SINAI HOSPITAL held graduating exercises on May 28, at the Progress Club for

a class of 7. The Alumnae Association entertained the graduating class at the theater, followed by a dinner, on May 22. THE NURSES' TRAINING SCHOOL OF THE WOMAN'S HOSPITAL OF PHILADELPHIA graduated a class of nineteen on May 21. Rev. Casswell McBee gave the invocation. Dr. Ann Gibson of the Hospital Staff and Major Julia C. Stimson of the Army Nurse Corps addressed the class. Margaret P. Saunders, president of the Board of Managers, presented the diplomas. Class Day was held May 20. The class was entertained at a tea, May 24, given by the Alumnae Association at the home of Margaret Coe. **Danville.**—THE GEORGE F. GRISINGER MEMORIAL HOSPITAL TRAINING SCHOOL held its seventh annual commencement on June 13, at the Victoria Theater, for a class of 13. An inspiring address was given by Dr. Harry Fish of Sayre. The diplomas were presented by Dr. William J. Mayo of Rochester, Minn. **DuBois.**—THE MAPLE AVENUE HOSPITAL held graduating exercises for a class of four, in the First Presbyterian Church, July 2. A reception in the lecture room of the church followed. The Alumnae Association gave a dinner at a hotel, followed by a dance in the Elks' Ball Room, in honor of the graduating class.

Rhode Island: Providence.—THE RHODE ISLAND STATE NURSES' ASSOCIATION, the RHODE ISLAND LEAGUE OF NURSING EDUCATION and the RHODE ISLAND BRANCH of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING held a joint session July 9, to hear reports of the delegates to the Convention in Detroit. The meeting was held on the grounds of the City Hospital. About one hundred members were present. THE RHODE ISLAND STATE HOSPITAL held graduating exercises in the service building for a class of 48. Isabel Stewart of Teachers College, New York, gave an illustrated address on The Early History of Nursing. THE RHODE ISLAND NURSES ALUMNAE held its monthly meeting at the Nurses' Home on May 27. Elizabeth Bury gave a most interesting account of her experience while nursing in the Near East. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION met on the hospital grounds, June 30. After the business meeting, Ada C. Ayers gave a most interesting report of the Biennial

Convention in Detroit. St. Joseph's Hospital graduated a class of 30 on May 21. The exercises were held in Cathedral Hall and the address given by Bishop Hickey, who also presented the diplomas. **THE HOMEOPATHIC HOSPITAL** held graduating exercises on May 26, at the Plantations Club. Dr. Mabel Elliott, formerly of the American Woman's Hospital in Turkey and allied with the Near East Relief, was the speaker of the evening. The Alumnae Association held its last meeting for the summer, at the new hospital in Chalkstone Avenue, June 3. The members were shown through the new building which is rapidly nearing completion. A basket supper was held at the home of Miss Perkins. **THE BUTLER HOSPITAL** held graduating exercises in Ray Hall, May 27. Mrs. Ann How, Superintendent of Nurses at the Children's Hospital, New York, described the work done at that hospital. **Pawtucket.**—**THE MEMORIAL HOSPITAL** held graduating exercises for a class of 12, June 4, at the Hospital. Dr. Charles V. Chapin of Providence was the speaker. A reception and dance were given the class in the evening, at the Nurses' Home. The Alumnae Association held its annual banquet on June 3, at the Plantations Club in Providence, with the class of 1924 as guests. The class read its history, prophecy and will. **Woonsocket.**—**THE WOONSOCKET NURSES' ALUMNAE ASSOCIATION** entertained their friends at a bridge party at St. Charles Clinic, June 9. The last meeting was held at the Clinic, June 17; plans were made for an outing in August.

Texas: Dallas.—**THE GRADUATE NURSES' ASSOCIATION OF TEXAS, THE LEAGUE OF NURSING EDUCATION** and **THE PUBLIC HEALTH NURSING ORGANIZATION** held their Seventeenth Annual Convention on June 11-13. The invocation was by Rev. Charles Snowdon, followed by the address of welcome by Mayor Blaylock, with responses by Katherine Kitchell, Galveston; Mrs. L. M. McCall, San Antonio, and Mary Butler, El Paso. Mary Grigsby of Waco gave the president's address. Following several short addresses, Molly Hines, Fort Worth, presided at the Private Duty Section. Papers were read and there was a round table discussion on Private Duty subjects. Ella Reed, president, presided at the

meeting of the League of Nursing Education, and also gave the president's address. Several interesting papers were read and demonstrations were given. The Graduate Nurses' Association held a meeting on the afternoon of June 12, after which a banquet was held at Adolphus Hotel. The Red Cross held a meeting June 13, Aline McDonald presiding. Dr. M. W. Sherwood, Texas State Commander, American Legion, of Temple, spoke on The Red Cross Nurse in Peace and War, which was followed by a round table discussion. An address was given by Hon. T. W. Davidson, Lieutenant Governor of Texas. The Organization of Public Health Nursing held its session in the afternoon of the last day. After the transaction of business, Ella Yeager, Rockdale, gave the president's address. Interesting papers were read, round tables were held and election of officers. In the evening the nurses who were going to attend the Biennial Convention took the special train for Detroit.

Utah: Salt Lake City.—**THE DR. W. H. GROVES LATTER DAY SAINTS HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on May 23. Officers elected were: President, Lucy Pocock; vice-president, Mrs. Jessie C. Hammond; secretary, Viola Bramwell, Latter Day Saints Hospital, Salt Lake City; treasurer, Anna Rosenkilde. A class of 25 were graduated on May 27. The annual "Home Coming" party was held on June 10, at the Nurses' Home.

Washington:—**THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION** met June 10, 11, 12 at Hotel Davenport, Spokane. Private duty discussion centered on twelve vs. twenty-four hour duty. The consensus of opinion was that twelve hour duty would soon be an assured fact. Among the valuable papers read were, one on Investments by Seth Richards and one on Central Registries by Cora M. Gillespie. Mrs. Elizabeth Soule discussed Nursing, a University Subject, and brought out the fact that nursing is so young a profession that it still has not a sufficient body of literature to give a complete background for University study. Myrtle Herbert, the first dental hygienist employed by the Pacific Coast Division discussed Dental Hygiene in the city schools of Spokane and Dr.

Cunningham described hospitals and the lack of modern nursing in South America. The following officers were elected: President, Ella W. Harrison, Everett; secretary, Cora E. Gillespie, Seattle. **Seattle.**—THE PROVIDENCE HOSPITAL held graduating exercises for a class of 14, May 27, at the Nurses' Home. The address was given by Rev. T. A. Ryan, Chancellor, and the diplomas and pins were presented by Harry A. Shaw, M.D., Dean of School.

Wisconsin: Eau Claire.—THE TENTH DISTRICT NURSES' ASSOCIATION held its June meeting in Carson Park, where a picnic supper was enjoyed by all. On July 8, a meeting was held at Luther Hospital, and very interesting reports of the Detroit Convention were given by Tora Johnson, M. Jacobsen and M. Gehring. A further report will be given by Cara Lewis. The new officers for the year are: President, Tora Johnson; vice-president, Clara Christensen; secretary, Regina Ryan; treasurer, Margaret Powers. **Madison.**—Helen I. Denne, A.B., R.N., assistant superintendent of the Presbyterian Hospital School of Nursing, Chicago, has been appointed Director of the School of Nursing now being organized in the School of Medicine of the University of Wisconsin.

Wyoming: Sheridan.—THE WYOMING STATE NURSES' ASSOCIATION held most enthusiastic and successful meetings on June 27 and 28. Mrs. Janette Peterson, President of the California Association was an honored guest. Much of the spirit of the Detroit meeting was brought to the Association by Mrs. Peterson, as well as by the official delegate, Mrs. Fred W. Phifer. The Alumnae Association of the Sheridan Memorial Hospital was aided in the local entertainment of the Convention by the U. S. Veterans' Hospital 86, of Fort McKenzie. The Association was the guest of Hospital 86 for one entire day and luncheon and tea were served in the Nurses' Quarters. The tour of the hospital was extremely interesting and instructive. A step forward made by the Association is the establishment of permanent State Headquarters, which will be in charge of Mrs. H. C. Olsen, 3122 Warren Avenue, Cheyenne, who is also secretary of the State Board of Nurse Examiners. The Association

also went on record as giving its support to the strict support of Wyoming's compulsory registration law. **Wheatland.**—THE WHEATLAND GENERAL HOSPITAL held graduating exercises May 10-12 for a class of five. A reception was given on the evening of the 10th, to enable the town people to meet the Seniors and to greet Alma Nelson, Director of the Training School, who has returned after a year's leave of absence. The address was given by Dr. A. G. Crane, President of the State University. Diplomas and pins were presented to the graduates.

MARRIAGES

Mae Bain (class of 1921, Auburn City Hospital, Auburn, N. Y.), to J. J. Sullivan, May 14.

Gertrude C. Blake (class of 1922, St. Francis School for Nurses, Hartford, Conn.), to John Reagan, July 2. At home, Simsbury, Conn.

Pauline Bowman (class of 1921, Christ Hospital, Cincinnati, O.), to Vincent Smith, M.D., June 14. At home, St. Bernard, O.

M. Helen Breakley (class of 1921, Maple Avenue Hospital, DuBois, Pa.), to Robert H. Ross, June 14. At home, DuBois.

Edith Bullis (class of 1918, The Grace Hospital, Detroit, Mich.), to Henry Steinbach, M.D., June 3. At home, Detroit.

Marita Burge (University of Iowa Hospital, Iowa City), to Robert A. Culbertson, M.D., June 3. At home, Iowa City.

Alice H. Corbin (class of 1918, City Hospital, St. Louis, Mo.), to Roy L. Richards, June 11. At home, Columbia, Mo.

Stella Doty (class of 1923, Erlanger Hospital, Chattanooga, Tenn.), to Ira Moore, June 28. At home, Chattanooga.

Alice Dunbar (class of 1919, St. John's Hospital, Yonkers, to Edward G. Browne, June 16.

Bertha M. Gaeble (class of 1921, Christ Hospital, Cincinnati, O.), to Howard Acorn, June 27.

Kathryn A. Hann (class of 1922, General Hospital, Devils Lake, N. D.), to Otto C. Ellison, June 2. At home, Minot, N. D.

Harriet Hen (class of 1913, Hahnemann Hospital, Philadelphia, Pa.), to Sidney B. Conger, M.D., June 14. At home, Chicago.

Theresa E. Herbes (class of 1923, St. Anne's Hospital, Chicago, Ill.), to W. A. Perez, June 4. At home, Chicago.

Ella B. Hogan (class of 1919, St. Francis School for Nurses, Hartford, Conn.), to James T. Bray, June 2. At home, Torrington, Conn.

Flora A. Kunzi (class of 1922, Lutheran Hospital, Sioux City, Ia.), to Fred Fuchser, June 25.

Josephine E. LeRoy (class of 1923, Protestant Episcopal Hospital, Philadelphia), to Edward Roland Hill, M.D., June 9.

Anna I. Merchitis (class of 1919, Pottsville Hospital, Pottsville, Pa.), to Gordon H. Pollock, June 4. At home, Lansford, Pa.

Laura Murphy (class of 1920, Metropolitan Hospital School of Nursing, Welfare Island, New York), to Earl Nightingale, June 23.

Ursula Clark Noyes (Boston City Hospital, Boston, Mass.), to Frank Warner Brooks, June 21.

Ethel Lorraine Peacock (class of 1918, Christ's Hospital, Topeka, Kans.), to George Lynn, June 30. At home, New Haven, Conn.

Ruby Robart (class of 1922, St. Joseph's Hospital, Lorain, Ohio), to Roland Coulton, June 14.

Louise Silver (class of 1922, Brantford General Hospital, Brantford, Ont.), to Daniel Russell, June 4. At home, Detroit.

Clara A. Wilson (class of 1923, Christ Hospital, Cincinnati, O.), to John F. Fielman, June 19. At home, Cincinnati.

DEATHS

Emma Bush (class of 1890, Auburn City Hospital, Auburn, N. Y.), on May 29, at Auburn, after a lingering illness. Miss Bush was a splendid type of woman and an excellent nurse; she will be greatly missed by her many associates and friends.

Martha Carman (West Philadelphia Hospital for Women) on June 12, suddenly, at Ithaca, N. Y.

Elizabeth Ophelia Clinkscales (class of 1913, Retreat for the Sick, Richmond, Va.), on June 17, at her home in Abbeville, S. C.

Miss Clinkscales took a postgraduate course at the State Hospital, Columbia, S. C., and later was Dean of Nurses at that institution. She held the same position in the State Hospital, Providence, R. I., and the Georgia Baptist Hospital, Atlanta, Ga., from which she resigned in 1921, on account of ill health. As Councillor of the South Carolina Graduate Nurses' Association and as a member of the South Carolina State Board of Nurse Examiners, she gave of her services with the same enthusiasm and untiring energy that characterized her entire professional career. She loved her chosen field of labor. As a Red Cross Nurse, Miss Clinkscales recently answered a call to the tornado area near Columbia, rendering valuable assistance. She was a woman of high Christian character and fine mental attainments; her genial ways endeared her to all with whom she came in contact.

Mrs. Demarest (**Marguerite Connor**, class of 1921, Metropolitan Hospital School of Nursing, Welfare Island, New York), on May 24.

Grace A. O'Neil (class of 1919, Illinois Training School, Chicago), on May 23, at the home of her mother in Elgin, Ill.

Maude Pearson (class of 1893, Massachusetts General Hospital, Boston, Mass.), recently, at her home in Santa Barbara, Calif. After her graduation, Miss Pearson practiced her profession in Boston until her removal to Santa Barbara six years ago.

Anna Gertrude White (class of 1923, St. Francis Hospital School for Nurses, Hartford, Conn.), on June 20, at her home in Winston, Conn. Miss White was appointed to a responsible position in the hospital, in which she served faithfully until March, when she developed a heart condition from which she did not recover. Members of her class in uniform attended the funeral and acted as body guard.

Elizabeth Whitty (St. Joseph's Hospital, Chicago, Ill.), on May 2, at the Rhode Island Hospital, Providence, R. I., of general septicemia, after a long illness. Miss Whitty was industrial nurse at the Texas Oil Company, Providence, for several years.

BOOK REVIEWS

THE ETHICS OF OPIUM.— By Ellen N. La Motte. The Century Company, New York. Price, \$1.75.

Between the covers of this book Miss La Motte presents an amazing amount of amazing information. Presents it clearly, forcefully and convincingly. With the treachery, the throttling power of opium so plainly exposed before us we wonder how and why it has been permitted to grow so steadily and how the public at large could be so unaware of its wide-flung, vicious influence.

The day is long since past when the nursing profession was chiefly concerned with the care of the sick for today perhaps its richest service is in the field of preventing disease. Accordingly, this book of indisputable facts, facts about a grave menace to public health, assembled and presented in a comprehensive, authoritative manner is a book for nurses to read and ponder. Parenthetically, it is something for the profession to be proud of that one of its members, the author of this masterly work, has become an outstanding international authority upon this intricate international problem of drugs.

Miss La Motte goes straight to the root of the matter and points out that the solution lies in destroying this self-same root—the surplus production of opium itself. “For the last four or five years,” she tells us, “the United States has been gradually awakening to the fact that it has a drug problem—the consumption of vast amounts of habit forming drugs, peddled through underground channels. In Europe the same situation prevails. Laws prohibiting the sales of these drugs, except on medi-

cal prescription, exist only to be violated and evaded. The sellers of these drugs maintain their supplies at a constant high level and not only supply all demands, but manage to draw a steady stream of new victims into their net. If we are to look upon drug addiction as a disease we must also regard it as a preventable disease and one that is distributed so widely, so increasingly, that all those interested in public health must pause and consider. How can it be prevented? Not by our present laws, which, stringent as they are, can check *the circulation of drugs* but do nothing to diminish their production. The whole question of checking drug addiction, a preventable disease, resolves itself into preventing the surplus production of the crude drugs opium and coca leaves, from which the alkaloids, morphia, herion and cocaine are obtained. This reduction of output is an international question. It takes us at once into the field of “international grand politics. Unless we know something of this, the very root of the matter, we can only adopt, as at present, futile and palliative measures in dealing with a situation which calls for drastic and radical ones.”

Nurses know nothing of the grand international politics but if they are to do their share in coping with this drug problem, which seriously threatens our public health, they must understand something of the reasons why the peddler is able to supply drugs in unlimited quantities to his customers all over the world. Miss La Motte describes how opium is sold openly in central Oriental colonies under European rule. In these colonies large portions of the revenue

are raised through drug traffic. That the selling of this poison results in the destruction of human beings seems to be overlooked. Since opium is sold openly in these government licensed shops to attract labor the production is kept at a high level in order to meet the demand. It is even higher than this licensed trade can dispose of and the balance of the output finds its way into the morphia factories of Europe and America. The output of these factories is far greater than is needed to supply the world's medical needs, hence a large part of the product gets into the illicit routes of trade. These yield handsome profits to the middleman and peddler.

Miss La Motte describes, from personal observation, the various colonies in the far East that reap golden profits from the licensed drug trade. Great Britain has six or eight such colonies; France has one; Portugal and Holland one each. The fatherlands derive from eight to fifty per cent. of their revenue from this traffic.

Like every other public health question, the remedy for the drug problem will be reached through public education, for in the last analysis the fight rests on moral grounds. It calls for the marshalling of a strong, well informed public opinion which will do away with a double standard of control—what Bishop Brent calls “protection at home and exploitation abroad.” The Oriental is quite as much entitled to protection by Dangerous Drugs Acts as is the citizen of the United States. He not only is not protected, but for commercial reasons is apparently encouraged to use habit forming drugs.

The League of Nations is calling together in November, 1924, an interna-

tional conference on opium and allied drugs. This conference may be expected to open up a stiff fight. Those nations with financial interests in the opium traffic will doubtless be lined up on one side to protect their interests. Opposed to them will be those who are interested in the preservation of health, promotion of public welfare, increase of economic efficiency, or who for purely moral reasons condemn the opium trade.

Persuasive arguments will be presented by both sides—but read Miss La Motte's intensely interesting book and form your own ideas about the significance of this issue.

CAROLYN CONANT VAN BLARCOM, R.N.

URINE EXAMINATION FOR STUDENTS OF PHARMACY AND NURSING. By Florin J. Amrhein, Ph.G., Ph.C. 201 Pages with Illustrations. W. B. Saunders Company, Philadelphia. Price, \$2.00.

The purpose and scope of this book are indicated in the first paragraph of the preface. The author has had several years' experience in teaching this subject to students of Pharmacy and has felt the need of a manual which would present the more important chemical, microchemical, and microscopic methods of urinalysis in a compact manner.

The style is clear and concise; the tests are the generally accepted ones, and the explanations are brief and accurate. The arrangement of the material is good, although grouping apparatus and reagents in list form might facilitate the performance of the tests. The illustrations are especially well done and add greatly to the value of the book. The material covers the field well. All of the common, and most of the rarer methods are given.

This is decidedly a book which a technician can utilize as a laboratory guide. It is a practical book, and a very thorough one. However, it is not a suitable text for class room instruction in a school of nursing, as there are few nurse instructors qualified to teach the more important chemical and micro-chemical methods, nor is there sufficient time allowed in the curriculum for the teaching of more than simple routine tests. The directions for making up solutions and reagents are too sketchy for the average student of nursing who has had no experience in making up normal solutions. A change in nomenclature is a noticeable feature, "mils" being substituted for cubic centimeters, as this is the term used in Pharmacology.

ANNA L. GIBSON, R.N.

THE OPERATING ROOM. By the Staff of St. Mary's Hospital, Rochester, Minn. 165 pages. 144 illustrations. W. B. Saunders Co., Philadelphia. Price, \$1.75.

Fundamentally, good Surgical Technique cannot vary, although methods and procedures may be modified to suit the requirements of an institution; minor details of technique established, their worth proven, they become the accepted standard.

Material for "The Operating Room" has been compiled with this thought in mind and, although we are clearly informed that the aim of the book is to provide a practical manual for the instruction of the nurses of the St. Mary's Training School, those of us interested in surgical nursing, more particularly operating room work, will find it of interest as it presents concisely the oper-

ating room routine as successfully established at St. Mary's Hospital.

The book gives us information concerning the arrangement and equipment of the operating rooms, these being described and illustrated; the preparation and sterilization of supplies; and the duties of the "sterile" and "non-sterile" nurses.

In sequence follows the preparation of the patient for various types of operations; this includes his position on the operating table, the method of skin sterilization, and the arrangement of sterile drapery. A complete list of instruments and suture material is given for each type of operation. The illustrations of all the instruments needed for the operations listed gives the book additional interest.

ESTHER OCHS, R.N.

FIRST STEPS IN ORGANIZING A HOSPITAL. By Joseph J. Weber, M.A. The Macmillan Company, New York. Price, \$2.75.

This little handbook of 122 pages and appendix is "one of a series projected by the Modern Hospital Library." The opening chapter quotes statistics showing nearly 5000 per cent growth in hospital beds in this country during the past fifty years.

Several very important points are made which any group interested in the organization of a hospital board and the building of a hospital would do well to consider. Emphasis is very properly placed upon the necessity of first giving consideration to the hospital needs of the community and the most satisfactory site geographically for the erection of a hospital. In order that these ends

be served and that reasonable allowance be made for future expansion, it is recommended that an expert be employed to prepare "an orderly and scientific survey" and that this survey when placed in the hands of an experienced hospital architect and consultant would prove of invaluable assistance in the preparation of plans and estimates of probable cost and form the basis upon which to make an educational and financial appeal to the community for support.

We might perhaps question the practicability of some of the suggestions for determining the probable ratio of patients to population, but the necessity for such determination is scarcely open to debate.

The chapters on the organization of the Board of Trustees (with suggested Constitution, By-laws and special committees), a Medical Board and auxiliary boards should prove helpful to the uninitiated, but the recommendations concerning the establishment of a School of Nursing and Training School Committee are a bit hazy, and not very adequately treated.

AMY M. HILLIARD, R.N.

ETHICAL PRINCIPLES FOR THE CHARACTER OF A NURSE. By James M. Brogan, S.J. 126 pages. Bruce Publishing Company, Milwaukee,

Wis. Price, \$1.35. Reprinted from *Hospital Progress*, the official organ of the Catholic Hospital Association with a foreword by C. B. Moulinier, S.J.

THE ADVENTURES OF A PRIVATE NURSE. By Eva Riddock. The Scientific Press, Ltd., London. Price, 3/6 net.

A series of stories of private nursing in England, well told by a nurse with real perspective and a sense of humor.

FOR GIRLS AND THE MOTHERS OF GIRLS. By Mary G. Hood, M.D. 157 pages. B o b b s-Merrill Co., Indianapolis. Price, \$1.50.

This is described as a Book for the Home and the School concerning the Beginnings of Life. It has admirably fulfilled this function for a number of years, and is still highly recommended by the American Social Hygiene Society and the National Health Library.

THE ANTIDIABETIC FUNCTIONS OF THE PANCREAS AND THE SUCCESSFUL ISOLATION OF THE ANTIDIABETIC HORMONE-INSULIN. By J. J. R. Macleod and F. G. Banting. 69 pages. C. V. Mosby Co., St. Louis. Price, \$1.50.

Three lectures given on the Beaumont Foundation under the auspices of the Wayne County Medical Society, Detroit, Mich., by the discoverers of Insulin.

A SOURCE OF INFORMATION

The best thought and scientific findings on sex-social problems are readily available to every nurse through the services and publications of the AMERICAN SOCIAL HYGIENE ASSOCIATION. Much of the literature in this field, although widely advertised, is unsound and inaccurate. Careful selection of what to read, or to recommend, is important. Inquiries from nurses about any books, or problems pertaining to social hygiene, will be gladly answered by this Association. The Association maintains a well equipped library from which nurses may borrow books upon application, either in person or by mail. Address *American Social Hygiene Association*, 370 Seventh Avenue, New York.

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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

SEPTEMBER, 1924

No. 12

RECENT DEVELOPMENTS IN SCARLET FEVER¹

BY GLADYS HENRY DICK, M.D.

SCIENTISTS do not seek the causes of diseases out of mere curiosity. They seek them because no disease can be intelligently treated or prevented until its cause is definitely known. In searching for the cause of a disease, there are so many possibilities of error, and so many mistakes have actually been made, that certain proof is required before any particular organism can be accepted as the cause of a disease. These requirements are expressed in Koch's laws, which may be stated as follows:

First—The suspected organism must be found constantly associated with the disease.

Second—The organism must be grown on artificial medium, in pure culture.

Third—It must be possible to produce the disease experimentally by inoculating a suitable animal with a pure culture of the organism.

Fourth—The organism must be isolated from

the experimental disease, and again grown in pure culture.

When we began the study of scarlet fever, about twelve years ago, no organism had fulfilled all the requirements of Koch's laws, and it was generally accepted as a disease of unknown etiology. Certain organisms were known to be practically constantly associated with scarlet fever, and they had been grown on artificial medium in pure culture. But no one had succeeded in producing experimental scarlet fever with a pure culture of any of these organisms. After three or four years' work on the bacteriology of the throat, blood, urine, and organs of scarlet fever patients,

we were able to verify the results of previous investigators as to certain facts:

First—That, while a variety of bacteria may be found in the blood cultures from scarlet fever patients, no one organism is constantly present in the blood during the acute stage of the disease.

Second—That hemolytic streptococci are practically constantly associated with scarlet fever.

“THE test (Dick test) is of great value and will find, like the Shick test, an increasing field of application in the selection of susceptible individuals for passive and active immunization; for passive immunization with convalescent serum from human beings or antitoxic serum from animals; and for active immunization with increasing doses of the toxin itself.”²

¹ Read at the June meeting of District 1, Illinois State Association.

² Editorial, Journal American Medical Association, April 19, 1924.

We attempted to produce experimental scarlet fever in animals by inoculating them with various materials and cultures from scarlet fever patients. Guinea pigs, rabbits, mice, dogs, pigeons, and small white pigs were inoculated with blood from early cases of scarlet fever; with pure cultures of many different bacteria obtained from scarlet fever; with ground up organs from scarlet fever post-mortems; and with mucus obtained from the throat in early cases of scarlet fever. Monkeys were not used, because they had been so thoroughly tried by previous investigators that it seemed unnecessary to repeat their work.

In this long series of animal inoculations, an occasional rash was obtained, and, less frequently desquamation, but no one organism produced constantly in any species a clinical condition resembling scarlet fever closely enough to justify the designation of experimental scarlet fever. So that the most essential evidence for the determination of the etiology of scarlet fever was still lacking.

We decided that animals are comparatively insusceptible to the disease, and that, if we were to overcome the obstacle that had blocked the work of other investigators for so many years, it would be necessary to use human volunteers for the production of experimental scarlet fever. Recourse to the use of human volunteers had been necessary to the solution of other medical problems. The transmission of malaria and of yellow fever by mosquitoes had been demonstrated in this way. Even with human volunteers, we could not expect to obtain experimental scarlet fever readily; for it was known that less than one-half of the persons exposed to scarlet fever

contract the disease. Healthy young adults who said that they had never had scarlet fever were chosen. The first of these volunteers were inoculated subcutaneously with fresh blood serum, and with fresh whole blood from early cases of scarlet fever. The results of these inoculations were entirely negative. So far as any conclusions could be drawn from these experiments, they confirmed our previous results in indicating that the specific organism of scarlet fever is not present in the blood stream during the acute stage of the disease.

You know that some diseases are caused by filterable viruses. These organisms are so small that they can not be seen with the microscope, and so minute that they pass through the pores of unglazed porcelain. In order to learn whether or not scarlet fever is caused by one of these filterable viruses, the next volunteers were inoculated with material obtained by passing mucus from the throats of scarlet fever patients through porcelain filters. These volunteers also remained quite well. These experiments, so far as they went, indicated that scarlet fever is not caused by a filterable virus present in the throat during the acute stage of the disease.

Then, since the hemolytic streptococcus is the organism most constantly associated with scarlet fever, the next volunteers were inoculated with pure cultures of hemolytic streptococci isolated from uncomplicated cases of scarlet fever. These inoculations were made by swabbing a pure culture of the hemolytic streptococcus on the tonsils and pharynx of the volunteer. Most of the volunteers inoculated with the hemolytic streptococci remained well.

Some developed sore throat and fever, but none showed a rash.

We thought that failure to obtain the rash might be due to a relative insusceptibility on the part of the volunteers. It had been shown by means of the Schick test, that persons who have spent their childhood in rural districts, or in the more sheltered homes of the well-to-do, are more frequently susceptible to diphtheria than are those from the congested districts of the large cities. And we decided to do some further inoculation experiments, using persons of an intelligent type who could give their full personal and family history, and to select them, so far as possible, from those whose childhood had been spent in rural districts or in well-to-do homes.

In this series of inoculation experiments, we obtained a case of typical scarlet fever by inoculation of a pure culture of a hemolytic streptococcus. This streptococcus was isolated from a lesion on the finger of a nurse who had acquired the disease while caring for a convalescent scarlet fever patient. This was the first case of experimental scarlet fever ever produced with a pure culture of any organism. Once having overcome this obstacle that had stopped progress in scarlet fever for so many years, we were able to proceed more rapidly.

First, it was necessary to show whether this case of experimental scarlet fever had been caused by the hemolytic streptococcus or by a filterable virus associated with it in the culture. A second group of volunteers were inoculated with the same culture after it had been passed through a porcelain filter. These volunteers remained well. After

two weeks had elapsed, and they were still well, they were inoculated with the unfiltered culture. Forty-eight hours later, one of them developed scarlet fever. This experiment furnishes evidence that the disease is not caused by a filterable virus, but is due to the hemolytic streptococcus.

But there were still some difficulties. Not all of the hemolytic streptococci associated with scarlet fever are of the same cultural type. Some of them ferment certain sugars that others do not ferment. And it was necessary to show that each type is capable of producing the disease. This was done by inoculating other volunteers with the second type of hemolytic streptococcus, and obtaining another case of experimental scarlet fever. The requirements of Koch's laws had now been fully met, and we are justified in concluding that scarlet fever is caused by the hemolytic streptococcus.

Since the hemolytic streptococcus is found in the throat and is seldom present in the blood, it is evident that the rash of scarlet fever is not produced by the direct action of the streptococcus on the skin. And it was still important to learn by what means the streptococcus, growing in the throat, caused the rash. We found that the streptococcus produces a toxin. This toxin is absorbed into the blood and causes the nausea and vomiting, and the rash. The discovery of this toxin offered a scientific foundation for:

First—The development of a skin test for susceptibility to scarlet fever.

Second—Preventive immunization.

Third—The production of a scarlet fever antitoxin.

It was found that dilute solutions of this toxin may be used in skin tests to

determine susceptibility to scarlet fever. This skin test is comparable to the Schick test for susceptibility to diphtheria. If a person tested is not susceptible to scarlet fever, the skin remains white about the point of injection. If the person tested is susceptible, there is a reddening of the skin about the site of the test. These skin tests must be observed between twenty and twenty-four hours after they are made. For they may be completely faded at the end of thirty to forty-eight hours. We have found that it is possible to immunize susceptible persons; so that their skin tests become negative, and they do not contract scarlet fever on exposure. This preventive immunization is accomplished by giving small doses of the toxin subcutaneously.

The skin test for susceptibility and the preventive immunization are of particular interest to nurses. Since the development of the skin test, we have been testing all the nurses who come to the Durand hospital for training in contagious diseases. If they show a negative skin test, they are assigned to duty on the scarlet fever floor, without further precaution. If they have positive skin tests, they are immunized before they are allowed to care for scarlet fever patients. The immunization, as we are now giving it, consists of three doses of toxin at five day intervals. Experience has shown that the immunization must be carried to the point of a negative skin test.

This method of preventing scarlet fever has apparently been successful. Children may be tested and immunized in the same way. If they are not seen until after exposure to scarlet fever, the procedure is more complicated, and

the prevention is less certain. But, up to the present, no case of scarlet fever has developed, even among those who were not seen until after exposure.

During the course of scarlet fever, the body manufactures an antitoxin that is capable of neutralizing the scarlet fever toxin. It is the presence of this antitoxin in the convalescent serum that makes it useful in treating acute cases of scarlet fever. If horses are injected with gradually increasing doses of scarlet fever toxin, they, also, manufacture an antitoxin. And this antitoxin may be concentrated by the same methods used for concentrating diphtheria antitoxin. We are now beginning to use this scarlet fever antitoxin in the treatment of scarlet fever. Just what part it will play in the treatment of scarlet fever in the future, is yet to be determined.

Briefly stated, the results of our work have been to show that scarlet fever is caused by the hemolytic streptococcus growing in the throat, and there producing the specific toxin of scarlet fever. This toxin is absorbed into the blood stream and carried to all parts of the body, producing the characteristic rash. The toxin is used in dilute solutions to obtain skin tests for susceptibility to scarlet fever. In stronger solutions it is used in preventive immunization. And it is also used to immunize horses for the production of a scarlet fever antitoxin to be used in the treatment of scarlet fever. Thus the very toxin that causes the disease furnishes us with the means of combating scarlet fever.

Editor's Note—Comprehensive articles on this subject by Dr. George F. Dick and Dr. Gladys Henry Dick may be found in the *Journal of the American Medical Association* for April 19 and July 12, 1924.

THE NURSING OF SCARLET FEVER PATIENTS

BY ELIZABETH F. MILLER, R.N.

THE nurse has three elements of responsibility to consider in the nursing care of a scarlet fever patient which are as follows:

a. To understand the significance of contact infection and the importance of aseptic nursing in order to prevent herself from becoming infected.

b. The importance of the nursing care of the patient to prevent complications and sequelae.

c. The safeguarding of other members of the family, and the protection of the community.

d. The education of all those intimately associated with the immediate problem, which would include the patient, if he or she is old enough to understand, and all other members of the family.

Scarlet Fever is one of the communicable diseases that has had the distinction of much superstition in past years. While the theory of contact infection has permeated many communities, and though a fair percentage of the population realize the infective agent is found principally in the nose and throat of the patient, we still hear echoes like the following: "The dangerous time in scarlet fever is the peeling period," "scarlet fever lives a long time in closets, or on wall paper, or beneath it," "it is a dangerous air-borne disease." We also see a picture frequently of two boys passing a placarded house, each one holding his nose lest a germ fly out and he breathe it. This picture though ludicrous has also misled the public.

In my personal experience I have had nurses, doctors, and registries call me for a nurse who has had scarlet fever herself, in order that she may be safe to nurse a case for which they called her.

Many registries still require a nurse to be idle a week after leaving a scarlet fever patient. These incidents and many others have a deterrent effect upon nurses in general when they are needed for a patient having scarlet fever. All these attitudes are due to a lack of knowledge of the mode of transmission of scarlet fever, and every nurse would be enlightened by reading Dr. Chapin's book on, "The Sources and Modes of Infection."

The recent developments in research work in scarlet fever under the direction of Dr. Dick of the Infectious Institute in Chicago has given us new knowledge concerning this disease. The aseptic nursing started fourteen years ago under the leadership of Dr. Chapin of Providence, Rhode Island, known as the Chapin technic, or The Pasteur Method, has given us a new point of view about the public health aspects of the case, and the nursing care of the patient afflicted with this disease.

In the following suggestions concerning the care of the patient, we shall think in terms of clean, and contaminated areas, and this will apply to both hospital and home management in the nursing of the patient.

The first principle in aseptic technic is to limit the infection to the least number of articles possible; this implies concurrent disinfection, or the immediate cleansing of any contaminated surface, and the immediate disinfection of all discharges from the patient, all linen, dishes, utensils, etc., that the patient contaminated or that were indirectly contaminated by the nurse. *All dishes*

and utensils used by the patient should be sterilized after each use even though they are isolated.

GENERAL INSTRUCTIONS FOR THE NURSE

1. The nurse should wash her hands each time she contaminates them. She can facilitate her work in the home by having squares of clean paper for opening faucets, and doors, and protecting clean surfaces from contamination.

2. Keeps hands away from the face.

3. The nurse must not sit on the patient's bed, or kiss a child, or allow a patient in contact with the face or hair.

4. Avoid as far as possible getting in direct line or near the mouth of a patient who is coughing or sneezing, as infectious particles may be thrown several feet under these conditions.

5. Take a daily walk in the fresh air. If a nurse's technic has been observed, she is safe to go into the community just as nurses employed in a communicable disease hospital.

6. Antiseptic gargles do not keep a nurse from being infected and may lower the resistance of the mucous membrane. Washing the mouth with physiological salt solution is always cleansing whether nursing a scarlet fever patient, or a non-infectious patient.

The nurse's bed room should be a clean area, for her gown should hang in the patient's room out of reach of the patient. If a nurse is obliged to sleep in the room with a patient, a distance of six or eight feet should separate her cot from the patient's crib or bed; if this is impossible, a screen should separate them. The screen can be a suspended sheet or a fancy screen covered with a sheet. Her bed should be clean, that is uncontaminated. She can insure cleanliness by covering it with a sheet lest she or the doctor touch the bed accidentally.

The room chosen for the patient should be bright, airy, and warm, ad-

joining the bathroom if possible. Draperies and rugs may be removed for the sake of cleanliness, and to simplify the daily cleaning, not because the organisms will light on them and cling. These articles can be disinfected by hanging in the sunlight for twelve hours and then placed in a clean area until the patient is entirely recovered.

A daily cleansing bath between blankets is essential to relieve the kidneys of extra strain, and for the general welfare of the patient. Rubbing a scarlet fever patient with alcohol is irritating to the skin, therefore contraindicated. Formerly the skin was anointed with oil or vaseline during both the eruptive stage and the desquamating period; this method is now obsolete, for the theory of desquamating skin being a means of infection has long been abandoned by the best communicable disease authorities.

If the exanthem causes discomfort, it may be allayed by bathing with a half of one percent. Sodium Bicarbonate solution about once or twice a day as indicated.

In consideration of the diet, if the onset is attended with much nausea, food is restricted until the gastric symptoms subside. During the period of nausea cracked ice and fruit juices should be given.

If the kidneys function, that is, if the output of liquids equals intake, the amount of liquids may be increased correspondingly. In the vast majority of instances water can be given in large quantities from the beginning.

The diet is usually liquid until the temperature is normal, then food is increased and varied according to individual doctor's instructions and according

to the general condition of the patient. Meat was formerly restricted entirely, but it is now given in limited quantities after temperature is normal for some days, without any disastrous results.

If there is edema, the patient is given the same diet as any other patient would receive who has impaired kidneys.

Elimination is very important from the onset of the disease. Urge the patient to take plenty of water—two or three quarts daily, excluding his liquid diet. Plenty of fruit juices, especially orange juice, well diluted, lemonade and grape juice are helpful. Diuretics are given according to the doctor's orders, and may include diuretin, Basham's mixture, and potassium citrate. If the water is forced from the beginning, there is little need for diuretics, and it is safe to assume that the administration of quantities of water during the earlier stage helps to prevent later complications and infections. The output of urine should be observed and noted daily.

The mouth should require the same attention as any other febrile condition demands, the nurse always bearing in mind the ineffective element found in the throat and nose, therefore the necessity for very careful handling of the contaminated solution after leaving the patient's mouth, and the immediate disinfection of the solution, basins, and her hands. When the patient begins to eat solid food, the use of the tooth brush after each meal is indicated and is practical when the nurse has but one patient. Thorough cleansing of the tooth brush is necessary after each use.

The patient should be in a recumbent position as long as the temperature

is elevated, and as long thereafter as ordered by the physician. This varies with the degree of toxemia. Some patients may sit up in bed after seven days, while others are obliged to rest a longer period. Unless complications arise, the ordinary patient is allowed to be up and around at the end of three weeks, and in nice weather should be allowed in the fresh air if supervised.

There must be constant watching for untoward symptoms which may indicate any one of the complications so frequently seen in scarlet fever. Among the common complications are otitis media, cervical adenitis, endocarditis, nephritis, and arthritis. Other associated infections are always possible and this is a point to observe in the handling of scarlet fever patients.

Severe complications may occur in the mildest cases, for this reason most careful nursing care, at the very beginning, should be given even though the temperature is almost normal from the beginning. This point is sometimes forgotten. Complicated cases of otitis media, and cervical adenitis often become surgical cases and here we have the possibility of severe streptococcic infections, so strict surgical asepsis, as well as medical asepsis is indicated to both nurses and doctors handling the patient.

Arthritis is a common complication occurring usually the second week. It may assume a painful aspect, and in any event, calls for prompt nursing measures. When the patient complains of "joint pains," place him between blankets, if in the winter, and at all times wrap the affected joints in cotton. Bathe affected joints each day, being careful to bathe one joint at a time and re-wrap at once with cotton before

exposing another joint. This care often prevents much pain and allays the general discomfort attending scarlatinal arthritis.

Nephritis is an important complication. Frequent urinalysis is absolutely necessary in scarlet fever, and should be repeated at least every third day. The nursing care and attention to elimination often determine the ultimate recovery of the patient.

TERMINATION OF THE CASE

If the nurse has observed all the details of her technic from day to day, the release of the patient is a simple procedure. A warm soap and water bath and the washing of the patient's hair are all that are necessary for the

patient. The thorough disinfection of all contaminated articles is necessary. For the mattress, an exposure of twelve hours to sunlight should be all that is necessary if the mattress was properly protected. Blankets can be washed and dried in the sunlight.

The former terminal ceremony of fumigating is now obsolete, and attention is given to the daily details of keeping areas and surfaces free from contamination. The new light that has been given to us in handling scarlet fever patients as well as other communicable disease patients has made the nursing both scientific and interesting, thereby dispelling much of the superstition and ignorance that formerly surrounded the disease.

MRS. MURPHY

BY ALICE A. WESTON, R.N.

“NUMBER five! Number six! Number seven!” It was a moderately busy Out-Patient day. A large number of patients, both new and old, were crowded around the admitting desk. Number seven proved to be a young negro. Painfully he limped to the desk, pushing his way through the mass of Jews, Irish, Greeks, and Armenians who were waiting for admission. He confirmed the fact that he was Isaiah Johnson, aged twenty-eight, and married. He confided to the clerk that he had come to the hospital because he had “misery” in his left leg. After this confidence he was directed,—Straight ahead. Down by

the clock. Bring this ticket the next time you come. Fifty cents, please! Next!”

So was Number Seven disposed of, and Mary Murphy was called next. In her turn, Mary Murphy limped to the desk. She had been limping to that desk over a long period of years. Nearly ten years previously she had admitted that she was forty-seven years of age, the mother of eleven children, and a widow. She had buried all but three of the children; but, in spite of that, she did not approve of all this attention children were getting today.

The last ten years had wrought little change in her. She had perhaps gained

a little in weight, lost more of teeth, but was wearing the same corsets, although she confided that she had a "grand new pair." She had paid three dollars and a half for them, but they were so stiff that she couldn't wear them. Her coat was one that she had bought in those early days at Timothy Smith's for ten dollars. Her hat had been rescued from the rubbish barrel in the Nurses' Home when she worked there six years before.

Her mouth was very spacious and sparsely populated with teeth. Particularly was this true in the front. The two middle incisors on the upper jaw hung loosely down over a vacant space on the lower, and outside of the lip. Sometimes when she desired to impress her listener, she would hold the teeth over the lip for a moment and one wondered why she had not bitten herself long ago.

Mary was the chief support of her widowed daughter and two children. For several years she had been working at any job she could get, from scrubbing to laundry work, and from laundry to cooking. Every place she had worked she had had to quit because of an old varicose ulcer which would break down periodically and incapacitate her. The doctors had always advised operation, and the nurses and social workers had urged it upon her. Her Irish superstition, however, kept her from entering the hospital. She was sure that she would die there.

This morning she was still determined to keep both of her legs until she died, and to "go to the Maker with the same legs he gave me." She limped down the corridor and seated herself heavily beside Isaiah. Isaiah was affable. It was his first visit and he had come on the

recommendation of a friend. "Howdy, Mam, reckon yo got a bad laig, too."

"Begorra, I should say I have! Its twinty years since this first bust out. I was carrying my Ellen, who died of cholera infantum when she wasn't but two months old. It gits well, and then I go to work, and then I knock it against something, and it busts out again, and I have the Divil's own time getting it healed up again. Sure, they've been after me to have me veins out, but with the Grace o'God I'll meet my Maker with both legs as He made me. It's no operation I'll be havin.'" "For the love o' Mike!" she exclaimed, as a nurse walked down the corridor, "I know that girl."

"That girl" was the new Out Patient Department supervisor. She had just come on the job after three years of Public Health work in a small town. As she came down the corridor she smiled at the patients who were sitting on the benches. She stopped to ask a small boy about his arm. He had broken it by falling from a roof. A question revealed the fact that his mother was sick in bed. He promised to see the Supervisor again after he had seen the doctor. The nurse moved along to a patient with a baby on her lap. This patient was one of those good-natured Italian women. At a casual glance one would think that the baby was also very good-natured, but a closer inspection showed a nipple stuffed with a rag as the cause of the good-nature. Hereupon ensued a lecture on pacifiers.

As the Supervisor disappeared into the examining room, Mrs. Murphy once again confided to Isaiah that she had known that girl when she was training.

She guessed she was "full-fledged" now. "Reckon she's right smart," said Isaiah. "They're all the same, not much difference in any of them," returned Mrs. Murphy.

As the morning grew older Isaiah and Mrs. Murphy were each called into their respective examining rooms. When her turn came Mrs. Murphy displayed her leg with great pride, for indeed, hadn't she been told time and again that it was the worst leg that had ever been treated in the O. P. D.? "How long have you had these ulcers?" queried the nurse. "Twinty years," was the proud answer. "I think that you were a patient here when I was a pupil." "Faith, I think I was. Sure, I've been coming here for the last tin years." "Have you ever been advised to have your legs operated upon?" Had she? Well, Mrs. Murphy wanted her to know that, etc., etc. Miss Abbott sighed and then went through the discussion that each of her predecessors had gone through before her. The result was the same.

Miss Abbott made it a point to see her the next time she came to the clinic. It was during the demonstration of a pressure bandage that Miss Abbott learned something of Mrs. Murphy's history. She learned about Edward and Grace, and how Mrs. Murphy had to cook and care for them during the hot summer days, and in this way it was impossible to keep off her feet. Miss Abbott suggested that the children be sent to a camp for two weeks, especially as they were both rather poorly. Mrs. Murphy was delighted with this idea.

Later in the summer Mrs. Murphy was still getting dressings and the leg was improving rapidly. She was very

happy. The children had been away and had been brought back happy and healthy. She was expanding to the patients on the bench. She told them about Grace and Eddie, and how Miss Abbott was the first person to ever be interested in her, and was the best friend she had. When Miss Abbott got her alone she denied the friendship on the grounds that if Mrs. Murphy was truly a friend she would take care of herself and get her veins out.

By this time Mrs. Murphy was convinced that Miss Abbott would not give her any advice that she was not sure was the best. She started to waver. She was caught unawares. Before she knew it, she had promised to see the Social Service about finding a place for the children to stay while she was in the hospital. She knew now exactly what would happen to her in the hospital and in the operating room. The children were sent to the same camp again for two weeks, and Mrs. Murphy got the veins out. Two months later she stopped in the O. P. D. to tell Miss Abbott that she had a position folding towels in a laundry. Nothing more was heard of her until the following summer when once more she came into the O. P. D. This time she was still working, but wanted Miss Abbott to send the children to the country again. The matter was referred to the Social Service and the children were sent away once more.

Every year now when spring comes around Mrs. Murphy bobs up with the first crocus, and the children are sent away. She is now urging everyone who has any sort of ulcer to have it operated on. Almost every week someone comes to the O. P. D. and asks for Miss Abbott, and tells her that Mrs. Murphy sent

her. These new patients say Mrs. Murphy tells them of the structure of the veins and how the valves do not work, etc. She reads them long lectures on how much more economical it is to follow "Doctor's" advice than to disregard it. She has it figured out in dollars and cents. Miss Abbott and she met on the street a short time ago. Mrs. Murphy was bringing Grace home from the free dental clinic. She told Miss Abbott that Grace went regularly, now

that she knew what a difference it made to the teeth.

Miss Abbott smiled, and for a moment she thought she was again doing Public Health work. Then she realized that this was just what she was doing, except that the patient was the mobile unit rather than the nurse. Instead of the nurse's hunting for Isaiah and Mary at 109 Seventh Street, it was Isaiah or Mary who came to answer the call, "Number One," or, "Number Seven."

THE MILK LABORATORY

CHILDREN'S HOSPITAL OF PHILADELPHIA

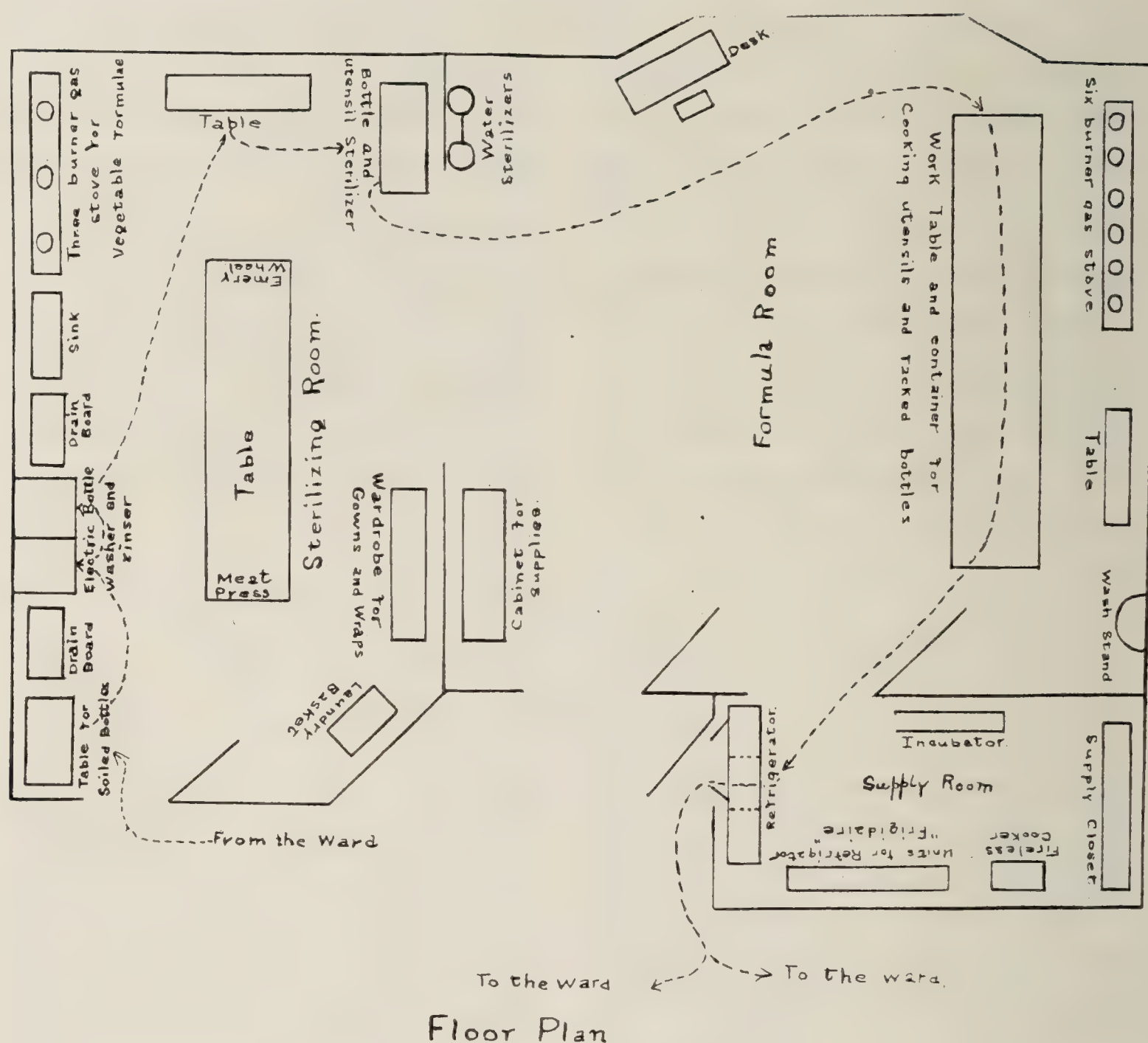
By SUSAN C. FRANCIS, R.N.

THE milk laboratory of the Children's Hospital was arranged and equipped first to meet the needs of the patients and, second, to provide a teaching field for student nurses—undergraduate, affiliate and post-graduate, student dietitians and others interested.

A study of the diagram of the floor space (Ill. 1) will show that the department has three rooms; namely, the formula room in which the milk formulae are prepared, the sterilizing room in which the meat and the vegetable formulae are prepared and the bottles and utensils washed and sterilized; and the supply room in which are located the refrigerator, the incubator for making the buttermilk and the acidophilus milk, the fireless cooker in which are prepared the cooked starchy mixtures, and a supply cupboard. The dotted lines indicate the route of the bottles from the ward through the milk laboratory and out again on their way to the wards. A somewhat detailed descrip-

tion of the furnishings of the department may be of interest to the readers.

Entering the sterilizing room (Ill. 2) the table at the left is an ordinary zinc covered kitchen table. Next is a two compartment monel metal bottle washer. The first compartment is fitted with an electric motor driven bottle washer which has an interchangeable attachment for a brush for the nursing bottles and for a brush for the ordinary quart milk bottles. The second compartment has a rinsing apparatus which upon pressure will spray the outside and the inside of the bottle held upside down on the spray. The white porcelain drain board and sink are used for washing the vegetables and the pots and pans. The gas stove is the usual plate type with three burners and set on angle iron legs. Another zinc covered table stands at right angles to the stove and between the stove and the bottle and utensil sterilizer. A third zinc covered kitchen table occupies the middle of the floor. To



Floor Plan

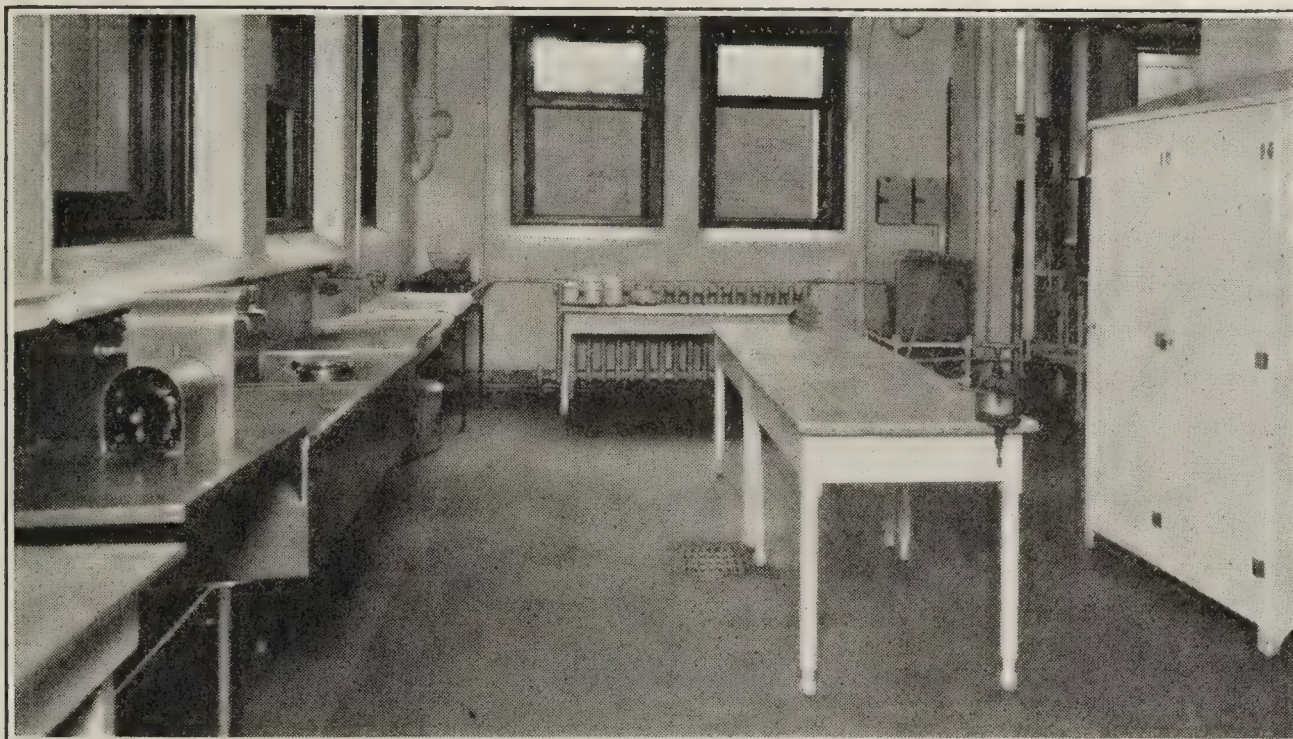
Milk Laboratory Children's Hospital of Philadelphia

(Illustration 1)

one end of the table is attached the meat press and to the other an emery wheel used to grind a spot on the side of each nursing bottle on which may be marked the number of the patient for whom the bottle is intended. This method of marking the bottles is preferred to the use of labels which may be lost in transit to the patient and which have other objectionable features. A double white enameled steel wardrobe, one side for gowns and the other for capes, and a white enamel laundry basket complete the furnishings of this room.

Going into the formula room (Ill. 3) and on the other side of the partition from the utensil sterilizer are found the hot and cold water sterilizers. These as well as the utensil sterilizers, are operated by means of high pressure steam. Under a window is the desk used by the head nurse of the department.

The combination table and cabinet at which most of the work of the department is done is fifteen feet long, thirty inches wide and thirty-four inches high. The top is of heavy polished monel metal as are the drawers and shelves. The sliding doors to the cabinet are of



(Illustration 2) BOTTLE WASHING AND STERILIZING ROOM

reinforced plate glass on ball bearing wheels and steel tracks. The front, back, sides and adjustable feet of the cabinet are of white porcelain with monel metal trimmings. On all four sides is a polished nickel rail projecting out about two inches.

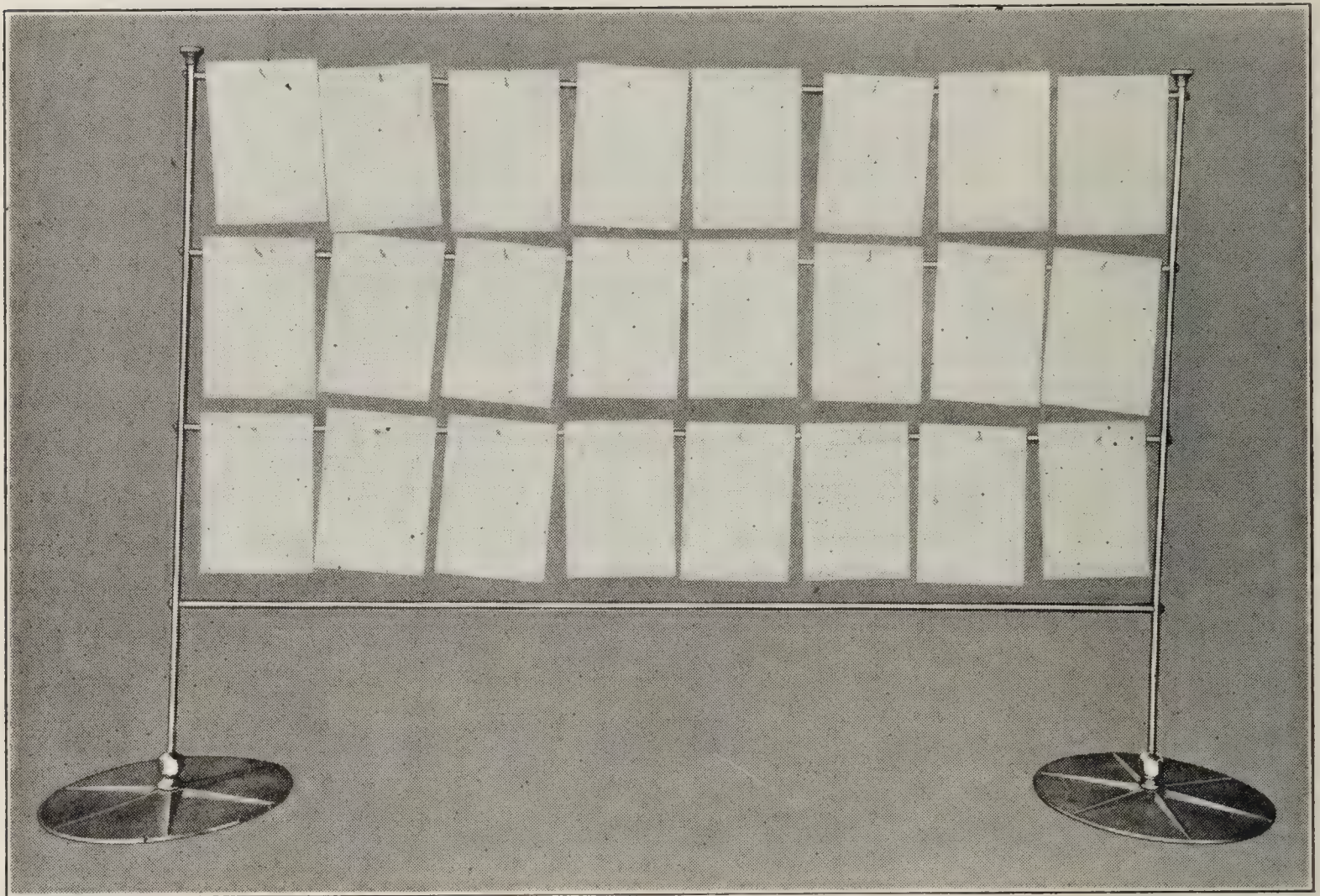
The two formula racks (Ill. 4) are movable and are made of light nickel plated steel rods mounted on bases sufficiently heavy to hold them upright.

The spaces between the rods and between the pins on the rods are arranged to accommodate the size of the formula card in use in the Children's Hospital. When a given formula is discontinued that card is destroyed and another may take its place. The height of the rack is calculated to bring the cards approximately to the level of the eyes of the nurse of average height.

Back of this table is a six-burner gas



(Illustration 3) FORMULA ROOM



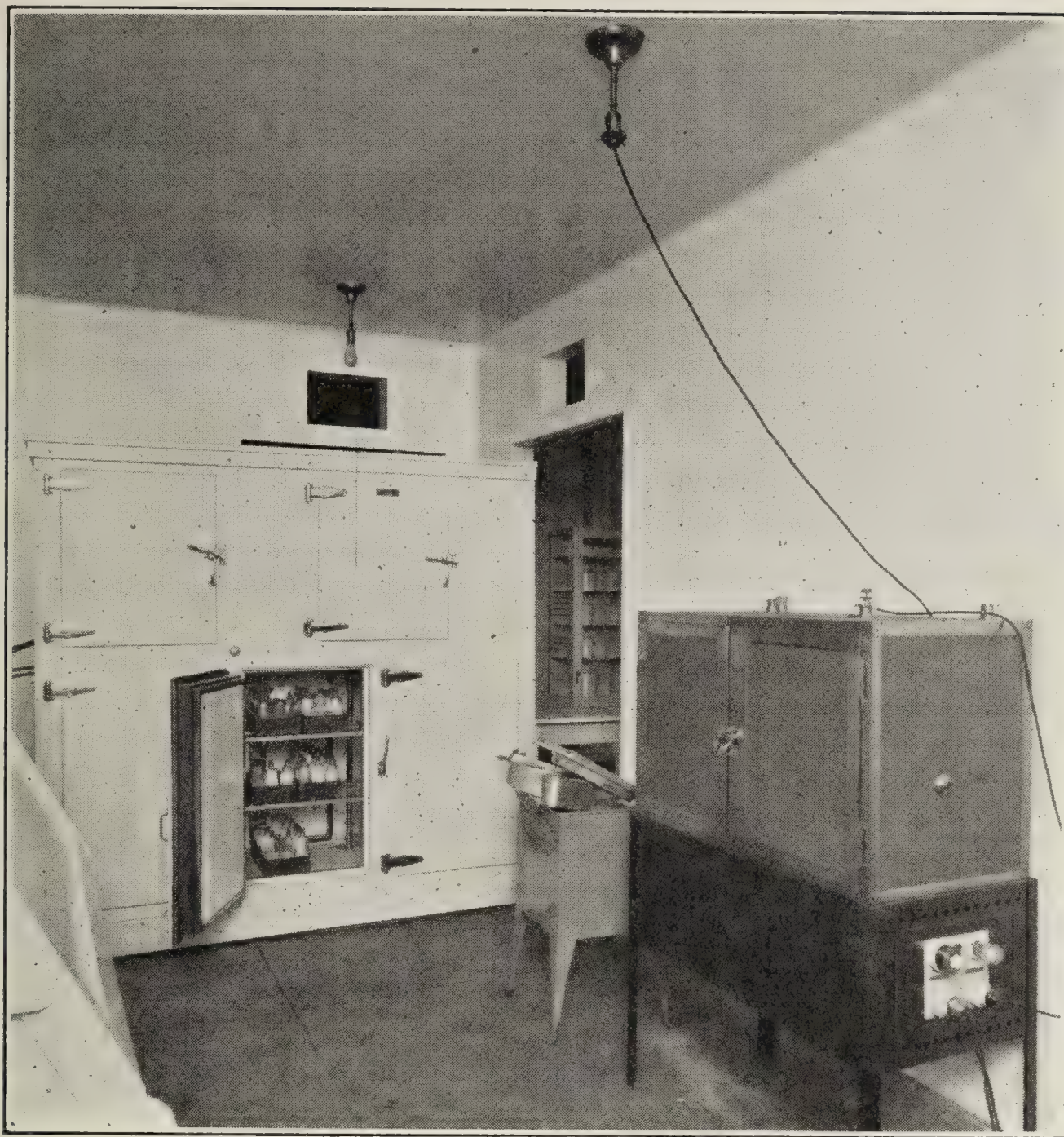
(Illustration 4) FORMULA RACK

stove mounted on angle iron legs. Over the stove is hung a white enameled clock. Next to the stove is a table with a white "Porcel-enamel" top, and next to the table is a stationary wash stand so situated that the nurses may wash their hands frequently without loss of time or effort. A second "Porcel-enamel" topped table is placed just outside the door to the supply room and facing the large work table is a white enameled steel cabinet with plate glass doors and shelves. This contains white enamel jars for the proprietary powders and flours used in formula preparation.

In the supply room (Ill. 5) are first an electric refrigerator specially constructed to meet the needs of the department. The box is of hard white enamel exterior finish, with opal glass lining and with a vitreous tile floor set in cement. In addition to the compart-

ment for the cooling coils there are four compartments for supplies separated one from the other by means of wire partitions and shelves. Two of the compartments have doors at the rear of the refrigerator as well as in front. Opening the door from the corridor to the supply room and then the doors at the rear of the refrigerator facing the corridor, enables the milk man to place the bottles of milk he is delivering without delay in the compartment in which they belong and without going into the laboratory. It also enables the night nurse to secure the feedings for the night from their special compartment without going into the laboratory. The rules of the department forbid admission, without special permission, to those not on duty therein.

The incubator is similar to those in use in pathological laboratories and the



(Illustration 5) REFRIGERATOR, INCUBATOR, FIRELESS COOKER

shelves are so placed as to permit the admission of three litre Erlenmeyer flasks. The fireless cooker has five small containers of one quart capacity each, so that from one to five varieties of mixtures may be prepared simultaneously. The cupboard contains supplies and equipment for the department.

A graduate nurse is in charge and from four to six students are detailed to the department. The students of the Children's Hospital receive a minimum of one month's experience each, and the affiliate students receive two weeks' experience each. Postgraduate nurses and student dietitians are assigned only for observation.

The students from the laboratory are required to take the feedings when due to the wards. There the feedings are warmed to the desired temperature, the sterile nipples are placed on the bottles by the milk laboratory nurses who then help the ward nurses hold the bottles for the babies. This consumes a liberal amount of the time of the milk laboratory students, but it gives them the opportunity to relate the feedings they have made to the patients, and to study their effect upon the patients.

The hospital has a staff of three pediatricians with their respective clinical assistants. These men are on duty all the year around instead of having

rotating services. An equal number of patients is assigned to each of them. The student in the milk laboratory therefore has the opportunity to learn the feeding methods used by all of these men and to obtain experience in the preparation of their formulae regardless of the time of year she may be assigned to the department.

The minimum equipment for the tray for each student working at milk formulae preparation is:

A two quart white enamel pitcher with pouring lip.

Two quart basin, white enamel.

Sieves, coarse mesh and fine mesh.

Graduate, white enamel.

Dipper.

Table spoon.

Wooden spoon.

The general equipment consists of ten quart white enamel buckets, additional pitchers, basins, graduates, aluminum sauce pans and double boilers of varying sizes, paring knives, etc.

The racks used to hold and carry the bottles are made of heavy wire and accommodate twenty-one bottles each. All milk used is bottled milk either pasteurized or certified. Pasteurized milk is used when making preparations for those babies who are given other than strictly milk preparations; certified milk for those patients who are given the milk preparations exclusively, with the exception of orange juice.

On any given day the duties of the students, with modifications to meet emergencies as they arise, will be found to be about as follows:

Nurse No. 1

- (a) Supervises and helps in the pouring of the milk from the bottles into buckets from which it is taken for the formulae preparation.

- (b) Sets up the work table, work trays and equipment at one end, bottles to receive the prepared formulae at the other end. (The bottles have been racked and numbered in order the afternoon before.)
- (c) Makes out chart of all formulae to be prepared and from which they may be checked as completed.
- (d) Helps with the milk formulae preparation.
- (e) Is responsible for marking bottles with patients' numbers.
- (f) Together with the Head Nurse is responsible for the proper "racking" of the bottles when filled and ready to be placed in the ice box to await distribution at the feeding hours.

Nurse No. 2

- (a) Helps to pour the milk from the bottles to the buckets.
- (b) Helps in the preparation of the milk formulae.
- (c) Responsible for the cleanliness and order of the ice box and the work table.
- (d) Helps distribute bottles to wards at feeding hours and helps to hold the bottles.

Nurse No. 3

- (a) Helps to pour the milk from the bottles to the buckets.
- (b) Helps in the preparation of the milk formulae.
- (c) Responsible for the dusting and order of the formulae room.
- (d) Helps distribute bottles to wards at feeding hours and helps to hold the bottles.

Nurse No. 4

- (a) Responsible for the washing and the boiling of the nipples.
- (b) Secures required vegetables and meat from general store room.
- (c) Prepares vegetable and meat formulae.
- (d) Helps distribute bottles to wards at feeding time and helps hold the bottles.

Nurse No. 5

- (a) Responsible for the sterilization of bottles and utensils.

- (b) Prepares the orange juice and helps prepare vegetable and meat formulae.
- (c) Helps distribute bottles to wards at feeding time and helps hold the bottles.

A sixth student may be added to the staff occasionally at which times she assumes certain of the duties regularly assigned to the others. There is also a maid who washes the bottles and the utensils and cares for the floors. In addition to her two weeks' practice work in the laboratory each affiliate student is required to attend five lessons on infant feeding, briefly outlined as follows:

Five demonstrations ($8\frac{1}{2}$ hours)—
1 ($1\frac{1}{2}$ hour) period; 3 (2 hour periods);
1 (1 hour) period.

Lesson 1—The Milk Laboratory ($1\frac{1}{2}$ hours).

Purpose.

Equipment: Ledge demonstration and discussion.

Utensils used for feeding babies. Ledge demonstration.

Assigned reference reading. Causes of refusal to nurse; How to induce babies to take food; Rules for feeding babies.

Lesson 2—The Preparation of Formulae.
(2 hours.)

Technic for.

Preparation: A simple milk formula and
Discussion of: Sour milks; butter milk;
buttermilk mixture; acidophilus milk;
Lactic Acid milk.

Lesson 3—The Preparation of Formulae.
(2 hours.)

Used in diarrhoea: Barley gruel, barley water, flour ball.

Used in constipation: Butter flour mixture, malt soup.

Lesson 4—The Preparation of Formulae.
(2 hours.)

Used as a tissue builder: Keksmehl.

Chart demonstration and discussion: Pasteurized milk, certified milk.

Expression of mother's milk.

Lesson 5—Calculation of Formulae for Well Babies (1 hour).

Calculation of Caloric Values.

Almost without exception the students express themselves as being most keenly interested in the work of this department, their one disappointment being the fact that it is not possible to prolong their service there.

INTERNATIONAL ASPECTS OF NURSING¹

By BARONESS SOPHIE MANNERHEIM

COMING as I do from one International gathering, that of the General Council of The League of Red Cross Societies, and having the pleasure of attending this wonderful meeting of women from all parts of the world, I feel Internationalism to be, so to say,

in the air which the people of the present day are breathing, one of the real attainments to which we have arrived, and it seems incredible that twenty-five years ago the word international could come as a revelation opening up new vistas to a few whose mission it became to make the rest of the groups of workers, of thinkers, of strivers, see its greatness.

So it was in the case of nursing, and

¹ Read at a conference of the International Council of Women at the British Empire Exhibition, May 5, 1924. Published also in the Bulletin of the International Council of Nurses.

it is with great reverence and admiration that I recall the names of those pioneers of the International movement in nursing: Mrs. Hampton Robb from America; Dr. Anna Hamilton from France; Schwester Agnes Karll from Germany, and last but not least, the English member of the group, Mrs. Bedford Fenwick, whose inspiring influence, brilliant gifts and eminent talent of leadership made her the head of the organization started in 1899 in London under the name of "The International Council of Nurses," and which had its first big meeting in Buffalo.

It was an inspiration, this thought of the representatives of the nursing profession meeting from all parts of the world to discuss the work which is theirs and the professional problems confronting them. It stood like a beacon, attracting the eyes for which it was meant, those of the nurses of the world, and drawing them together to some wonderful meetings. Let me here tell you of my first experience of such a meeting, that of 1907 in Paris, and let me do it as subjectively as it comes to my mind. I had been, as I think we nurses all do, working hard, thinking of my patients, of my hospital, and of the small round of problems confronting me. This was my world; not a very large one, but to me, absorbing, and I was getting into the way—characteristic of many nurses—of absorbing myself in my work with eyes stiffly fixed on what was in hand, and never looking round the corner. I did not even know there was danger in such absorption, when suddenly one day I heard or read the words—"The International Council of Nurses is going to meet"! That set me thinking. "What is this?" I said to myself. "Is there

a special kind of nurse called "International," or do we all,—do I myself—belong to this group?" A thought thrilling me to my very soul. I had to find out and decided to go to Paris, where the Congress was to be, to do so. I will never forget this first meeting with the international spirit which is now so familiar to us all, the wonderful feeling of being among friends, the everlasting joy of being able to "talk shop" without tiring your audience, and the revelation suddenly dawning upon you that your own poor little problems were the problems of your sisters all over the world, and that, borne together, they would hereafter feel lighter, that you would get help from all the hands you had touched, from the words you had heard, that you could go home but you would no more be alone in your work, you were a changed being, your soul had lifted its wings for the first time, and seen the sun of universal sisterhood. I can recall this meeting as though it had taken place yesterday; Mrs. Bedford Fenwick in the Chair, Miss Isla Stewart with her warm heart and quick wit, Mrs. Hampton Robb, the big woman with a voice like the music of her beautiful soul, Miss Nutting, and our wonderful little secretary, Miss Dock, who was first "Votes for Women," and then last, but not least, a nurse. And the audience—the keen faces, the bright eyes of those women, many of whom wore the uniforms of the profession in their respective countries. It was a sight and an impression never to be forgotten.

This meeting in Paris was followed in 1909 by one in London. Then in 1912 there was another gathering in Cologne, in which Russian policy of that time prevented Finland taking part as a country,

and then came the great catastrophe, doing away while it lasted with most of the ideas of internationalism. And yet the idea survived. Like the soldiers buried in the ground, who at last after years of life that was not life, could come out of their trenches and see the light of the sun and the green earth again, the seed which once had been sown and then checked in its growth and obliged to keep low, lifted its head and began to unfold, even if very feebly at first. The first meeting of the Executive of our Council after the war, that of 1920 in Atlanta, Georgia, counted two representatives from Europe, the one from Denmark and the one from Finland, which beside those from Canada and the United States, formed the whole gathering, and yet it was felt that the idea could not be allowed to die. We, who were made for that office, would have to nurse our poor stricken child back to life again, even if the terrible illness caused by the war lasted longer than we could foresee. And I am glad to say that the next meeting took place in 1922 in Copenhagen, and that now we are all united again and ready to cope with the new problems confronting the International Council of Nurses.

Up until now, we have been working for the best of our profession to the best of our abilities. We have been accepting as members of our circle all the countries of the world, where the nurses had organized on a professional basis, and we have been helping them to stand firm for the solution, in the way that we considered to be right, of the questions confronting every organization of this kind. Now it seems as if this was not enough, as if new vistas were open-

ing before us, a larger scope offering itself to our activity.

Nations where nursing was unknown have suddenly, by the war, come to the realization of their shortcomings. They want nurses. They want the right education for those nurses. They want them to be as effective and as professional as the nurses of the old long-ago organized countries. Those nations turned to the sign in the sky, the sign that had been a token of help during the great disaster, to the Red Cross, and the Red Cross did all in its might to help them. The American Red Cross gave money and organized schools of nursing of the highest order, put in charge of American nurses, who, working in the beautiful spirit characterizing their nation, stayed on only until the native women were found capable of undertaking the work. The Nursing Division of the League of Red Cross Societies in Paris also did most excellent work in giving assistance in many ways, by advice, by money, by visits of members of its staff, and by giving education in institutions with high and old traditions to people from those new countries who were to become the leaders of the new movement in their respective lands. It is to this end that the League of Red Cross Societies has instituted the course at Bedford College in Public Health Nursing for International Students, a course which is giving the best possible results, and beside that, it has sent fully trained and capable nurses to start schools in countries where the demands for such schools were pressing, until such time as there should be a woman of the country trained and ready to overtake the work.

Through the courtesy of the League of Red Cross Societies I have been put

in a position to see by myself part of the work done by its Nursing Division, and I must say that never have I realized as now the wonderful help the older and more experienced country can be to the younger one, the great need for help and advice existing and eagerly sought, and the truth of the old saying "noblesse oblige."

We, the older countries with organized systems of education, with nurses organized on a professional basis, had everything. We were meant to give our experience, all we had attained, to the countries that were so eagerly calling for it in the difficulties of their organizing. And I am glad to say that through the Red Cross they are getting this information and that the Red Cross is gathering it from the countries where the best is attained in nursing, and the nurses of the world are helping it in its endeavors to give assistance and support to the nursing coming into existence. It was strongly felt that, to secure experienced advice, the Red Cross ought to confer with representatives of the profession, and to that end, an Advisory Board of Nurses, composed of six professional experts, was this year nominated by the League of Red Cross

Societies in Paris, and has for the first time given its recommendations as to the nursing policies of the League.

So to resume this very brief outline of international aspects in nursing, there is at present existent the International Council of Nurses, which is the professional union of all nursing organizations founded on a professional basis. There is the work being done for the betterment of Nursing Education and organization in countries where those things were unknown. Much of this work is done by the League of Red Cross Societies and the National Red Cross organizations.

There are for the education of International Students for leadership in their own countries in Public Health Nursing and in Administration and Teaching in Schools of Nursing, two courses in London connected with Bedford College for Women, and lastly, there is the Advisory Board of Nursing of the League of Red Cross Societies in Paris, whose duty must be to coördinate and direct the work done so that it is pointing toward the same goal, the prevention and relief of suffering through a nursing profession well equipped for this attainment and with the highest professional ideals.

MISS WALKER HONORED

France has paid her tribute of honor to the profession of the Public Health Nurse in decorating Evelyn T. Walker, Directress of the *Association d'Hygienie Sociale de l'Aisne*, with the Cross of Chevalier of the Legion of Honor. The impressive ceremony of investiture took place at the Fete given by the American Committee for Devastated France in the picturesque grounds of the ancient Chateau of Blerancourt, which was the first home of the Committee and the scene of many tragic and pitiful episodes of the war. The dire need which then existed is now over and the war-torn ruin has been converted by the Committee into an elegant garden, which, in company with the other permanent organizations which have grown out of its work, is now transferred to the ownership of the French people.

In accepting this legacy the appreciation of France was gracefully expressed by the bestowal of the Cross of Officer of the Legion of Honor on Anne Morgan, founder of the Committee and on Mrs. Murray Dike, its president, while the Cross of Chevalier of the Legion was bestowed on Miss Scarborough, who has been untiring in her services as Secretary to the Committee, on Miss Perkins and Miss Walker.

HEADQUARTERS OHIO STATE ASSOCIATION OF GRADUATE NURSES

By ELIZABETH A. AUGUST, R.N.



HEADQUARTERS OHIO STATE ASSOCIATION OF GRADUATE NURSES

Mrs. Elizabeth A. August, General Secretary

THE idea of a General Secretary and Central Office for the State Association of Graduate Nurses was formulated in the minds of the Trustees of the Association in 1918, some time after the officers of the American Nurses' Association suggested the reorganization plan for all states. It was decided to make the Headquarters a place where all information regarding nursing activities would be available for anyone desiring such information and to make it a clearing house for all material relative to any problem that might be presented,

to assemble as well as to distribute material that would be of interest to all nurses, such as reports, surveys, etc. Therefore, they proceeded to employ a woman who was acquainted with the work of the State and National Associations.

The following give some idea of the activities of the General Secretary:

Divided the state into districts so that it could function according to the needs of the different groups of nurses.

Assists Alumnae, District and State Associations to establish uniform Constitution and By-laws.

Assists student recruiting campaigns.

Solicits *American Journal of Nursing* subscriptions.

Helps in legislative work.

Distributes information concerning Florence Nightingale Scholarship Fund.

Made a survey of the state to ascertain the supply of nurses. (This included registered and non-registered nurses and attendants.)

Carries on membership campaigns.

Assists in conventions and institutes and committee work.

Attends meetings of the districts and keeps

the nurses informed of state and national policies.

Collects all data pertaining to nursing activities and sees that it is properly filed.

We are establishing a library that will be of value to those who are looking for information from printed publications.

The Central Office has been equipped with office desk, steel files, maps, book-case, etc. It is now established and after a period of four years has become permanent and, we hope, will be continued to be used to the fullest extent.

THE RELATION OF THE PRIVATE DUTY NURSE TO THE DIRECTORY¹

BY HELEN W. KELLY, R.N.

THE relation of the private duty nurse to the directory is that of an equal partner in a business established by mutual consent for the benefit of the public. A directory exists, primarily, for the purpose of supplying a demand, consequently it must be considered a strictly business enterprise, and conducted on strictly business principles, even though its ends and aims be purely altruistic. Nurses sometimes assume the attitude of placing all responsibility for the conduct of the directory on the registrar and her staff, failing to grasp the fact that there is a division of responsibility between the organization which formulates and publishes the policies of the directory; the office staff which executes these policies; and the nurses in the field, who interpret them to the public in terms

of skilled service, and professional behavior.

Any organization which conducts a registry for nurses, carries a manifold responsibility. Its publicity propaganda must be unceasing; its offices and equipment must be modern and adequate; its staff must have the professional and business experience which makes for swift and smooth functioning, and must be large enough to obviate the possibility of overwork which would destroy the sense of proper values; loyal support must be given to both registrar and registrant in all their activities; an unprejudiced hearing must be given all complaints and criticisms; and every effort put forth to make of the directory a harmoniously functioning instrument for the promotion of health in the community. Failure to meet any of these requirements raises the question of the right of the organization to conduct a registry.

¹ Read at meeting of Wisconsin Association of Graduate Nurses, La Crosse, September, 1923.

Upon the office staff devolves the responsibility of executing, as efficiently and as expeditiously as possible, the policies formulated by the controlling organization; of assisting in disseminating information as to the functions and scope of the registry; of giving prompt response to all appeals for assistance or information; of sending out nurses without loss of time; and of endeavoring to be of some service whenever appealed to, even though unable to furnish just the type of assistance desired. If, for example, the call is for a practical nurse when the directory registers only graduates, an attempt should be made to put the applicant in touch with the agency that will meet his need.

When a nurse sent out by the directory fails to give, or receive, satisfaction, the complaint (often largely a matter of temperament), must be heard patiently and without bias, and the complainant prevailed upon to submit the matter in writing, for action by the Registry Committee, as the registrar should not be expected to pass judgment in such cases. Sometimes it is necessary, in an emergency, for the registrar to give an opinion, but unless a precedent exists she should be careful to say that the opinion expressed is personal *not* official; this does not commit the Directory, and leaves the matter open for action by the committee. When a complaint comes from a nurse involving the Directory, a patient, a hospital, or a physician, the same effort should be made to have the facts presented in proper form to the registry committee, which should give loyal support to the nurse in all reasonable complaints, and endeavor to help her see the light when her criticisms lack foundation.

Physicians and hospital executives have the right to expect prompt and efficient service from the directory, and should in turn give their loyal support to the nurses who are sent out from it. The nurse on "special" duty in the hospital has a right to a certain amount of consideration for her health and comfort, and at least an effort to have her compensated for her services when the patient and his family are slow to meet this obligation.

Many hospitals still cling to their private directories, but more and more they are coming to see that central directories conducted by nurses save time and energy, and make for a broader experience for the nurses, which in turn will make for a better type of service.

While the Registry Committee, and the office staff can do much to further the standing of the Directory in the community, their influence in no way approximates that of the nurse who makes the actual contacts with the families in their homes, for by her interpretation of its aims and ideals, the Directory must stand or fall.

The nurse who avails herself of the advantages afforded by the Directory tacitly accepts the obligation of giving loyal support to its policies and of faithfully interpreting its ideals. Nurses sometimes fail to realize this responsibility, and see themselves only in relation to their individual patients. This of necessity, makes for a limited horizon, and retards progress toward that professional standing to which we aspire. In this connection, it would seem that some nurses are in the position of wanting to "eat their cake and have it," as they would like the attributes and

honors of a profession, with the privileges of a trade union.

While every Directory has its own code of ethics, and order of procedure, there are certain fundamentals that are applicable to all, and it may be well to mention a few of them. For example: a nurse has the right to register against certain types of cases, and to know that she will not be called to care for such cases except in emergency, when the dictates of humanity will prompt her to put aside her personal feelings, and respond to the need. Aside from these cases against which she registers, a nurse should be ready and willing to accept whatever is offered, not only as a matter of professional ethics, but because she has entered into an agreement with the Directory, and failure to meet her obligations, betrays an ignorance of ordinary business principles. Most of the criticism of nurses' directories as at present conducted, is due to the failure of many nurses to live up to this fundamental business obligation. They will make excuses for refusing calls when no real reason exists, and as these excuses usually have their origin in selfishness, they are apt to shake the confidence of the registrar in that particular nurse, and raise the question of her dependability when grave situations arise.

Another trial to the registrar is the nurse who registers for duty before she is ready, and when called, replies that she has "an appointment with the dentist," or she has "just washed her hair," or her "uniforms are all at the laundry." Again she will register for duty, and calmly sally forth and spend the day with a friend, go to a matinee, go shopping, or even accept a call from

another source, without notifying the registry. Nurses are probably no less businesslike than other women, but more is expected of us, as we are dealing with problems of life and death, and each of us holds in her hands the reputation of a profession. The best possible service to the public, the service for which the directory exists, means a speedy relaying of each call to the next nurse on the list, and a realization on her part of her professional and business obligation to make a prompt response.

In order to obtain an unbiased view of the relation of the nurse to the directory, experiences were compared with the registrar of a large city directory, registering about one thousand nurses, and with a nurse who conducted a small registry in a far southwestern town, and the conclusion arrived at was that the problems of the directory are not matters of geography, but of human nature. To quote the registrar of the large directory just mentioned²: "Nurses in general have a very vague idea of the duties and responsibilities of the registrar. Many consider the position a good one for some decrepit nurse. They think only of the calls received, and assigned to nurses, and know nothing of the many details that are a necessary part of a modern business office. It would be a good idea to invite some of them to spend a few hours in the office, on a busy morning, that they might get a better idea of the many responsibilities the registrar carries." Referring to the tendency on the part of nurses to criticise the registrar she says, speaking with the authority of many years' experience: "There are many opportunities for the nurses to misunderstand,

² Lucy Last Van Frank, Chicago.

and misinterpret the attitude of the registrar. She is usually too busy to visit over the telephone, and must of necessity complete each call as quickly as possible, consequently she may seem curt, when she is simply trying to dispose of the call with all possible dispatch, in order to hold another that may be coming in over another wire."

As in all human relations, misunderstandings are due to a lack of knowledge of the problems of the "other fellow," the only way to avoid unpleasantness is for each to strive for a fair, open-minded insight into the aims, problems, and methods, of the other. If the registrar has done private duty, and usually she has, she knows the problems of the nurse. She knows all about the weariness, the disappointments, the lack of appreciation, the everlasting giving of oneself for others, the need for inspiration, even the failure of financial return for service given, that are the lot of the private duty nurse. She also knows the thrill, the sense of exaltation, that comes to the nurse who through these very sacrifices, is instrumental in bringing back a fellow being from the "Valley of the Shadow," and restoring him to a life of usefulness. She has climbed the heights with the young couple in the

first ecstatic flush of parenthood, and she has gone into the depths with the widow and the orphan. If she does *not* know these things from personal experience, there is grave doubt as to her fitness for her "job." And yet, with all of this background she will not escape criticism, for the scapegoat continues to be a necessity, even in this day of efficiency experts and psychoanalysts. Fortunately the critics are in the minority, the great army of private duty nurses being made up chiefly of women who cheerfully face their responsibilities, and are prepared to take what comes so long as it offers an opportunity for service; who recognize the value of their work in relation to the great health movement of the day; who realize that a nurse does not live unto herself alone, but is one of a long line of descent; that she must be true to the women who have gone before, and have left to her a sacred heritage which she in turn must one day pass on to those who come after. They give thought to their obligation of adding to this treasured possession, and of passing it on a little greater and brighter than when they received it. True to the Past and the Future, they cannot go far astray in the Present.

THE MODERN HOSPITAL'S PRIZE ESSAY COMPETITION

Dr. Haven Emerson, Dr. Michael M. Davis, Jr., of New York, and Dr. Willard C. Rappleye of New Haven, Conn., have been named as members of the committee of award of The Modern Hospital's prize essay competition on "The Interrelationships of Hospital and Community."

Dr. Haven Emerson is professor of public health and preventable diseases at Columbia University, New York. Dr. Michael M. Davis, Jr., is executive secretary of the Committee on Dispensary Development of the United Hospital Fund of New York. Dr. Willard C. Rappleye is superintendent of New Haven Hospital, New Haven, Conn., and professor of hospital administration in the Yale University school of medicine.

This committee will meet, probably in New York, to consider the essays submitted, following the formal closing of the contest on November 1, 1924.

Registrations for the competition will be received at the Chicago office of the The Modern Hospital up to September 15.

Further information may be obtained by addressing The Contest Editor, The Modern Hospital, 22 East Ontario Street, Chicago, Ill.

WHO'S WHO IN THE NURSING WORLD



XXXVIII. LUCY MINNIGERODE

BIRTHPLACE: Virginia. **PARENTAGE:** American (Virginia). **PRELIMINARY EDUCATION:** Private schools (Equivalent to high school). **PROFESSIONAL EDUCATION:** Graduate of Bellevue Training School, New York City. **POSITIONS HELD:** Superintendent of Nurses, Episcopal Eye, Ear Hospital, Washington, D. C., Superintendent of Nurses, Savannah Hospital, Savannah, Ga., Superintendent of Nurses, Columbia Hospital, Washington, D. C., Super-

visor Unit C., American Red Cross Mercy Ship 1914, 1915 (Recommended for Russian Cross of St. Anne, gold). On duty in American Red Cross Department of Nursing 1917, 1918. Influenza Hospital, Washington, D. C., 1918. 1918 Organized Nursing Service of United States Public Health Service. **PRESENT POSITION:** Superintendent of Nurses, United States Public Health Service. Author of various papers on nursing work of United States Public Health Service.

EDITORIALS

SOME OBJECTIVES FOR STATE ASSOCIATIONS

NOW is the time of good resolutions upon us! Vacation time is over. Schools are counting beds to be sure they really can accommodate the new classes, and are busily preparing class schedules; private duty nurses are "registering in," and alumnae, district and state associations are planning their first fall meetings. Everywhere there is the shouldering anew of responsibility, the zestful and optimistic attack on problems that require to be solved this year and in the years to come.

State associations will find real meat in the President's address published in the supplement to the August *Journal* and in the address by Miss Fox in the current issue of the *Public Health Nurse*. The Advisory Council meetings at Detroit were replete with suggestions that will be taken back by each state president to her own association.

A central office for each state association is a worthy ambition. The precedent established by Oregon and Ohio is already being followed in a number of other states. It is surprising how many activities can be grouped when a place has been found in which to center them. They take on dignity, too, when they are well organized and can be visualized in terms of files and records.

The preparation of histories of state activities has been undertaken in a few states as a matter of pride in accomplishment and as a basis for further effort. Miss Wyche, of North Carolina, is writing the history of the state that first obtained a nurse practice act.

Missouri has engaged an experienced writer to tell the story of her activities. Texas has appointed an historian.

Brief histories of the North Carolina, Virginia and Ohio Associations were read at their last meetings. They make inspiring reading. Virginia has done much for her own members by establishing an Insurance Fund and in building a cottage for nurses with tuberculosis. But not being merely a philanthropic organization they have under way, as we announced months ago, a splendid plan for endowing a Chair of Nursing in order that Virginia may provide the higher education some of her nurses want and need. The plan is already so well launched through the performances of the beautiful masque "Signal Fires"¹ and Virginia nurses have so ably demonstrated their ability to raise funds, that we predict it will not be many years before their history will record the realization of this lofty ambition.

To Ohio, we believe, belongs the distinction of establishing the first state headquarters and of first employing a full time state secretary. The account of Ohio activities in this issue is almost too modestly concise to give an accurate picture of accomplishments.

When the history of the Texas Association is written, we believe it will be recorded that the district associations "played up" to the State by matching the pledge made at the last meeting for \$1,000 to be used as a loan fund for Texas nurses wishing to prepare themselves to teach. This seems a genuinely

¹ Signal Fires. By Louise Burleigh, 106 N. Plum St., Richmond, Va.

constructive method of meeting the serious shortage of instructors.

A thought that has come from several states, including Connecticut, although noted in the history of only one, is that of giving alumnae associations some opportunity for self-expression at state meetings. An alumnae luncheon at which such reports were given proved successful in Virginia, why not elsewhere? There is the source of our strength,—in the alumnae associations and the individuals composing them, a fact we would do well to keep constantly in mind.

These are only a few of the objectives that might be put before our state associations this year. It is difficult to refrain from reminding them all that the care and instruction of patients is the warp upon which our professional pattern is woven. A little healthy rivalry between states on the subject of actual nursing care of patients might fairly galvanize some of our associations. Who knows what state is really best nursed? It is an arresting thought! It is worthy of attention by every state association and, we repeat, this—and not January first—is really the time for good resolutions!

TWO MORE NURSING SCHOOLS IN UNIVERSITIES

THE hue and cry about super nurses is vastly entertaining. Those who have raised the cry of "Wolf, Wolf" seem so utterly unaware of the fact that we always have had and, praise be, always will have super nurses, nurses whose intellectual hunger has never been satisfied and whose generosity of spirit has never been measured, though they may never have received university

degrees. Patients presumably would still be Sairy Gamped had it not been for Miss Nightingale and those of her followers who were super nurses. One definition of a super nurse is: a nurse who is constantly reaching out for more knowledge in order that she may have more to give those who look to her for wise counsel and tender care. Such a nurse uses her knowledge and her skill as unostentatiously and as graciously as a gentlewoman, (expressive word!), uses manners; because she is a gentlewoman in spirit even though her blood may not be blue according to the old standards of aristocracy.

There are few things more offensive than snobbery. This is particularly true of intellectual snobbery. We can not believe that our profession is in great danger of this because our goal is so very far beyond our present achievement. It is perhaps well, however, to face the fact that those who talk most blatantly of super nurses may possibly have been exposed to the intellectual and professional snobbery of nurses who have been fortunate in having unusual opportunities. A little high thinking and vigorous action at this time may easily convert what threatens to become a term of opprobrium to one of honor. Because life and much observation have taught us that no nurse can possibly know too much provided she really learns how best to use her knowledge, and this only is true education, we call attention to the brief outline of the plans of organization given elsewhere of the schools connected with Washington University and with Wisconsin University, the most recent additions to that group of schools that are endeavoring to further the preparation of nurses.

GOOD NURSING

IT was a gray day within and without! The skies were lowering! The job was exigent. Outside professional interests were demanding attention that it seemed utterly impossible to give but which yet could not be ignored. When life seemed to be pressing unendurably from all sides, like a flash of sunlight through massy clouds came the casually uttered sentence that turned the day from gray to gold.

It was over the luncheon table and the director of a public health nursing organization was discussing *esprit de corps*. Nursing being what it is, it is not conceivable her organization has been wholly free from vexatious problems, but the sentence that changed the day, that revived drooping spirits, that squared shoulders that they might adjust anew to the burdens, that made all again seem right with the world was this: "Only once in five years has any nurse told me that she could not do an assigned task!" What a tribute to that staff! What an unconscious expression of her own genius for leadership. Most of all what a tribute to the profession that produced those women. As the theme was elaborated, we were told that every nurse had been chosen because she had somehow caught the vision of what good nursing, and especially good public health nursing, really means.

"WELL DONE"

WITHIN the last few months two nurses who have given distinguished service have retired. It has been good to know that they are receiving their roses "while they can smell them" and the roses of appreciation have been heaped upon them in abundance. We

refer of course to Mrs. C. E. Bath and to Mary L. Keith.

Mrs. Bath has graduated upwards of six hundred nurses, more than half the number who have gone out from the fine old school of St. Luke's Hospital in New York; and the quality of their nursing is the measure of her success. Mrs. Bath, the woman, has not chosen to be very well known. Mrs. Bath, a force for uprightness, honor, and skilled nursing, is felt wherever any of the far flung line of St. Luke's nurses may be found.

Mary L. Keith, long recognized as one of the most brilliant women in hospital administration, after twenty-three years of varied and conspicuously fine service, leaves the Rochester General Hospital trebled in size and rendering community service of a high order.

The gifts, the expressions of esteem, the careful selection of worthy successors, are the roses which should express to these women the measure of genuine appreciation which is theirs. Retirement to them does not mean oblivion. There will shortly be found well trodden paths to the doors of these nurses who have mellowed by experience and are of seasoned judgment. The younger generation is reputed to dislike advice but it values opinion. Miss Keith and Mrs. Bath will continue to make a professional contribution because of the worth of the reasoned opinions for which they will be sought.

PIONEERS

THE days of pioneers are not over. Pioneers of the steam age? Yes! Of the plains? Yes! Of the air? Not yet! In nursing? No, for ours is a young profession and has still far to go.

Each school of nursing connected with a university does its own pioneering. Each must find the way in its particular situation in which it can best function. Of them all, the School of Nursing of the University of Minnesota most truly blazed a trail. Louise M. Powell, the modest genius of that school, found a little group of eight students when she went to Minnesota in 1910. She leaves a school, an integral part of the university, which has almost three hundred regular affiliating students who are doing the major portion of the nursing in the four hospitals whose schools have been combined through her leadership to form the first true central training school of nursing. With this remarkable and well rounded piece of work behind her, and with Marion Vannier, who has long been associated with her, to carry on, it is fitting that Miss Powell should move on to the independent and endowed school of nursing in Western Reserve University where secure foundations have been laid during three years of arduous work, by another able pioneer, Carolyn E. Gray.

Laura R. Logan, yet another courageous woman endowed with the true pioneering spirit, leaves the School of Nursing and Health of the University of Cincinnati after ten years of zealous and fruitful effort, for it is due to Miss Logan's initiative and farsightedness that a municipal school of nursing was made an integral part of a municipal university, an achievement that we believe is still unique in the annals of nursing. Miss Logan succeeds Mary C. Wheeler as director of the Illinois Training School. Miss Wheeler, having expended herself too generously, perhaps, in the school and in mighty Cook

County Hospital, is seeking rest and relaxation in Europe.

Another pioneer, although in a vastly different field, who has rounded out a conspicuous service and resigned her position is Sally Lucas Jean. Miss Jean's influence on the health education movement, through the Child Health Organization and the American Child Health Association, has been an important one. In conferring the honorary degree of Master of Arts on Miss Jean, Bates College has given her well merited distinction.

In an unstable age we should deplore such an amount of shifting about in important posts were we not convinced that the same quality of rigorous thinking that has held these women steadfast through many discouragements has undoubtedly entered into their decisions.

A CHANGE IN THE JOURNAL VOLUME

THE *Journal* has a gratifyingly large library circulation. These libraries and schools of nursing, in rapidly increasing numbers, are binding the magazine in order to make the great mass of valuable reference material it contains conveniently available for readers, instructors, and students. The first number of the *Journal* appeared in October, twenty-four fruitful years ago, and each successive volume has closed with the September issue.

Since most people think in terms of the calendar year, it has been decided to close the current volume in December, thus making it possible to begin the new volume and all succeeding volumes with the January number. Volume XXIV will, therefore, contain fifteen issues. It will make a bulky book when bound but we believe the time

saved by those who refer to the *Journal* in the future will more than compensate for present inconvenience. The index usually published at the time of the September issue will not appear until December.

NATIONAL DEFENSE AND RED CROSS NURSES

WHEN it became impossible for our country to longer remain out of the great war much new administrative machinery had to be set up in Washington to meet the terrific strain upon the resources of America. Because of the far reaching vision of Jane A. Delano, the organization of the Red Cross Nursing Service needed expansion only to meet the tremendous demands upon it and but little other change was required. The nursing service was actually ready! All the world knows how the American Red Cross Nursing Service functioned during that dreadful time.

Every nurse hates the wreckage and horror of war but nurses are conspicuously endowed with that passion for country which we call patriotism. Because of this, some forty thousand nurses now enrolled in the Red Cross Nursing Service, although hating war and many of them actively working for peace, are subject to the call of this country in time of need. While we pray that war may not come, as loyal Red Cross nurses and as members of a highly efficient service, we are asked to report our whereabouts on September 12. It is a small thing to do. On the morning of that day, every Local Red Cross Nursing Committee should have a complete census of the nurses enrolled

under it. Every Red Cross nurse should have written, telephoned or telegraphed her whereabouts. Nothing but that is required. A census only is to be taken. No service will be exacted. We responded in our thousands in time of war. Let us maintain our reputation for efficient readiness in time of peace.

JOURNAL PRIZES

TWENTY papers were received in response to the *Journal's* offer of prizes for articles on the subject "Nursing Small Hospitals." The small number of papers submitted was a very great disappointment to the committee responsible for the awards. No more serious problem confronts the profession today than that of providing good nursing service for small hospitals. It is a subject worthy of much study and careful consideration of many factors such as locality, the type of service required by the community served by the hospital, the influence of the hospital as a health center, and of justice to those who perform the service.

The papers have been most thoughtfully graded as to construction, content and spirit. The prizes go to Susan C. Francis, Children's Hospital, Philadelphia; Irene Jordan, Red Wing Hospital, Red Wing, Minnesota, and to Lillian C. McAdam, Glenwood Springs, Colorado. The editors had planned to publish the paper winning the first prize in the October issue. As it happens that Miss Francis has contributed an original article to this issue we shall defer the publication of the prize winning article until a later date.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

BUDGETS FOR SCHOOLS OF NURSING¹

BY ELIZABETH A. GREENER, R.N.

AT the meeting of the National League of Nursing Education at Swampscott, Massachusetts, last June, Prof. Charles F. Rittenhouse, of the Boston University, presented a paper on the principles underlying budget-keeping and urged the adoption of budgets in schools of nursing. Following the meeting a special committee was appointed by the Executive Board of the League to make a study of the subject in order to ascertain, if possible, to what extent the budget system is being followed in our schools and to develop some basic figures to be used in estimating the actual present cost of maintaining nursing departments. The committee consisted of: Lillian Clayton, Louise Powell, Amy Hilliard, Sally Johnson, Mary C. Wheeler, Helena McMillan, Ada McCleery, Mary Keith, Laura Logan (Ex. officio), E. A. Greener, chairman.

In preparing for the study, it was found that there was little available material having any bearing on the matter that could be considered helpful to our group. A budget form was prepared by the committee following closely the plan suggested by Prof. Rittenhouse and submitted to him for approval and for further suggestion. As a result, this committee, on May 12, sent out to eighty schools in all parts of the

country, a questionnaire, a blank budget form, and a form letter urging co-operation on the part of schools of nursing and hospitals by returning either their own annual statement of estimated income and expenditures or the submitted budget form, properly filled in with such figures.

The schools of nursing selected represented various types from the largest to the smallest; from the university school to the small school connected with the isolated community hospital. Replies were received from 52 of the 80 schools. In most cases the questionnaire only was answered, and the budget form ignored or returned. Twenty-eight schools made no reply. Only 6 schools returned budgets in such form that they could be used for this comparative study, although certain isolated figures from 8 other schools were used in the composite statement formulated by the committee. Several schools submitted their own annual statements or partial statements, but in most cases the superintendents of schools of nursing, and in several cases the heads of hospitals, wrote to say that it was impossible for them to separate the expense accounts of the hospital from those of the nursing school. The result of the questionnaire sent out was as follows:

Question 1. In the administration of your school of nursing do you prepare a budget of income and expenses? 8 schools replied "Yes"; 44 schools replied "No."

Question 2. If so, who is responsible for the

¹ Report of the Committee on Budgets of the National League of Nursing Education read at the annual meeting, June, 1924, in Detroit, Mich.

preparation of the budget? 4 schools replied "Superintendent of the Hospital;" 2 schools replied "Superintendent of Nurses;" 46 schools, no answer.

Question 3. Can you supply the committee with a copy of your budget showing a definite schedule of income and expense items? (20 estimates received in all) 6 schools returned complete budgets; 14 schools returned partially complete budgets.

Question 4. What method of bookkeeping is used in your school? 12 schools replied "double entry;" 40 schools, no answer.

Question 5. How frequently are statements of income and expense prepared? 8 schools replied "annually;" 2 schools replied "semi-annually;" 42 schools, no answer.

Question 6. Do these records show actual budget figures in comparative form? 49 schools, no answer; 3 schools replied "Yes."

Question 7. When does the fiscal year end? 35 schools replied "December 31;" 3 schools replied "March 31;" 12 schools, no answer.

Question 8. If a form budget for your school has never been prepared would you welcome assistance in placing your financial affairs upon a budget basis? 35 schools replied "Yes;" 6 schools replied "No;" 5 schools did not answer. 8 schools stated that their hospitals were considering the installation of a separate nursing school budget during the coming year.

Replying to the last question as to whether the school would welcome assistance in placing school affairs on a separate budget basis, one canny soul replied that before accepting assistance she would deem it wise to find out what might be involved by so doing. Another stated that she herself would have to have a much greater knowledge concerning budgets than she possessed at the present time before she would dare reply to such question.

As a result of these returns, it was ascertained that in many cases the hospital itself was not administered on the budget plan. In nearly every letter

received the fact was stressed that school accounts were so hopelessly involved with those of the hospital that any separate financial study was an utter impossibility. Many who attempted to use the budget form presented for their use by the committee gave it up as an impossibility when they found how much work would be involved in making such a study and how subject to question many of such figures might prove to be.

On the whole, however, there seems to be a general desire on the part of both hospital and nursing school authorities to establish a system which will enable them to determine the actual cost of the nursing department to the hospital.

As Prof. Rittenhouse carefully explained last year, budget making is simply financial planning based on a careful estimate of one's expected income as compared with one's intended or expected expenditures. It is the only method by which an actual comparison of expenses becomes possible and is the best possible method for the control of expenditures. An initial budget is always most difficult of preparation and should be reviewed and studied by an experienced finance committee. In most cases the development of an initial budget for a school of nursing would necessitate a study which should extend back over a number of years if it were to be accurate or definite. The adoption of the separate budget system would without doubt call for an increase in the hospital or nursing school clerical force.

A vital step in budget making is the accurate and appropriate placing of each item of expenditure. Even in this limited study with identically the same

budget form there was a great difference in the interpretation of various items by the different schools.

Because of the many difficulties which the committee found in connection with this study, it can only be termed an approach to budget making through a preliminary analysis of the expenditures of schools of nursing. Two questions naturally present themselves as one studies all the vexing problems in connection with such a plan; first, is it *possible* at this time to establish a system of cost accounting in the schools of nursing in this country; and second, is such a system *desirable*. So far as the hospital itself is concerned, these questions seem to be answered by Dr. Malcolm T. MacEachern, President of the American Hospital Association and Director of the Hospital Activities of the American College of Surgeons, who, in a recently published paper, states, "Budgets should be maintained for *all* departments, worked out on a definite business cost for service to be rendered and based on past experiences that are reliable for comparison." In further support of this argument attention is called to the fact that the American Hospital Association, realizing the timeliness and importance of this subject, recently appointed a special committee on budgets to report at their next annual meeting.

At the meeting of the American Hospital Association last year, Dr. Caroline Hedger pertinently asked, "How can health or conservation of nurses be considered or even discussed until we know what it costs to replace a student nurse when she is ill and what illness and resignations among student nurses cost the hospital."

The following figures presented by the committee regarding their findings are based on estimates furnished by six representative schools, one from California, one from Illinois, one from Massachusetts, and three from New York. Certain isolated figures which it has been possible to select and use from the financial statements presented by eight other schools have also been used. Almost without exception schools of nursing have no separate or independent funds and no income of any importance outside of the estimated earnings of student nurses. In a few instances a small amount is collected annually in the form of registration fees charged to students or from the sale of books, uniforms, instruments, etc., to students. Such articles, however, must be purchased by the school originally and are sold generally at cost. The matter of income, therefore, was not one which called for any particular study except as to the amount that should be charged to the hospital for the nursing service of students. This can better be determined at the end of our study than at the beginning. The total composite budget as developed by this committee will first be presented and then analyzed. The figures quoted are the per capita charges against each nurse per year.

Item 1. Relates to the physical maintenance of the buildings dealing with upkeep, repairs, and replacements.

Item 2. Deals with the physical operation of the nurses' home and allied buildings and covers the cost of light, heat, power, wages and supplies. It has been necessary to combine items 1 and 2 because of the different interpretations made by the hospitals submitting figures \$101.28

Item 3. Includes all fixed charges

such as interest on hospital invested funds, rent, taxes, insurance (fire or liability) and estimates as to depreciation of buildings-----	\$197.68
Item 4. Administration or Operation:	
*a. Salaries of officials to be charged to school-----	\$120.01
*b. Maintenance charge where due	37.63
c. Domestic salaries -----	38.90
d. Domestic maintenance-----	32.63
**e. Charge for time of hospital officials -----	9.38
*f. Educational supplies -----	4.77
*g. Special expenses: students' uniforms, textbooks, etc.-----	63.10
*h. Commencement expenses-----	5.88
*i. Students' allowance -----	133.00
*j. Charge for sickness-----	51.83
*k. Recreational -----	7.59
l. Linen: bed and table-----	11.82
m. Mattresses and pillows: renovation, etc. -----	1.20
n. Dishes and silver-----	3.71
o. Furniture and furnishings-----	15.63
p. Food, including all overhead charges -----	367.47
q. Laundry -----	67.65
***Item 5. Office Expense -----	5.46
Item 6. Telephone and Telegraph--	2.50
*Item 7. Advertising expense; publicity and auditing, etc.-----	3.09
Item 8. Miscellaneous -----	2.92

GRAND TOTAL ² (all expenditures \$1285.13

Our analysis necessitates the tentative acceptance, at least, of certain basic building and administrative standards. For instance, in considering item 1 (that of physical maintenance) and item 2 (physical operation) we start by estimating at least 4,000 cubic feet for each nurse. As some of the new nurses' homes require fully 4,500 cubic feet

per occupant, 4,000 cubic feet is a conservative figure for a home in which the basic unit is a single (not a double) room. In building, it is customary to estimate hospital nursing needs at the rate of one nurse to every two patients, though in a few instances, hospitals are actually providing for three or more nurses for five patients.

In estimating total hospital requirements for one patient, 12,000 cubic feet of space is considered the necessary quota, which figure includes the 2,000 cubic feet representing the individual pupil's share in the nurses' home, a share which is equal to one-half of space required for each nurse. If 2,000 cubic feet per patient or one-sixth of the required hospital space is needed for the school of nursing, then one-sixth of all building or building maintenance cost should be charged to the nursing department.

In estimating item 3, fixed charges, we again take our required 4,000 feet of space which, estimated at a cost of eighty cents per cubic foot for multiple-storied, fire-proof buildings of the most approved type of construction and finish, (today's building figures) plus proportionate land value and furniture for nurses' home, which gives us a figure approximating \$4,000 as the capital investment required for the housing of each nurse. If this figure seems a little high, it must be borne in mind that 4,000 cubic feet is probably less than today's actual requirement in building nurses' homes.

Estimating the capital invested by the hospital for the nursing department at the rate of \$4,000 per nurse, a 5 per cent. interest return on that amount furnishes a figure of \$200 to be charged off against

² All of the above items are chargeable to student nurses. Items not starred are chargeable to graduates. *(e) one-half to students and one-half to graduates. ***Item (5) two-thirds to students, one-third to graduates.

each nurse per year. In our composite budget in one instance, the interest charge was only \$41.00 per pupil which would indicate that the hospital submitting this figure estimated its capital investment for each nurse at \$850 in place of the \$4,000 which would probably be required today for building a nurses' home. The figure of \$850 undoubtedly represents the cost many years ago of a non-fireproof home of a type no longer acceptable as either safe or desirable. This composite budget yields the figure of \$142.25 per nurse as the item of interest or a total cost for building and grounds of \$2,845.

In schools where interest is charged, there will probably be no rent item and most hospitals are tax exempt. Tax exemption represents a community contribution which does not appear at all in our study. Insurance (fire) is quoted at varying rates according to the type of building insured. One school with first class fire-proof buildings quotes a rate of seven cents per hundred. Liability insurance varies from thirty to forty cents per hundred.

The charge as to the depreciation of buildings is generally computed at a two or three per cent. rate in well-built, fire-proof construction which would allow for renewal or abandonment of the plant in from 33 to 50 years.

Item 4, administration or operation, which is divided into many subheads, presents points for discussion which are less involved and concerning which the average nursing school superintendent feels herself to be reasonably well informed.

Under subheads a and b, the entire salaries and maintenance of the teaching or special officials, who give full time to

the student nurses, should be charged off against the school of nursing; also a fair proportion of the time and maintenance of all other nurse officials. It has been estimated that three-fourths of the superintendent's salary and maintenance might be charged, one-half of the assistant superintendent's and from one-eighth to one-third of certain supervisors' and head nurses' who have definite teaching duties. The same facts hold good with servants whose duties are limited to the nurses' home and who deal entirely with the nursing group. Their salaries and a fair maintenance should be charged off as a part of the nursing expense. The maintenance figure for this group has been estimated at rates varying from \$365.00 to \$500.00.

It has been surprising to find that some schools make no charge against the department of nursing for time spent by hospital officials other than nurses. In several instances, the statement was made that no time was spent by hospital officials on training school matters and yet in the next breath we were told that all nursing school accounts were so tied up with the hospital accounts that a complete budget could not be returned. Undoubtedly in almost every school of nursing most of the bookkeeping (except possibly the actual making out of the monthly payroll) and all handling of special funds are done through hospital executives. It is only fair to assume that time spent by the head of the hospital in advising with nursing school authorities as to the various nursing problems should be considered as well as that of other officials, bookkeepers, clerks, etc.

Probably all other subheads under item 4 are self-explanatory and call for

no particular argument. Considerable difference was found in the estimate made for furniture and furnishings, dishes, bed and table linen. Undoubtedly such figures will vary greatly according to policy of the hospital in providing generously or frugally for the needs of the nurse. The item of food was one concerning which there was less difference proportionately than any other. Ten schools reported on this item. The lowest estimate was \$266.00 per nurse,

the highest \$547.50. In the matter of laundry expense there was a marked variation. Quotations were received from eleven schools, the lowest of which was \$18.72 per year per pupil, and the highest \$143.00. It was interesting to note that in each of the cases quoted, the school stated positively that there was no doubt as to the accuracy of that figure. The composite total of \$67.65 will probably be considered as a fair average estimate.

BUDGET FOR DEPARTMENT OF NURSING ¹

AS DIVIDED BY COMMITTEE FOR FURTHER ANALYSIS

Chargeable to All Nurses	Per Capita	Schools Represented
Item 1—Maintenance of buildings with repairs and replacements -----	\$101.28	6
Item 2—Physical operation.—light, heat, power, etc., wages and supplies.		
Item 3—Fixed charges — interest, insurance, depreciation of buildings -----	197.68	5
Item 4—Administration or operation.		
c—Domestic salaries and wages -----	38.90	5
d—Domestic maintenance---	32.63	2
e—Charge for Hospital officials' time (½ total)----	4.69	5
l—Linen, bed and table----	11.82	6
m—Mattresses and pillows, renovation, etc. -----	1.20	5
n—Dishes and silver-----	3.71	6
o—Furniture and furnishings	15.63	7
p—Food, including overhead charges -----	367.47	10
q—Laundry, including overhead charges -----	67.65	11
Item 5—Office expense (1/3 total) -----	1.82	6
Item 6—Telegraph and telephone	2.50	6
Item 8—Miscellaneous -----	2.92	5
(No estimate for sickness)		
(No estimate for vacation relief)		
For graduate maintenance, total	849.90	
For graduate salary at \$80 per month -----	960.00	
Total cost-----	\$1,809.90	

For Students Only Educational and Special	Per Capita	Schools Represented
Item 4—Administration.		
a—Salaries of officials doing educational or special work	120.01	6
b—Maintenance charge of this group -----	37.63	3
c—Charge for Hospital officials' time (½ total)----	4.69	5
f—Educational supplies ----	4.77	6
g—Special cost of uniforms, text books, etc.-----	63.10	4
h—Commencement exercises--	5.88	5
i—Students' allowance-----	133.00	3
j—Charge for sickness-----	51.83	5
k—Recreational -----	7.59	6
Item 5—Office expense (2/3 total) -----	3.64	6
Item 7—Advertising, publicity, etc. -----	3.09	4
For educational and special purposes -----	435.23	
For maintenance-----	849.90	
Annual per capita, Grand Total	\$1,285.13	

A study of the composite budget as a whole yields the following interesting figures: of the total \$1,285.00,—\$850.00 is the actual maintenance charge to be made for all nurses, either graduate or student. The remaining \$435.00 is the amount chargeable to nursing education and special student nurse expense. The total cost of the single graduate is \$850.00 maintenance, plus her salary per year of \$960.00 or \$1,810.00. The cost of the student is \$850.00 for maintenance plus \$435.00 for education or \$1,285.00 total. One might be tempted to jump quickly to the conclusion that if the student costs the hospital at a rate of \$1,285.00 while the graduate costs \$1,810.00 per year, inclusive of salary, the cost of the graduate group would be much greater, but such is not really the case.

As a fact, the expense to the hospital is relatively greater through the use of the student group because of a direct loss in three different ways: First, through the loss to the hospital involved by carrying the entire probationary group as extras. In the school with a daily average of 100 pupils we would expect to graduate a class of at least 30 per year. It is generally conceded that from 25 per cent. to 40 per cent. of the students admitted, leave during training. Taking the lowest figure of 25 per cent. in the 100-student school, at least 40 probationers would have to be admitted each year and carried for a period of four months, or one-third of the year, in order to keep up the ranks of the school which would signify that the hospital is carrying an average daily loss of 13 per cent. of all nurses. In many schools 15 per cent. to 20 per cent. estimated loss would be nearer the

actual figure. The second loss which occurs to the hospital is a time loss. Student nurses are on the wards eight hours, graduates nine hours. The relative loss through the use of the student nurse group, therefore, would be one-ninth of the whole amount or practically 11 per cent. The third loss occurs because of the lack of experience or efficiency of the student nurse group. A generous estimate of the relative value of the student as compared with the graduate would be that in her first year (exclusive of probation) she might be said to represent 75 per cent. of the graduate's value, in her second year 90 per cent. and in her third year 98 per cent. or a general average of 88 per cent. efficiency during her entire training as compared with the graduate. Thus the total loss to the hospital is: 13 per cent. through probationers, 11 per cent., through shorter hours and time loss, 12 per cent. through lack of efficiency, making a total relative loss, as compared with the graduate group, of 36 per cent., or a relative efficiency of 64 per cent. on the part of the student group, 100 per cent. representing the full value of a graduate nurse. If the graduate group costs the hospital at the rate of \$1,810 each, per year, the relative value of the student nurse rated at 64 per cent. of that amount would be \$1,158.40. Since the cost to the hospital of the student is \$1,285.13 and her estimated value amounts to \$1,158.40, the total loss to the hospital through maintaining a school of nursing amounts to \$126.73 per student each year. If the school is maintaining less than a three year course, the loss to the hospital would be proportionately greater as more students would have to be enrolled and

a larger group of probationers maintained, besides which the relative value of the senior students would have to be scaled down below 98 per cent. Hospitals that maintain the full three year course of training receive, therefore, the best financial return from their schools of nursing.

Another interesting figure is that of the cost of the student to the hospital per working hour. This is a figure which has been very much discussed at different times during the past three years. The student works, according to the findings of the committee, 36 weeks, first year (16 weeks probation deducted); 48 weeks, second year (1 month vacation deducted); and 48 weeks, third year, (1 month vacation deducted) which gives us a total of 132 weeks in a three years' course.

If the 54-hour week is maintained (which allows for 8-hour day minus extra time on half days, holidays, Sundays, and days following night duty) 7,128 hours in all is the amount of time the student works. The cost of the student nurse to the hospital for her entire training is (\$1,285.13 multiplied by 3 which equals) \$3,855.39 divided by 7,128 hours equals 54 cents per hour, cost to hospital (all maintenance and educational items included) equals \$4.32 per day or \$130.40 per month.

The financial comparison which our composite budget permits us to draw between the graduate nurse and the student nurse group would seem to be a decided argument in favor of the employment of the graduate nurse group; first, because of her greater earning value through greater experience; second, her longer hours of duty; third, because in a hospital staffed with only

graduates the nursing could be done with at least as many less nurses as the daily average of its probationary class. It must also be granted that less supervision is required by this group owing to greater familiarity on the part of the graduate with her work and much less time loss through illness than is the case with the young student nurse, who has not yet become adjusted to the physical demands of her nursing work. Other points in favor of the graduate nurse group is that a hospital staffed with graduates could easily develop a group of attendants to take over a large part of the routine nursing work now done by student nurses, which would further tend to reduce the expense of conducting the nursing service of the hospital. The last three arguments, however, have not been considered in this financial study. But there are vital factors that cannot be indicated in any merely financial study.

The most common arguments against the use of the graduate nurse in the hospital for general duty are that the individual nurse too often lacks interest or inspiration and that the group as a whole lacks permanence or stability. As a result the rapid turnover makes it exceedingly difficult to maintain standardized nursing technic in any hospital requiring graduate nurses in large numbers because of the variety of nursing methods thus introduced.

The greatest arguments in favor of the use of the student nurse, in spite of her apparent greater cost to the hospital, are that, because of her youth and buoyancy and the fact that she is receiving a nursing education in which she is deeply interested, she brings an atmosphere of inspiration, of initiative

and of human cheer to the place that could never be developed in any other way. Student nurses are constantly on the alert for information, knowledge and experience and keep everyone around them stimulated educationally and socially. Since they are a younger and more flexible group, they respond readily to suggestion and necessary restriction. Superintendents of experience justly claim that the student's value to the hospital in the third year of her training is so great that if given the choice they would invariably select her in preference to a graduate nurse for general duty.

Our final and most important consideration in developing this comparison between the two groups, is the fact that the hospital with proper standards has a return duty to the community which supports it that it must meet by educating and preparing student nurses not only for all hospital nursing needs but for those of the community at large. If schools of nursing were abandoned, we should risk a return to the Sairy Gamp condition in hospitals, and welfare work in communities might be brought to a disastrous and sudden termination.

In considering the result of this necessarily limited study, the committee wishes to stress the surprising per capita differences existing in the figures presented by different schools. The totals of the six budgets, on which the larger part of the study was based, ranged from \$718.00 to \$1,410.00. This wide range was due to several causes. In some cases no monthly allowance was paid students while in one instance students received an allowance of \$20.00 per month. Only one school submitted

a complete estimate with every item considered. The study has also demonstrated the totally different standards existing in different hospitals regarding training school requirements as to instruction, educational equipment, scholarships, recreational funds, etc.

The results, however, show quite conclusively that in hospitals where an adequate nursing education is maintained—where the eight hour day prevails and where students are suitably housed and care for, the time has passed for accusing the hospital of exploitation. Today certain hospitals are maintaining educational institutions in the form of their schools of nursing at considerable cost to themselves, which cost is constantly mounting. There is, among them, no complaint because of this increase in cost and responsibility, but rather in each case an intense pride in the school as an educational factor, productive of good not only to themselves but also to the public whom they serve so well. And, unfortunately, the charge of exploitation still holds against many hospitals whose standards are grievously low.

Your committee would respectfully recommend that the National League of Nursing Education urge hospital and training school authorities to unite efforts in bringing about the general adoption of a separate budgetary system for schools of nursing throughout the country for the following reasons:

1. In order to do justice to hospitals maintaining proper standards in their schools of nursing and to free them from the charge so frequently brought of exploitation of student nurses.

2. In order to enable hospital authorities to make application for a separate and extra proportion of funds assigned them through

community chests, federations, and so forth, to be devoted to the exclusive use of the school of nursing.

3. In order to place definitely before the public the need of greater financial support and assistance in properly housing and educating student nurses.

During the past ten years the whole hospital system has undergone a complete change; medical education also has changed radically and increased greatly in cost. Should it surprise us to discover that nursing education has changed greatly both as to method and cost? Until the separate budget system for schools of nursing is adopted, definite comparisons cannot be drawn nor can financial expenditures be planned intelligently and economically in advance in order that ugly and unexpected deficits may be avoided.

Your committee is of the opinion that if the nursing needs of the hospital and the educational needs of the school of nursing are to be fairly and adequately met, if the health and happiness of the young student nurse is to be properly considered and maintained, hospital authorities and nursing heads should be in a position where they can estimate correctly and intelligently the total cost of such service in each of its varied requirements.

In the Rockefeller Committee Report of 1923 were many recommendations for the correction of existing limitations and evils in schools of nursing, and one of its foremost was that the community be brought to understand that if nursing education adequate for the care of the sick and to meet the need of modern health campaigns was to be properly developed, the securing of endowment funds for such purpose must be considered as an absolute prerequisite. It is

difficult to see how the sums required for endowment funds for schools of nursing can be estimated until each hospital and school can present a definite and correct account of its practice and expenditures. The difficulty experienced by practically every hospital and school approached is felt by the committee to be the strongest argument in favor of a separate budget for the school of nursing that can be produced.

In closing the report the committee wishes to express its gratitude and appreciation to the schools furnishing the budgets or various estimates on which this report was based. Special thanks are due Prof. Charles Rittenhouse and Dr. S. S. Goldwater without whose helpful assistance this study would have been almost impossible.

ON THE 1925 CALENDAR

Since 1921 the National League of Nursing Education has published yearly a calendar. The reader will recall that the first calendar, that which appeared in 1921, commemorated the Florence Nightingale Centennial and was composed of excerpts from the writings of Florence Nightingale. The 1922, 1923 and 1924 calendars each presented biographical sketches and portraits of twelve distinguished American nurses.

With the 1925 calendar, now in preparation, a new series is begun, the theme of this series being "Early Schools of Nursing." Historical sketches with illustrations of twelve Nursing Schools, all established before 1883, make up the calendar content.

Additional details of this calendar will appear in the November issue of the *American Journal of Nursing*.

UNIVERSITY SCHOOLS

The Washington University School of Nursing, St. Louis, directed by Claribel A. Wheeler, who did conspicuously good work with the School of Nursing of Mt. Sinai Hospital, Cleveland, is now under the general supervision and control of the Medical School through

an Administrative Board appointed by the Chancellor of the University and reporting to the executive faculty of the School of Nursing. The Director of the School of Nursing is ex-officio a member of this Board.

The School offers courses leading to the diploma of graduate nurse, to the diploma of graduate nurse and the B. S. degree, and also offers courses to special students. Students in the combined course will spend two years in the College of Liberal Arts, two years in the School of Nursing and the fifth year in electives. The first semester will be spent in the College or School of Medicine, the last in field work in the hospital or public health centers.

UNIVERSITY OF WISCONSIN SCHOOL OF NURSING

The new School of Nursing of the University of Wisconsin, directed by Helen I. Denne, who has been an assistant to Miss McMillan at the School of the Presbyterian Hospital, Chicago, is organized in association with the State of Wisconsin General Hospital. The coordinating committee of the School is composed of the dean of the medical school, the superintendent of the hospital, and the director of the school. A certificate of graduate nurse will be granted for one semester of academic work and 32 months of professional training in residence. Two five-year courses, leading to a B. S. degree and a certificate of graduate nurse, are offered. The College of Letters and Science grants the B. S. degree to students who successfully complete six semesters of work in the College and 27 months of work in the School of Nursing. The College of Agriculture grants the B. S. degree to students who successfully complete six semesters of work in the Course in Home Economics and 27 months work in the School of Nursing.

The Department of Nursing Education, Teachers College, New York, is announcing a new three months' course of rural field practice with college credit. A limited number of scholarships are available covering all expenses, including living. The course is open only to nurses meeting the entrance requirements of the college, who have covered the basic theoretical work given in an accredited

course in public health nursing with approved practical experience. The rural field work will be under the supervision of Jane Allen. Application should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.

NEW COURSE IN PEDIATRICS

The Indiana University Training School for Nurses, Indianapolis, is prepared to offer courses to graduate nurses who desire more specialized training in Pediatrics. The facilities for instruction are offered by the School of Medicine, Training School for Nurses, the James Whitcomb Riley Hospital for Children, the Social Service Department of Indiana University, and the Indianapolis Public Health Nursing Association.

A carefully planned course to last for 24 weeks is offered; in this course will be emphasized the Feeding of Infants and Children, Orthopedics, and the Acute Diseases of Childhood. Study of adult diets, particularly diabetic, will be included.

On the completion of the course a certificate from Indiana University will be granted the student.

In addition to the above course, others of varying type and length will be arranged to meet the needs of those nurses who wish a more or less extensive training and experience.

Application for admission should be addressed to the Director, Training School for Nurses, Indiana University, Indianapolis, Indiana. Candidates must have evidence of having completed the course in a commissioned high school and must hold a diploma from an accredited School of Nursing.

ADVANCED COURSE IN OBSTETRICAL NURSING AND MIDWIFERY

In order to help meet the need for more thoroughly trained public health maternity nurses, the Manhattan Maternity and Dispensary of New York City is offering an advanced course in obstetrical nursing and midwifery to a limited number of graduate nurses who are especially interested in promoting better maternity care through education of the public in coöperation with the various existing organizations.

The course of four months, will begin October first. The first two months will be

spent in the Hospital and Dispensary. Lectures will be given by well known obstetricians and classes will be given by a nurse instructor with quizzes by a physician. The third month will be devoted to maternity nursing in homes under the instruction and supervision of Henry Street Settlement. During this period the students will remain at the 79th Street Center of the Settlement. They will return to the Hospital only once a week for class and lecture.

The fourth month will be spent in the hospital under the supervision of the School of Nursing but the assignments will be under the direction of the medical staff as they will attend clinics and attend and deliver patients in the district under the supervision of the staff.

Nurses are not to be prepared to practice midwifery, but the course is designed to give a more thorough knowledge of obstetrical nursing than is now obtainable.

OUR CONTRIBUTORS

Gladys Henry Dick, M.D., and **George F. Dick, M.D.** worked for many years at the McCormick Institute for Infectious Diseases in Chicago before they secured the brilliant results so modestly outlined in Dr. Dick's article.

The exceedingly important cause of extending and improving communicable disease nursing has no more able or ardent champion than **Elizabeth F. Miller**, Superintendent of the Philadelphia Hospital for Contagious Diseases. Miss Miller is a graduate of Samaritan Hospital, Philadelphia, and postgraduate of the Woman's Hospital, New York. She has also had one year at Teachers College, Columbia University.

Alice A. Weston is a graduate of the School of Nursing at Peter Bent Brigham Hospital, Boston, and is now in charge of the Out-patient Department there. Having had postgraduate work in public health nursing at Simmons College and three years of urban and rural public health nursing, it is not surprising to find that Miss Weston's "pet enthusiasm" is that of improving the education of nurses by utilizing Out-patient Departments.

Susan C. Francis, R.N. (See "Our Contributors," April, 1924). The article on "The Milk Laboratory of the Children's Hospital of Philadelphia" is, in itself, sufficient guaranty of Miss Francis' exhaustive study of the subject before the laboratory described was equipped.

Baroness Sophie Mannerheim is director of the largest school of nursing in Finland, she is President of the Finnish Nurses' Association and of the International Council of Nurses.

Elizabeth P. August graduated in 1912 from the Lakeside Hospital School of Nursing, Cleveland. She took the Public Health Nursing course at Western Reserve University in 1916-1917. She has done private nursing, visiting nursing and school nursing in Cleveland, and school nursing, also, in Elyria. For three years, Mrs. August acted as Nurse Inspector for the State Commission for the Blind in southern Ohio. For another three years she served as Assistant Director, Bureau of Public Health Nursing, for the Lake Division of the American Red Cross. After helping to reorganize the Visiting Nurse Association of Cincinnati, and doing industrial nursing in Cleveland, she became General Secretary of the Ohio State Association of Graduate Nurses.

Helen W. Kelly, who is Registrar of the Wisconsin Nurses' Club and Registry, Milwaukee, Wisconsin, has an unusually rich background for her position; a wealth of experience that is helping to make the Wisconsin Registry a powerful factor in nursing in Milwaukee. Lack of space prevents our enumerating all her activities since her graduation from the Illinois Training School. It is sufficient to note that in addition to four years of private duty nursing she has had postgraduate work at Teachers College, has had experience in important administrative positions in hospitals, public health work and with the Red Cross. She knows nursing from many angles, an invaluable asset to a registrar, and has a profound conviction that nurses should wake up to the fact that our official registries need standardization in order that nurses may cease registering with "just any one" who will give them calls.

Elizabeth A. Greener, Superintendent of Nurses, Mt. Sinai Hospital, New York, had administrative experience of value as Superintendent, for several years, of the Hackley Hospital, Muskegon, Michigan, before coming to Mt. Sinai. Miss Greener has always been an active and valued worker in local, state and national associations.

George Thomas Palmer, M.D., is recognized as a physician who really knows tuberculosis. He is Medical Director of the Palmer Tuberculosis Sanatoria, Springfield, Illinois.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director Nursing Service, American Red Cross

NATION-WIDE ROLL CALL—SEPTEMBER 12

THE plans for reaching each nurse enrolled in the Red Cross Nursing Service in order that she may respond on National Defense Day, September 12, have been issued from National Headquarters to the Divisions and to the Committees. The important link is the letter that goes out to each enrolled Red Cross nurse, the main points of which are that this first practical test of the peacetime working of the National Defense Act does not mean active service and does not mean giving up work but does mean that, regardless of age, occupation or present physical condition, each nurse is expected to report to her committee, either in person, by letter, by telephone or by telegram. This letter concludes:

Please pass this word on to your sister nurses, watch the public press, the nursing journals and the *Red Cross Courier* for general information and whatever you do keep constantly before you in some conspicuous place the words: Report *September 12*—"Here" !

Nurses can save themselves a little trouble by taking this special letter, which each member of the enrollment will receive, signing it with their names and addresses, and returning it to their committees at headquarters which will constitute reporting by letter.

As a result of the close coördination between National Headquarters, Division Offices and Chapters, the last in many cases will arrange for local Nursing Committees to use chapter offices

as headquarters, providing facilities for recording the names of nurses who reply as well as assisting them in the task. Each nurse should report to these headquarters either before or as early on the morning of the 12th as possible, so that committees may telegraph returns by noon to Divisions, which will in turn telegraph National Headquarters before 2 p. m. National Headquarters in its turn will report to the War Department before the end of the day. There can be no better test of efficiency and coöperation as well as of the spirit of every link in the Red Cross Nursing Service than this plan.

Nurses employed at a given point, such as the Government Hospitals of the U. S. Veterans' Bureau or Public Health Service or connected with a reserve Hospital Unit, may either report directly to National Headquarters or report in groups to the Chief Nurse who, as this is a general call, will report enrolled Red Cross nurses and those not enrolled. If the groups of Red Cross nurses in uniform are required for public demonstrations in any of the larger cities, equipment will be provided by Division offices.

Failure to respond will bring criticism upon the whole service for not measuring up to the purpose for which it is organized but to make a hundred per cent. return will indeed reflect splendidly on every single nurse of the 30,000 on the active status list and it is not too much

to hope of the Official Nursing Reserve of the U. S. Army and the Reserve—by request—of the U. S. Navy. Pass the word on, so that this first universal Roll Call in the United States in time of peace will show Red Cross nurses not behind the splendid record of strength, loyalty and devotion they set for themselves during the world war.

RED CROSS NURSES IN LORAIN

The spirit of Red Cross nurses and the efficiency of the local Red Cross Nursing Committee stand out in the disaster at Lorain, Ohio, following the terrific tornado which devastated the town on June 28. In less than four hours of the news reaching Cleveland, Cora Templeton, a Red Cross nurse in charge of a group of thirty nurses and with medical supplies, was on the lake steamer bound for the scene of the disaster. It was the Cleveland Red Cross Enrollment Committee which called all nurses serving during the disaster, and the excellent service it rendered was largely due to the efficiency and energy of its secretary, Clara Justice, who is also registrar of the Cleveland Nurses Registry.

With the first unit on its way the Committee continued sending out radio messages bringing Red Cross and other nurses to Lorain from every direction. Arrivals continued for twelve hours, the highest number of nurses registering for duty actually reaching the figure 194.

Lota Lorimer, chief of the Nursing Bureau, whose services were volunteered by the State Department of Health, Clara Lodwick, Red Cross Nursing Field Representative for Ohio, and Miss Templeton took charge. The Red Cross Nursing Committee at the Red Cross Headquarters in Lorain registered and

assigned nurses for duty in dispensaries, in the hospitals, or to the district, as they reported themselves.

Eight First Aid stations were established in addition to improvised hospitals and dispensaries and in full operation for three days, medical service being provided by the National Guard Medical Corps and nursing service by the American Red Cross. Then five were closed and the three largest and busiest kept open. At the end of a week it was found possible to close another, but it was the sixteenth day before the last two could be dispensed with. Two hundred and seven cases were cared for on the fifth day which was the peak of the activity at the dispensaries.

The Red Cross nurses who served here gave a splendid instance of generosity. Busy women as they are, each of them gave at least a week's service as her contribution to the suffering people and some of them gave two weeks. Each of them as she left pledged her willingness to serve again when needed, expressed her pleasure with her term of service, and said she was glad of the experience. Such fine spirit adds lustre alike to the Nursing Service in which they are enrolled and to their profession.

ENROLLMENT ANNULLED

Supplementing previous lists of names of nurses, whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases, yet another is issued this month. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as

they always remain the property of the Red Cross:

Abel Signora Estelle; Abbott, Carolyn Edyth; Cooke, Mrs. Agnes D.; Cordell, Mary J.; Gilbert, Frances; Grace, Mrs. J. Marvin (nee Sarah O. Tucker); Green, Mrs. A. C. (nee Audrey Raburn); Grubbs, Viola E.; Haase, Mrs. Isabel Melvin; Hacking, Helen Hill; Magan, Mrs. J. H. (nee Ida B. Yeager); Hall, Anna Marie; Hamilton, Lucie Agnes; Handley, Perry; Hanwish, Rose Constance; Hardy, Eunice I.; Harma, Mrs. Rachael Leona; Harper, Mrs. Cyril J. (nee Helen De Puydt); Harper, Mabelle Eugenia; Hay, Helen A.; Hayes, Mrs. Laura Edith (nee Farrell); Heacox, Mrs. Edith Grace Bybee; Heaney, Martha; Henahan, Mary M.; Hennessey, Mrs. Mary Lee (nee Bott); Hernandez, Mrs. Edna P. (nee Menaugh); Hertzog, Mrs. F. C. (nee Haldis Sundre); Hewitt, Anne; Hitch, Mrs. Maude M. (nee Davidson); Holland, Cecelia Loraine; Holston, Mrs. Helen Louise (nee Scheerer); Hoover, Anna R.; Hough, Margaret A.; Hudson, Mary Oliva; Hug, Elizabeth W.; Hurd, Margaret Mabel; Hurley, Mrs. Helen (nee Roarke); Hutzelman, Mrs. J. C. (nee Dolores M. Glassmeyer).

ITEMS

Mrs. Whitelaw Reid was recently personally admitted a Lady of Grace of the Order of St. John of Jerusalem by King George of England at Windsor Castle, in the presence of the Duke of Connaught and the Knights and Ladies of Justice of the Order, assisted by the Archbishop of York. It represented official recognition of her services in Great Britain in connection with the American Red Cross Nursing Service. She has continuously shown her interest in Red Cross nursing since 1898, when she became Chairman of the Committee on Nurses of Auxiliary No. 3 (the Red Cross Society for the Maintenance of Trained Nurses), doing yeoman work in the Spanish American War and being responsible for the introduction of nurses into field hospitals and foreign fields of service. In this connection she saw President McKinley and his cabinet ministers. In the World War she did similar notable work, this time in England, where she became prominent as the wife of a great

American ambassador. At "Oldway House," turned into a hospital by the Committee of the American Women's War Relief Fund of which she was a member, the first American Red Cross nurses landing in England in September, 1914, reported for duty. What she, as Chairman of the London Chapter, did for their comfort in London and France from early in 1917 on, those Red Cross nurses who served overseas will never forget.

Mrs. Reid and one other American woman are the only two to be admitted to this essentially aristocratic Order (the supreme head and grand patron of which is always the reigning king of England and its grand prior, the then Prince of Wales), which dates back 900 years to its foundation during the first crusade in Jerusalem to organize hospital work. All its members must be of noble birth unless admitted "of grace" for work of superlative merit. An offshoot in Great Britain is the St. John's Ambulance Association, the work of which corps corresponds in a measure to that of the American Red Cross First Aid Service.

Lola G. Yerkes, who graduated from the Bellevue Hospital School for Nurses, New York City, has been appointed Director of Home Hygiene and Care of the Sick and Director of Nutrition, Central Division. A public health nurse, a teacher and a home economics graduate, she was for two and a half years connected with the extension department of Iowa State University, where she organized hospital social service work for the state and secured coöperation from nursing and club organizations in all counties. She was recently connected with the Merrill Palmer School, where she was on the faculty of the Michigan Agricultural College as associate professor of home economics.

Elsie Witchen, long in the service of the American Red Cross at home and abroad during the war, has been appointed Assistant Director of Nursing, Central Division. After her war service Miss Witchen became county nurse in Custer County, Broken Bow, Nebraska. Her services here brought her the position of nursing field representative on the Division staff. She worked for a year and a

half in Iowa and last year organized public health work in Montana. Miss Witcher, who was educated abroad and speaks several languages, is a graduate of Mercy Hospital, Denver, and was trained in public health at the Western Reserve University. She succeeds Etta Lee Gowdy, who resigned to take up temporary work with the Visiting Nurses Association at Hartford, Conn.

Nurses of the New England Division will regret to learn of the resignation of Mary K. Nelson, who has been Director of Red Cross Nursing Service for three and a half years. Miss Nelson has accepted the position as Director of the American Hospital and School of Nursing in Constantinople. Clara E. De Brau, who has been assistant superintendent of nurses at the Rhode Island Hospital School of Nursing, sailed on August 9 for Constantinople as first assistant to Miss Nelson. A second assistant is being sought.

On the same steamer by which Miss Nelson sails on September 9, Hazel Goff leaves for Constantinople to go on from there to Sofia, Bulgaria, as assistant to Rachael Torrance, who is Director of the School of Nursing. Miss Goff has been connected with the School of Nursing at the Alleghany General Hospital, Pittsburgh.

Another change in the New England Division is the departure of Ruby Cameron, who has resigned her position as Director of Home Hygiene and Care of the Sick. She has developed this work both in Chapters and elsewhere to a very considerable extent.

Lyda Anderson, who has been the Director of the American Hospital and School of Nursing in Constantinople since 1921, has resigned on account of ill health. After turning over her work to Miss Nelson she will probably remain in Europe for some months recuper-

ating. Several other changes in the American personnel have taken place or are pending.

Ruth Bridge, who has been instructor of student nurses, has already returned to this country. Miss Glendinning, Miss Dean and Miss Bethel are leaving this month (September). This arrangement is made possible by appointing some of the graduates as head nurses and assistant instructors and Miss Nelson, Miss Da Brau and the second assistant will constitute the staff after the withdrawal of these nurses. This utilization of trained native personnel is in line with American Red Cross policy in its foreign activities.

Nora Rennie and Helen Porter, graduates of the School of Nursing, Johns Hopkins Hospital, who sailed in April for Santo Domingo City, the capital of the Dominican Republic, to take charge of the Military Hospital of the Policia Nacional Dominicana, recently returned to this country after three months service. They were advised to leave Santo Domingo by Col. Cutts as the American Forces were being withdrawn from that country and on his recommendation, decided not to remain.

Irene Cummins has been selected and expects to sail on September 25 as assistant to Marion Doan, Director of the School of Nursing at Hayti. A 1918 graduate of the Battle Creek Sanitarium Hospital Training School, Miss Cummins enrolled in the American Red Cross in 1919. She served at two of the Army Camps during the 'flu epidemic. Recently she has been in Kansas City, first at the Mercy Hospital where she was for two and a half years and latterly in three of the schools where she has had fifteen hundred children under instruction in school hygiene.

TOO LATE FOR CLASSIFICATION

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, October 14 and 15, 1924, at the time and place designated on the admission card issued on the filing of applications. Application must be filed by October 1. Charles E. Prior, Secretary, State House, Boston.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

TUBERCULOSIS IN THE TRAINING OF NURSES

BY GEORGE THOMAS PALMER, M.D.

ON account of the very remarkable growth of the volunteer tuberculosis movement and the aggressive part which national, state and local tuberculosis associations have taken in advancing not only anti-tuberculosis work; but public health activities of every kind, there has developed a very natural reaction on the part of health officers and on the part of those engaged in the other specialized forms of health endeavor. The tuberculosis movement has come to be the largest popular or extra-governmental health movement the world has ever known, financed more generously than any other health activity through the sale of the Christmas seal whose novelty has never worn off and which offers the tremendous advantage that every man, woman or child who has a penny and a social conscience may be a full-fledged contributor and benefactor.

It is not surprising that, with this uniquely democratic method of financing and with the singularly enthusiastic volunteer workers who have been personally appealed to in some way or another through the almost universal ravages of the disease, that the organized tuberculosis movement should have continued to grow until today it is the only health organization with strong national and state societies actually reaching every county, town and hamlet in the nation.

The reaction on the part of health officers and the other specialized health workers manifests itself in not altogether

unfriendly, but in rather critical inquiry. "Why," they ask, "should tuberculosis—only one of several communicable diseases—receive this tremendous emphasis?" "Why," they further inquire, "should tuberculosis be over-emphasized as compared with other ailments?" "Why should the general health work of so many of our towns and communities be done under the rather attractive name of a tuberculosis association?" "Why should not the tuberculosis activities (with their rather liberal resources) be merged with the general health organization, whose officers, through broad general experience, would know how to put the subject in the place to which it is properly entitled?"

From the standpoint of the tuberculosis worker there are adequate and convincing replies to all of these questions. He tells us that, if emphasis on a disease is to be proportionate to the importance of that disease as a cause of death and illness and of monetary loss as compared with others, the emphasis on tuberculosis very properly out-balances that of most of the other preventable diseases put together. He assures us that, in his opinion, no preventable disease can be over-emphasized until wiped out of existence altogether and he gently suggests that perhaps the trouble is that the other diseases are a trifle under-emphasized. He advises that we build up the standards of other health activities to those of the tuberculosis movement, rather than tearing

down tuberculosis activities to force them to keep slower step with the others. He tells us that the reason why all of the general health activities, particularly in rural counties and towns, are carried out in the name of tuberculosis, is because, in most of these communities there were no health activities of any kind until the tuberculosis associations came into being and that these organizations have of necessity broadened their programs to more fully meet the community needs. He denies, incidentally, that tuberculosis is an unpleasant name.

He admits the theoretical advisability of merging the tuberculosis activities into one well rounded general health movement; but he objects to such an attempt at this time for reasons which appear to him ample and sufficient.

He is unwilling to risk the splendid machinery which tuberculosis workers have built up through twenty continuous years of labor, in what he regards an experiment of very doubtful outcome, and in this his position is not altogether selfish. He realizes, of course, that the tuberculosis movement is more liberally and more permanently financed than any other extra-governmental agencies; but he is not especially concerned that tuberculosis would have to pay more than its share of the freight in a co-operative enterprise. His chief apprehension is based upon the attitude of the general public health man toward tuberculosis. The average health officer frankly regards tuberculosis as merely one of the communicable diseases. The tuberculosis worker regards it as a big social problem with a medical aspect having only little in common with the subject of communicable disease.

It will require a great deal of mutual understanding and the surrender of many deep-rooted prejudices to bring the general public health man and the tuberculosis enthusiast to a working agreement or to a satisfactory evaluation of tuberculosis in the general scheme of things; but in the meantime tuberculosis stands as a gigantic problem making new and insistent demands upon the medical and nursing professions and backing up these demands with new and incontestable reason and facts. Regardless of the attitude of public health authorities, the tuberculosis man contends that the medical schools and especially the general hospitals and training schools have failed to give to tuberculosis the place it merits purely as a matter of clinical medicine and he is now prepared to support his charge with the testimony of public officials and physicians who had to do with the medical service among soldiers both during and after the world war.

It is generally known that, in the hysterical fear of infection which prevailed at one time and which still prevails in certain quarters, general hospitals refused to receive tuberculosis patients with the result that the majority of nurses have finished their training and many young physicians their internships without having had the slightest first hand information in regard to one of the most widespread of all serious diseases.

As a result of this short-sighted and entirely unnecessary policy, we found ourselves seriously handicapped when we were compelled to face the tuberculosis problems of military service. It is no longer a state secret that our exemption boards admitted to service hundreds of young men suffering from

frank tuberculosis, nor is it a secret that, in creating the "tuberculosis boards" for the army, it was often necessary to draft physicians with little or no tuberculosis experience and to specially train them for their work. This was not true in surgery nor in any of the special branches of medicine, with the possible exception of orthopedics.

It is generally known that, when the United States Public Health Service and later the Veterans' Bureau assumed charge of the hospitals for returned tuberculosis soldiers, sailors, marines and nurses, there were not available in the United States enough physicians or nurses trained in tuberculosis to furnish a creditable personnel for these institutions.

It was a very natural consequence of this disturbing and unfortunate condition of affairs that Surgeons General of the Army, the Navy and of the Public Health Service, together with the Council of the American Medical Association, should call upon the general hospitals of the nation to have at least one ward of tuberculosis patients if for no other reason than for the necessary education of internes and nurses. It would be a deplorable thing indeed if, in the presence of a like emergency in the future, a similar condition of unpreparedness should be found to exist.

But aside from the general desirability of the nurse having some knowledge of a disease so widespread as tuberculosis and one which parades under so many guises that it often exists where least expected, there is another very definite reason why the nurse has a right to expect from her school a reasonably intelligent idea of this disease. Public health nursing is becoming a larger and

more inviting field for the nurse and the field is but beginning to be developed. To one who has followed public service nursing from the beginning of its brief history, it seems quite reasonable to expect that, within another decade, there will not be a county or parish, township or road district, however isolated, in the United States which will not have some form of nursing service and, to one who may be classed as a pioneer in tuberculosis work, it seems safe to prophecy that, while there may not be so large a percentage of purely "tuberculosis nurses" in the future as there are today, all nursing services will be paying infinitely more attention to tuberculosis. This seems quite natural when we recall that perhaps 90 per cent, of the public nursing services existing today—general visiting nurses, child welfare nurses, school nurses, public health nurses—have had their origin directly or indirectly in tuberculosis organizations.

At the present time, nurses who turn their attention to this very important and interesting field, seem to have a clearer idea of everything else expected of them than of tuberculosis and, naturally enough, most of them are impressed with the idea that tuberculosis is not interesting.

For the nurse who contemplates public service nursing—and most nurses do at one time or another—the training school should give something more than a smattering of tuberculosis, the communicable disease. It should give at least a fleeting glimpse of tuberculosis, the very intricate and tremendously interesting social problem. At any rate it should erase from the mind of the student nurse the mass of misconception

and ignorance by which the truth about tuberculosis is so often obscured.

And now, no doubt, will come the protest that the curricula of training schools are already crammed to the limit; that a high degree of specialization is impossible and perhaps the pertinent inquiry: "Why, of all the various diseases with medical-social significance, should tuberculosis be singled out for special emphasis?" And the tuberculosis enthusiast will say that he does not seek special emphasis on tuberculosis. He may ask pertinently or impertinently in reply: "Why single tuberculosis out as the only medical-social subject to be entirely ignored in the instruction of our nurses?"

The training school may not give to the student nurse that highly developed thing we call "child welfare work"; but it does give the foundation for it in the obstetrical service and in the wards for children. It may not deal extensively in communicable diseases, but the nurse in training cannot escape some contact with typhoid fever, pneumonia, influenza, diphtheria, and others of that class and the nursing of communicable diseases is usually taught with some degree of thoroughness. The training school may not emphasize venereal diseases or "social hygiene"; but the nurse comes to know the Wasserman test and salvarsan and comes into daily contact with syphilis in its myriad phases and with the aftermath of venereal disease in the overcrowded gynecologic service.

The nurse may never hear of the society for the prevention of blindness; but she knows what nitrate of silver will do in the way of prevention and she gets at least a smattering of eye treatment. She may hear nothing of the

society for cancer research, but she does see occasional cancer. She may know nothing of "mental hygiene," but she cannot avoid acquiring some knowledge of the neurasthenic, the alcoholic, the drug addict, the melancholic and even the acutely insane.

For every phase of medical-social work in the great world beyond her, the nurse receives some foundation training which will help her—for every phase except the biggest one and the most important one measured either by prevalence and morbidity or by success in the public attack upon it—tuberculosis. And yet tuberculosis is admittedly as definitely a medical specialty as operative surgery, and tuberculosis nursing is entirely different from ordinary bedside nursing, requiring a social vision as nowhere else in the entire field of nursing.

The crux of the tuberculosis problem, from the standpoint of the doctor and the nurse, lies in two well-known "therapeutic theses" formulated by Dr. Lawrason Brown:

There is no disease for which the medical profession can do so little actively as for steadily advancing pulmonary tuberculosis.

The treatment of pulmonary tuberculosis demands little knowledge of drugs, but much about the immediate and prolonged education of the patient.

With these two basic facts confronting us, coming as they do from a man who speaks "as one having authority"—what are the desirable qualifications for the successful tuberculosis nurse and what have our training schools generally done to qualify her? And yet in no part of the great field of medicine does the competent nurse prove herself more valuable than in the care of the tuberculous..

STUDENT NURSES' PAGE

BASKETBALL IN SCHOOLS OF NURSING IN DETROIT

By MILDRED CHURCHILL

Grace Hospital, Detroit



GRACE HOSPITAL BASKETBALL TEAM, DETROIT, MICH.

THE Basket Ball League for Student Nurses of Detroit was organized through the Department of Recreation. Harper and Grace Hospitals were the first to organize teams early in October. The student nurses feel very much indebted to Ruth Barber, who has so ably and willingly coached the various schools. They feel that Miss Barber is specially qualified for this field as she is a graduate nurse, and therefore

realizes recreational tendencies and requisites for physical maintenance. The purpose of introducing competitive athletics into hospitals is to give clean play and recreation, to relieve the students of their routine, to promote loyalty, school spirit, and stimulate friendly competition among the schools.

That the competition is keen, and friendly too, was shown at the opening game of the season. It was played by

Harper and Grace Hospitals. The student bodies from the schools were present in uniform and sang school songs, gave drills, and cheered the sponsors and the teams. The teams looked very attractive in their suits, Harper players wearing gray and scarlet, and Grace navy and scarlet. Both teams looked evenly matched and fought hard but the final whistle found Grace in the lead.

The hospital executives have given coöperation and the physicians and board of directors have made the League possible by presenting trophies and suits. Dr. J. B. Kennedy of Grace Hospital presented to the League the trophy seen in the photograph. The final disposition of it is to be made at the end of the season. Dr. Kennedy also presented the suits for the Grace team, and Dr. W. L. Babcock, director of the institution, the shoes and stockings. Dr. Max Bolin of Harper Hospital also offers a beautiful trophy and a third one, contributed by all hospitals interested, is called the Interscholastic trophy. Dr. A. A. Newbar of Grace Hospital will present each member of the winning

team with a small gold basket ball charm.

This new activity is creating much enthusiasm and apparently is urging the Grace team on to victory. It has won every game played up to the time of writing and is looking forward eagerly to the close of the season hoping to secure at least one of the awards.

IN MEMPHIS

Due to the efforts of the Recreation Department of the Memphis Park Commission, a Basket Ball League was organized amongst the students in the General Hospital in February of the present year. Four teams were formed, each of which played six official games, the winning teams being chosen to play against other teams in the city.

The Probationers, or Skee-zix as they term themselves, won all League games though often hardly contested, particularly by the Spark Plugs, composed chiefly of the Intermediate nurses.

Though failing to win the Silver Loving Cup presented to the best team throughout the city, each member of the Skee-zix team was presented with an emblem by the Park Commission.

The benefits to be derived from outdoor sports are many, applying not only to the betterment of the health of the nurse, but also to promoting good sportsmanship and greater coöperation amongst the student body.

COURSE FOR PRIVATE DUTY NURSES

The University of Michigan will give an Extension Course for Private Duty Nurses in Detroit, September 15-19. The morning programs consist of one lecture on Psychology and one on a technical subject such as Goitre, X-Ray and The Ductless Glands. Afternoon sessions will be devoted to demonstrations of medical and nursing procedures at various hospitals.

The fee for the course is \$4.00 and must accompany the application which should be made before September 5. This is a real opportunity. Applications should be addressed and money orders made payable to Frances S. Drake, 4708 Bush Street, Detroit, Mich.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

THE INCURABLE PATIENT

DEAR EDITOR: Would a graduate nurse take care of an incurable patient? Yes, she would. Can we be sure in this day and age that any disease is incurable? Almost every day we hear of a new cure or an old one revived. The time is coming when we will cure, or prevent which is much better, all diseases. We must take care of our so-called incurables in the most scientific way we can. In that way we can help science. If we cannot cure, very often we secure improvement which in time will help find the cure for others. We have no right to say there is no more to be done, though we may say, *I can do no more, let someone else try.* What about the comfort of this incurable patient? Here is a poor diseased body that needs the most tender care that only a graduate nurse knows how to give,—a bath, a rub, the bed made comfortable, the tray made appetizing, and a hundred other things. On the mental side, the more education and refinement we have the better able we are to understand. What if you or I were the patient and we were thrown aside as not worth a fellow nurse's time? The sad part of any so-called incurable case is that we lose interest, the doctors lose interest. They have done all they can, perhaps, for the body and forget there is a mind to minister to. The physician, more than any other person, has opportunities to help the soul. Next or alongside comes the nurse. There is danger of a nurse staying too long on one case and getting what we call rusty. If she finds herself doing that, the time has come to change. When a nurse finds herself on a long case, she should take advantage of the meetings the different organizations hold, read the nursing journals; perhaps go to a hospital and see a few operations. There are many ways she can maintain a high standard of efficiency. What we have learned well, we seldom lose, we just need a little brushing up. There are several types of cases a graduate nurse should not tie herself up with. One is prolonged convalescence. The patient may say, I have the money so I

will have the luxury of a nurse. Should a nurse who has fitted herself to nurse the critically ill, spend her days riding around in an automobile or sit waiting for her patient to come home in order to change her dress for dinner or put her to bed, when she is quite able and should do those things herself? Another is the supremely selfish patient who does not want to get well or will make no effort to do so. Again, there is money. She can afford to be sick, or just selfish! We will not say the nurse's time is wasted, but could she not use it to better advantage? There is still another case,—the well baby. This is the mother's work or that of a nurse maid. There are many fields where graduate nurses are needed. Not least of these is the long painful illness for which there has been found no cure. We are a peculiar group, set aside to do some of the finest work in this world,—to relieve suffering. Let us be proud of our calling and think no branch of nursing service beneath our skill if we are helping some poor sick soul over a hard place.

New York

L. M. B.

OCCUPATIONAL THERAPY

DEAR EDITOR: Occupational Therapy presents a very large and interesting field for graduate nurses who wish for some reason to enlarge or to change their work. Many nurses after years of work find themselves so stale or so tired that a change of occupation or of outlook seems a very good thing for them; many, too, find as they get older that the nursing hours are too long to be borne, and still they cannot stop work entirely or do not wish to do so, and it is to this class of workers that Occupational Therapy seems peculiarly adapted. While not so well paid as a nurse, the therapist has the advantage of shorter hours and a vast field for most interesting and constructive work. To my notion, mature nurses of long experience make the very finest therapists, particularly for the mentally handicapped, and in taking the course, allowance may be made for their nursing experience and the course materially

shortened. Perhaps my own experience may interest some who feel a need for a new occupation. I am a graduate of an eastern school of nursing. I have been married for many years, I am well past the age when I can carry on the strenuous life of a nurse. I have not nursed for many years, although I have kept in touch with the work. Last year I had financial reverses and domestic troubles that left me somewhat upon my own resources, although not driven by immediate necessity to work for a living. After canvassing the various possibilities for a woman of my experience and training I decided that therapy was the most interesting as well as the most humanitarian work that I could possibly take up, and so I entered a school of this kind. The first year was intensely interesting, part of the time being taken up by academic work in the university by courses in college English, Psychology and Pedagogy, the rest of the time being given to the theory of design and to the mastery of the various crafts which are a most necessary part of the work. The second year which I will have next, is given to more university work, a few crafts and several practice months in various hospitals. The possibilities for a graduate are splendid; if she wishes private work her nursing experience would be of the greatest value, her wages would be good and the hours attractive, the hours on duty, for both private work and for hospitals, being from nine to five.

Missouri

E. S.

TRAINING IN NEUROPSYCHIATRY

DEAR EDITOR: Only in recent years have we heard very much of neuropsychiatry, yet it has belonged to medical science for centuries. In former years the patient suffering from any form of neuropsychiatry was thought to be insane. People shrank from him, at an early stage he was removed to an asylum. No effort was made to treat his mental sickness, he was declared incurable. What would be the increased death rate today of cancer, tuberculosis, etc., if we were to ignore them in their earliest stages? It has been said that a person physically ill is also mentally ill. Without a doubt this is true. The patient on his sick bed who seemed so cheerful in the morning may

have changed completely by evening. Patients find fault over trifles when ill. No two patients can be managed in the same manner. Since psychology is the study of the mind and psychiatry is the treatment of the diseases of the mind, the nurse should become thoroughly acquainted with both subjects in order to derive the greatest results in the care of her patients. Psychology has been given a place in the program of the best training schools and no doubt will be given greater consideration in the future, but the nurses of today graduating from a general hospital are almost ignorant of the proper management of the psychiatric patient. It has not been included in her training course, perhaps she is not interested enough to regret this but at some time in her nursing career she will long for the experience. Hospital training schools affiliate with special hospitals for the care of communicable diseases, but very few affiliate with a psychopathic hospital. What part will psychiatry have in the development of medicine in the future? What part should it play in a nurse's training?

Pennsylvania

S. M. C.

PROGRAMS FOR NURSES' MEETINGS

DEAR EDITOR: In the July *Journal* Miss "B" was wondering if the nurses were accomplishing their purpose in their meetings. Miss "B," have you interested the young graduates in your meetings? How many attend? I have found in several places all the work was carried on by the older nurses and the younger ones felt they were not needed. The young graduate brings new ideas and "pep" and will help you meet the doctors' papers half way and keeps interest stirred up. When I graduated I knew very little about nurses' meetings except those of my alumnae. Very few of my friends went to the state meetings and consequently I stayed at home. In five years' time I lost interest in nursing. For a lark, a few of us went to Detroit; we went to one meeting a day for the first two days, then we became so interested we hardly missed a meeting. The dignity of Miss Eldredge and the wonderful poise of Miss Logan are enough to inspire any nurse to "hitch your wagon to a star" and try to do better work and inspire

others. You should have a definite goal—something hard to gain and work for it. We have hitched our wagon to a star—we're after the Convention! Why don't you try for it? It makes all the nurses pull together, keeps up interest and stimulates you to make every nurse do her part. Interest your student nurse and hold your young graduate and I think you will solve your problem

Louisville, Ky.

E. L. C.

NURSING SMALL HOSPITALS

DEAR EDITOR: Small hospitals have arisen in various localities in response to definite community need. They have their places just as small colleges have, and the principle of "Live and let live" applies here as elsewhere. Among the small hospitals of our acquaintance anyone of us could name one or more which does not need to apologize for itself. It is not only because a greater percentage of the sick of our country are cared for in small hospitals that they are a community need. Other things being equal, they afford a better place for the young people of their respective communities to acquire their training as nurses. Only the unusual young person is fitted to go from a small town into the temptations of a great metropolis. Both patient and pupil can here receive individual care and training. The supervision can be such as to be helpful and not ridiculous as it sometimes is in a very large school.

Florida

E. T. S.

A HOLIDAY HOTEL FOR NURSES

DEAR EDITOR: Nurses traveling in England may be glad to know of S Helena's, 24 and 26 Earls Avenue, Folk-

stone. It is a Holiday Hotel for nurses and V. A. D. members under the auspices of the United Services Fund. It is a perfect place in which to rest. Miss Lee is kindness itself and is very anxious to welcome nurses from the other side of the water. Many may be glad of such a restful spot. It is only one and one-half hours from London.

Ohio

C. MacD.

A CORRECTION

DEAR EDITOR: The Report of Detroit Convention states, "Maryland handicapped by Politics." Maryland desires to correct this item. This state is exceptionally free from the above-named handicap.

HELEN C. BARTLETT, R. N., *President,*
Maryland State Board of Examiners of Nurses.

JOURNALS ON HAND

The persons named below have copies of the *Journal* which they will be glad to give away if postage is paid:

Charlotte Petterson, Route 2, Box 25, Isanti, Minn 1914 — December; 1915 — January, February, May; 1919 through 1923, complete.

Elizabeth M. Richards, College for Women Library, 11130 Bellflower Road, Cleveland, O. 1915 — November; 1920 — February, April, June-August, October-December; 1921 — complete; 1922—complete, except November.

JOURNALS WANTED

WANTED: The following numbers of the *Journal of Nursing*—Volume 18; 1917-1918, December, January, February, August. Volume 19, 1918-1919, November, December, March, May. Journals will be paid for at current prices.—JANE VAN DE VREDE, 249 Ivy Street, Atlanta, Ga.

THE JOURNAL TABLE

At every state meeting there may be found, or should be found, (for material is always sent) a table where *Journal* subscriptions are taken, either single subscriptions or in combination with the *Pacific Coast Journal* or with *The Survey*.

Nurses who have ever lived on the Pacific Coast are glad to keep up with the doings of their old friends by reading that journal. Superintendents who wish to give their students breath of view and social vision will put *The Survey* in their reading room.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

28. "In the July *Journal* Miss Noyes states that Red Cross nurses who served directly under the Red Cross during the War are not eligible for compensation for sickness and disability incurred in line of duty. If not, what provision has the Red Cross made for the care of such nurses? If the members of the National Guard, called into Federal Service, who became disabled or who died before being accepted and enrolled for active service, are placed on the same status as men inducted by local draft boards, why are not the Red Cross nurses who were by special act of Congress made the reserve of the Army and Navy, entitled to the same consideration?"

Red Cross Nurses serving overseas directly under the American Red Cross who may have

been disabled are eligible for the special insurance developed under the American Red Cross. They are not eligible for Veterans' Bureau Compensation, even though they are the constituted reserve of the Army Nurse Corps, unless they have been inducted into the Army or Navy Nurse Corps. Members of the National Guard are federalized, i. e., they are part of the military establishment. The Red Cross Nurse is not "federalized" until she becomes a member of the Army or Navy Nurse Corps. The Surgeon General may call upon the American Red Cross for nurses even in time of peace. They, however, serve only with their own consent.

CLARA D. NOYES,
National Director, Nursing Service

NURSES' DAY IN CUBA

"The President of the Republic of Cuba has set aside the third of June as Nurses' Day. The reason for this celebration is to collect funds for a social house for nurses which will be situated in Havana and will serve to stimulate among them professional culture and being at the same time an official center; said center will have a registry to facilitate to the public in general the manner of obtaining nurses who are dedicated to private practice. The nurses who do not have homes will find in this center moral and material protection. There will be facilitated at the same time lodging for nurses who travel. The institution will have a library and will utilize every benefit in favor of Cuban nurses and will do everything possible for their future."—From U. S. Public Health Service.

PUBLIC HEALTH NURSING IN THE PHILIPPINES

"The first course in public health nursing to be given in the Philippine Islands was inaugurated on August 1, 1922, and six months later thirty students were graduated. A second class of sixty-nine nurses completed a similar course in December, 1923. The University of the Philippines will continue the instruction. Four Filipino nurses have been granted fellowships for study in the United States in administration, teaching, and public health. A modern curriculum for training schools has been prepared. A training school was opened in April, 1923, at Baguio for the Igorot region, and Government has provided scholarships for preliminary education of Moro girls and boys who may wish to enter the training school at Zamboanga.

—From Information Service, The Rockefeller Foundation.

REPRINTS FOR SALE

Reprints at 10 cents each may be obtained of the papers given at the Convention by Dr. Lockwood, Dr. Parnall, and Mrs. Bolton; also of the paper recently published in the *Journal* by Dr. Gesell on the Pre-school Child. Reprints at five cents each may be obtained of the article on Breast Feeding by Dr. Hueneckens.

NURSING NEWS AND ANNOUNCEMENTS

AMERICAN NURSES' ASSOCIATION

A limited number of extra copies of the Proceedings of the sessions of the *American Nurses' Association* are available and may be secured for thirty-five cents a copy by writing to the headquarters office, 370 Seventh Avenue, New York, N. Y.

NURSES' RELIEF FUND

REPORT FOR JULY, 1924

Balance on hand June 30, 1924-----\$11,242.72

Receipts

Interest on bonds-----	166.25
California: One individual, Los Angeles -----	5.00
Connecticut: Danbury Hospital Alumnae Assn., 20; one individual, South Norwalk, \$2-----	22.00
Illinois: District 1, St. Luke's Alumnae Assn, Memorial to Miss Johnstone, \$100; St. Joseph's Alumnae Assn., \$50; St. Mary of Nazareth Alumnae Assn., \$50; Frances E. Willard Alumnae Assn., \$5; Chicago Memorial Hospital Alumnae Assn., \$24; Jane McAllister Alumnae Assn., Waukegan, \$5; individual members, \$34-----	268.00
Indiana: Hayden Hospital Alumnae Assn., Evansville, \$20; one individual, Hammond, \$1-----	21.00
Michigan: Michigan State Sanitarium, Howell, \$5; District 10, \$2.50	7.50
New Jersey: One individual, East Orange -----	2.00
New York: District 2, \$16; District 4, \$2; Student Nurses, Hospital of Good Shepherd, Syracuse, \$25; District 5, one individual, Binghamton, \$5; District 7, Broad Street Hospital Alumnae Assn., Oneida, \$5; District 9, Student Nurses, Samaritan Hospital, Troy, \$25; District 13, \$2.50-----	80.50
North Carolina: District 6-----	25.00
Ohio: District 4, Huron Road Hospital Alumnae Assn., \$25; St. Luke's Hospital Alumnae Assn., \$10; Cleveland City Hospital	

Alumnae Assn., \$25; one individual, \$1; Lake County Hospital, Perry, \$4-----	65.00
Oregon: State Nurses' Association--	26.00
South Carolina: One individual----	1.00
Vermont: State Nurses' Assn.-----	25.00
Check returned (applicant deceased)	15.00

Total receipts -----\$11,971.97

Disbursements

Paid to fifty-two applicants-----	\$760.00
Printing and stationery-----	39.85
Postage -----	10.00
Exchange on checks-----	1.55
Total disbursements-----	811.40
Balance on hand July 31, 1924-----	\$11,160.57
Invested funds -----	83,951.57
	\$95,112.14

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

Since the last report on the status of reclassification there have been a number of changes. Salary schedules supposedly in accordance with the classification bill were changed July 1. For the U. S. Public Health Service the salaries were increased: Chief Nurses from \$1,584 to \$1,800 per annum; Assistant and Acting Chief Nurses from \$1,200 to \$1,500; Head Nurses from \$1,020 to \$1,140; Staff nurses from \$960 to \$1,020.

This still leaves the Public Health Service behind the Veterans' Bureau, so far as salaries are concerned, and still makes a difference between persons, employees of the government, doing the same kind of work. The salary schedule of the Veterans' Bureau is as follows: Chief Nurses from \$1,650 to \$2,100 per annum; Assistant Chief Nurses from \$1,400 to \$1,650; Head Nurses from \$1,200 to \$1,400; Staff nurses from \$1,080 to \$1,260. There is still no definite classification of nurses, as they are still placed in three grades; non-professional, sub-professional and clerical, though the Superintendent of Nurses in the

Veterans' Bureau was notified by the Personnel Board that she had been placed in the second grade of the professional service. A week later she was notified that she was again placed in the sub-professional service. This classification has been made solely to keep salaries within a certain limit without regard at all to the standing of the employees, and the fact that these groups are doing the same work with the same professional education, seems to have been entirely lost sight of, since there has been no effort made to classify these persons in any one group. This is not only true of nurses. It is also true of dietitians, aides and of many other workers in government service who, up to this time, have been classified as professional. No definite action will, of course, be taken on the amendment to the reclassification bill until Congress reassembles December 1.

LUCY MINNIGERODE, *Chairman.*

ARMY NURSE CORPS

During the month of July, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: to Station Hospital, Fort Benning, Ga., 1st Lieut. Anne Williamson; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Elsie E. Schnieder; to Letterman General Hospital, San Francisco, Cal., Olga M. Anderson, Margaret Houston, Bessie L. Kellogg; to Station Hospital, Fort Riley, Kans., 1st Lieut. Nellie E. Davis; to Station Hospital, Fort Sam Houston, Tex.; 1st Lieut. Anna L. George, 2nd Lieut. Margaret Uthaug; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Anna L. Hanson; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Abigail B. Graves, Marie J. Farrell, Sarah E. Holden, Della J. Hurley, Florence I. Lee, Alvine L. Schmidt; to Station Hospital, West Point, N. Y., 2nd Lieut. Mary A. Herbert, Barbara Ziegler.

Second Lieuts. Mary P. Kelly and Florence MacDonald were transferred to Station Hospital, Tientsin, China.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Harriet E. Aronson, Pearl A. Buss, Eileen M. Byron, Irene M. Casper, Margaret Coffman, Mabel

Cooper, Vera M. Fisher, Lynn C. Freeland, Marjorie M. Gentle, Zoe Golden, Alma R. Hageh, Grace S. Hieligman, Lois Hughes, Della D. Jordan, Josephine Kimerer, Malicent E. King, Marie Louise Lorenz, Margaret E. McClendon, Dorothy F. C. Nason, Helena Swyny, Kathleen Swyny.

ARMY SCHOOL OF NURSING

The 1924 *Annual* of the Army School has recently appeared. This publication is managed entirely by the students. The keen interest of the Alumnae Association in the welfare of the school is a constant gratification and source of support. Its annual Journal with its accounts of the activities of its members, and comments and suggestions about the school course is of great value. The poster which is prepared and furnished by the Alumnae Association for use in matters of publicity and recruiting is a contribution to the success of the school that can hardly be overestimated. A class of approximately fifty students is expected in October.

JULIA C. STIMSON,
*Major, Superintendent, Army Nurse Corps;
Dean, Army School of Nursing.*

EXTRACTS FROM THE ANNUAL REPORT OF MAJOR STIMSON

The strength of the Army Nurse Corps on June 30, 1924, was: Regulars, 468; Reserves, 207; total, 675.

There have been eight appointments in the regular Corps and 153 assignments to duty as reserves, making a gain of 161. With 202 discharges (including 12 under orders for discharge) and one death, there is a total loss of 42 nurses during the past 12 months.

All members of the Army Nurse Corps who transferred from the list of Regular nurses to that of the Reserve for the convenience of the Government have been reinstated as members of the Regular Corps. This was made possible by the fact that the appropriation for the pay of nurses for the fiscal year is sufficient to maintain the strength of the Army Nurse Corps at 500.

Reserve nurses are still employed at the five general hospitals, and at Fort Sam Houston, San Antonio, Texas, to assist in the care of

the Veterans' Bureau patients. Civilian nurses are employed locally for the summer Reserve Officers' Training Camps, and the Citizens' Military Training Camps throughout the country.

Postgraduate courses in civilian institutions have been taken by two members of the Army Nurse Corps.

Visiting Nurse work in connection with the families of soldiers has been continued through the year at the Station Hospital, Fort Sam Houston, Texas, and at Schofield Barracks, Hawaii.

Legislation for retirement for members of the Army Nurse Corps is still pending, and the presentation of the bill at the next Congress is expected.

The work of the Victory Medal branch of the office was practically completed in January, 1924. Applications for this medal have been prepared and forwarded to approximately 22,000 former members of the Corps. More than 1,000 of these forms were returned unclaimed, and many applications have not been returned signed, in accordance with the instructions which are inclosed with the application.

The Discharge branch of the office is continuing to send to the Veterans' Bureau, medical records of nurses claiming benefits of the Compensation Act. It also handles the final pay vouchers of nurses who sever their connection with the Corps.

During the past year efforts have been made to call the attention of the members of the Corps to the necessity of more nearly meeting recognized height and weight standards. The result of these efforts have been markedly satisfactory, and will be continued.

Progress in establishing closer relationship between the Army Nurse Corps and the nursing organizations of the country has been noted in the greatly increased number of applications for membership in the American Nurses' Association, and the National League of Nursing Education, from the members of the Nurse Corps. Moreover, there has appeared to be a marked increase of interest on the part of members of the Corps in the various educational advantages that are offered in communities surrounding Army stations.

NAVY NURSE CORPS

REPORT FOR THE MONTH OF JULY, 1924

Transfers: To Great Lakes, Ill., Florence G. Pond; to League Island, Pa., Susan I. Fitzgerald, C.N., Honora Drew, Edith Hebdon, Julia Moehr, Anna Patten, Mary B. Gainey, C.N., Marion McKay; to New York, N. Y., Rose K. Conley; to Norfolk, Va., Regina A. Crawford, Bessie C. Graham; to Parris Island, S. C., Delyla G. Thore, C. N.; to Philadelphia, Naval Aircraft Dispensary, Eva B. Moss, C. N.; to Puget Sound, Wash., Mary M. Ritter; to Quantico, Va., Lena A. Richardson; to San Diego, Calif., Elizabeth D. Bushong; to Washington, D. C., Helen Rein, Helen V. Duerr.

Honorable Discharge: Galena W. Deightman, Marie Sennett.

Resignations: Helen M. Hibbs, Elizabeth L. Bridgeman, Emmy Hillebrandt, Nelle L. Watkins, Vivant Stewart.

Discharged from Inactive Status: Gertrude Craig.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Boston, Mass., Mary McSweeney, C.N., Anna Parker; to Pittsburgh, Pa., Dorothy Seneca; to Detroit, Mich., Mabel Reid; to Key West, Fla., Elizabeth McDowell; to Savannah, Ga., Lucille Watkins; to Hudson Street, New York City, Katherine Gibbons.

Reinstatements: Erma Hass, C.N., Myrtle J. Brown, Julia Crockett.

Beginning July 1, nurses in the Public Health Service received increases in pay in accordance with the accompanying schedule: Chief Nurses from \$1,584 to \$1,800 per annum; Acting and Assistant Chief Nurses from \$1,200 to \$1,500; Head Nurses from \$1,020 to \$1,140; Staff Nurses from \$960 to \$1,020. While the schedule does not reach what it was hoped could be done, it is a very decided increase, one well earned by the nurses, and one which the Public Health Service has been glad to be able to secure for them.

LUCY MINNEGERODE,
Superintendent of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU
NURSING SERVICE

Hospital Service, Transfers: To Ft. Bayard, N. Mex., Mrs. Anne Dinsmore, Ethel Bussong, Elizabeth H. Dyer, Mayme D. Hall, Asst. C.N., Elizabeth Kauffman, Mabel S. Miller; to Tucson, Ariz., Laura Beecroft, Asst. C.N.; to Palo Alto, Calif., Gertrude M. Patterson; to Prescott, Ariz., Hannah E. Halliday; to Jefferson Barracks, Mo., Mrs. Emma Goddard, Asst. C.N.; to Gulfport, Miss., Betty Moorehead; to Chillicothe, O., Jean Mingay, Alma E. Stenso, Asst. C.N.; to Camp Kearney, Calif., Katherine Huntington, Asst. C.N.; to Minneapolis, Minn., Clara L. Thorson; to Helena, Mont., Ethel A. Carroll, Asst. C.N.

Reinstatements: Anna M. Watters, Louise J. Persons, Mrs. Rose A. Grady, Frances E. Gross, Mrs. Eldy W. Johnson, Anne K. Pilegard, Marie L. Gumble, Katherine F. Lyons.

District Medical Service, Transfers: To Algiers, La., Christine F. Pheifer; to Evansville, Ind., Margaret McCaughey.

U. S. Veterans' Hospital, No. 98, Beacon, N. Y., will be ready for the reception of patients September 1, 1924, and U. S. Veterans' Hospital, No. 96, Tupper Lake, N. Y., was ready August 15, 1924. Both of these hospitals are for the care of tubercular patients.

MARY A. HICKEY,
Superintendent of Nurses.

THE NATIONAL CONFERENCE OF SOCIAL WORK, at its annual meeting in Toronto, in June, elected as president, William J. Norton of Detroit. A meeting of editors of health magazines of national scope was held in connection with the Conference on June 27, at which the *Public Health Nurse* was represented by Ada M. Carr, and the *American Journal of Nursing* by Katharine DeWitt.

THE WOMAN'S OVERSEAS LEAGUE held a convention in San Francisco, July 16-21. Delegates from the east enjoyed a delightful trip in a special car with stops at various cities where they were hospitably entertained. The keynote of the convention was service to our disabled and needy sisters or brothers of the World War. It is hoped that nurses in increasing number will join this organization. The next convention will be held in New York.

THE INTERNATIONAL CATHOLIC GUILD OF NURSES was organized in Milwaukee, June 28. The conference just concluded at Spring Bank, Okauchee, headquarters of the Catholic Hospital Association, exceeded all expectations. It was attended by registered nurses from some twenty localities, 11 states being represented besides Canada and Ireland. A retreat began on the evening of June 21, following which organization meetings of the Guild were held. After the adoption of constitution and by-laws, the following officers were elected: President, Katherine McGovern, Minneapolis; vice presidents, Loretta Mulherin, Colorado, and Mary Sullivan, South Dakota; secretary, Mary Dorais, Missouri; treasurer, Evelyn Shea, Illinois. The following chairmen of committees were elected: Educational, Loretta Mulherin; Art and Industrial, Leah Stimson; Entertainment, Mary Dorais; Auditing, Mary Sullivan; Press and Publication, Blanche Atkinson; Library, Mable Knowl; Guild House, Ana Schemmer; Sodality, Marcella Heavren; Retreat, Rose A. Hartner. The Guild is made up of individual membership, registered nurses forming the voting and office-holding body. The purposes of the Guild are to associate Catholic nurses together for their individual and professional welfare and to work for the interests of the profession. Great enthusiasm and a spirit of cooperation were manifested. Those who wish to join the Guild are invited to send their dues with names and address to the International Catholic Guild of Nurses, Room 204, 610 Sycamore Street, Milwaukee, Wis. Catholic nurses may become voting or general members, non-Catholic nurses may be associates by paying \$3 annual dues. This gives the right to membership in the Catholic Hospital Association and a subscription to *Hospital Progress*. Any one may become a sustaining member by paying \$10 per year; contributors make a donation of at least \$100.

THE AMERICAN HOSPITAL ASSOCIATION will meet October 6 to 10 in the 106th Field Artillery Armory, Buffalo, N. Y. A record breaking attendance is expected because the Association has conducted an active membership drive throughout the year. Plans for the program and the exposition assure a profitable meeting. The Protestant Hospital Association

will meet on the days immediately preceding; the American Occupational Therapy Association, the American Association of Hospital Social Workers, and the Hospital Dietetic Council will meet simultaneously with the American Hospital Association.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its second annual meeting in Kansas City, Missouri, October 14-16. The Association has appointed Emma Dolfinger as Director of its Health Education Division, as successor to Sally Lucas Jean.

THE CANADIAN NURSES' ASSOCIATION

(In addition to the report published last month, this further information has been received.) This was the first meeting of the Association since 1922, when it had been decided to hold biennial meetings. The President, Jean E. Browne, presided at the general sessions. Miss F. Emory and Miss Gaskell, Chairmen of the Public Health Nursing Section, and of the Private Duty Nursing Section, respectively, occupied the chair at the meetings of these sections. The President in her address, expressed her appreciation to the members for the manner in which Canadian nurses had demonstrated their realization of national unity and responsibility during the past two years. First, sufficient funds had been collected to provide for the erection of a Memorial to the nursing sisters of Canada who had given their lives during the recent war. Several delays had occurred which had prevented the memorial being unveiled as soon as had been expected. The committee had found it necessary to await the pleasure of the Federal Government when arranging plans for a site in the Main Building on Parliament Hill, Ottawa. Arrangements had been completed satisfactorily, and the Memorial would be unveiled at the time of the next general meeting. Second, the Association had undertaken to establish a national office as headquarters. This office, opened in Winnipeg, in February, 1923, is proving a benefit to the nurses of Canada. The program consisted entirely of the business deliberations of the Association. Among the chief items were: the change in the name of the organization to that of The Canadian Nurses' Association; the increase from two to four councilors as the

representatives from each of the provinces on the Council of the Executive Committee; the formation of a section on Nursing Education, when the Canadian Association of Nursing Education will be amalgamated with the National Association; the transfer of the office of the *Canadian Nurse* magazine from Vancouver to the national office, Winnipeg; the approval of a provisional policy for the Association relative to Maternal Care in Canada.

A joint open session with the Canadian Association of Nursing Education was held on June 23. Addresses of welcome were presented by the Mayor and by representatives of the medical and nurses' associations of Hamilton. Miss C. Reimann, secretary of the International Council of Nurses; Miss F. M. Shaw, Director, School for Graduate Nurses, McGill University; and Dr. J. W. Robertson, Canadian Red Cross Society, addressed the assembly. Tuesday evening was spent attending a reception at the Nurses' residence, Hamilton General Hospital, when the members of the local nurses' associations were hostesses.

The officers for 1924-1926 are: President, Jean E. Browne; vice presidents, Kate Matheson and Mabel Hersey; honorary secretary, Mabel F. Gray; honorary treasurer, Mary Shaw.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its twelfth annual meeting, October 9 and 10, at the Elks Club in Pine Bluff, Ark. All nurses throughout the state are urged to attend. THE STATE BOARD OF NURSE EXAMINERS will hold an examination in the Senate Chamber of the Capitol in Little Rock, October 7 and 8, beginning at noon, October 7.

Connecticut: New London.—THE LAWRENCE MEMORIAL ASSOCIATED HOSPITALS graduated thirteen nurses, May 7. Exercises were held in Plant Building, with the President of the Board of Trustees, Frederic Mercer, presiding. The invocation and address were given by the Rev. Edward Chapman; diplomas were awarded by the President of the Board of Trustees and school pins and companion cases, by Mrs. Nicholas M. Pond, president of the Women's Auxiliary. A reception and dance closed the evening.

Georgia: THE STATE BOARD OF EXAMINERS

OF NURSES will hold a semi-annual examination, October 15 and 16, 1924, in Macon, Savannah, Augusta and Atlanta, providing as many as six nurses apply in any locality. Send application to Jane Van De Vrede, Secretary, 688 Highland Avenue, Atlanta, Georgia.

Illinois: THE ILLINOIS STATE NURSES' ASSOCIATION will hold its annual meeting in Champaign, October 29-31. Miss Eldredge, president of the American Nurses' Association, and Miss Logan, president of the League, will be among the speakers.

Chicago.—Ella Nicholson, class of 1922, Washington Boulevard Hospital, who sailed last spring for Resht, Persia, sends interesting reports of the extensive work the Mission is doing there.

Ruth A. Jones has accepted a position in Williamsburg, Iowa; Ethel Beckler will remain in Rio de Janeiro, Brazil, until spring; Ethel Sheaff has been appointed supervisor of the Women's Medical and Surgical Department.

Moline.—THE LUTHERAN HOSPITAL ALUMNAE held their annual banquet May 10 at the LeClaire Hotel. The seven graduates of 1924 were guests. Commencement exercises for the class were held May 13, at the Zion Lutheran Church. A reception followed the exercises, at the Nurses' Home.

Rock Island.—THE FIFTH DISTRICT, Illinois State Association, and the SIXTH DISTRICT, Iowa State Association, held a joint meeting in the form of a picnic at Long View Point Park, Rock Island, July 15. Fifty members were present. Mrs. Francis Larkin, President of Fifth District Association, Illinois, called the meeting to order. Delegates to the A. N. A. Convention at Detroit gave very interesting reports.

Iowa: Council Bluffs.—Miss Nesbit, former anaesthetist of Jennie Edmundson Memorial Hospital, has charge of nurses in Aurora, Ill.

Hampton.—THE HAMPTON LUTHERAN HOSPITAL graduated a class of seven, July 3. Addresses were given by Rev. Mr. Beutrup and Dr. Johnston. Dr. Powers presented the diplomas, Miss Beutrup, the training school pins; after which refreshments were served. The class was entertained by the Juniors, July 2, at dinner at the Connley Hotel. The Hampton Clinic doctors and wives were also guests. On July 6, the class, doctors and wives had a picnic at the summer home of Earl Ferris at Clear Lake. THE FOURTH DISTRICT will hold

its next meeting in Hampton sometime in September at the Nurses' home. The members are now busy collecting for the Nurses' Relief Fund. Out of 21 members, so far 17 have responded.

Ottumwa.—THE SECOND DISTRICT ASSOCIATION held a meeting on June 12 at Oskaloosa, with a large attendance. The local nurses were hostesses. After luncheon, Frances M. Ott gave an inspiring talk which was enjoyed by all. The next meeting will be held in Burlington in September. Elizabeth Collin has resigned as Superintendent of the Ottumwa Hospital. She is taking an extended rest at her home in Freeport, Ill.

Waterloo.—SYNODICAL PRESBYTERIAN HOSPITAL ALUMNAE met with Mrs. Clarence Henderson for the meeting in July; a good attendance, a good time. Waterloo reports all nurses busy.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration Wednesday and Thursday, October 15 and 16, 1924, beginning at 9 a. m., at the State House, Augusta, Maine. Applications should be filed with the secretary, Rachael A. Metcalfe, R.N., Central Maine General Hospital, Lewiston, Maine, fifteen days previous to date of examination.

Maryland: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration October 14, 15, 16, 17. All applications must be filed not later than September 20 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION will be held in Northampton, covering a portion of two days, October 24 and 25, 1924. Mary E. Ayer, 57 Prospect Street, Northampton, is chairman of the committee on arrangements.

Michigan: Grand Rapids.—THE MARION LOUISE WITHEY SCHOOL FOR NURSES, Blodgett Memorial Hospital, held commencement exercises, June 21, on the West Terrace of the hospital grounds. Annie M. Goodrich, Yale School of Nursing, gave the address which was full of inspiration to the twenty young graduates. A reception and dance followed the exercises.

Minnesota: THE MINNESOTA STATE BOARD

OF EXAMINERS OF NURSES will hold the next examination October 2, 3 and 4, in St. Paul, Duluth and Rochester. The fall meeting of the MINNESOTA STATE REGISTERED NURSES' ASSOCIATION will be held in Minneapolis, November 5, 6, 7 and 8, the same dates as the Minnesota Educational Association. The annual meeting of the MINNESOTA LEAGUE OF NURSING EDUCATION will be held November 5, 6, 7 and 8 in Minneapolis. Address Caroline M. Rankiellour, President State League, 3809 Portland Avenue, Minneapolis.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis, September 24 and 25, 1924. Jannett G. Flanagan, Secretary, 620 Chemical Building, St. Louis. **Kansas City.**—THE KANSAS CITY GENERAL HOSPITAL held its first reunion and home-coming for former nurses and interns, June 21. They came from far and near in response to invitations sent jointly by the Hospital Board and Nurses' Alumnae Association. Many who were unable to attend sent telegrams and letters of greeting. From 9 to 11, clinics were held in the surgical amphitheater of the hospital. At noon, a tablet in memory of Lottie Hollenbeck and Edna Bradford, nurses who died in service during the World War, was unveiled. Dr. A. Ross Hill made the address and paid a beautiful tribute to these nurses. The hospital entertained all out-of-town guests and officers of the Alumnae at luncheon. In the afternoon, the Alumnae served tea on the south veranda of the Nurses' Home from 3 to 5. Many graduates brought along weesons and daughters who were shown with pardonable pride. The day closed with a dinner at Ivanhoe Country Club. The first home-coming was voted a great success and it is hoped it will be made an annual affair.

New Hampshire: **Claremont.**—THE CLAREMONT GENERAL HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting held in May, elected the following officers: President, Mrs. Marjorie P. Frasier; vice-presidents, Mrs. Mable G. Aseltine and Ruth Tenney; secretary, M. Gladys Larrabee; treasurer, Mrs. Clara H. Rice.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in

Syracuse, October 28, 29 and 30. **Buffalo.**—The regular monthly meetings of District 1 will be resumed in September at which time the newly elected president, Ruth G. Hall, will preside. The September meeting will be held at the Lafayette Hotel on September 17, 3 p. m. **New York.**—THE PRESBYTERIAN HOSPITAL ALUMNAE held their annual meeting on May 10. The officers are: President, Eunice Whipple; vice president, Emily Clatworthy; corresponding secretary, Alice W. Klatenbach; recording secretary, Louise M. Marsh, treasurer, Helen Young. The hospital will be moved in the near future to a plot of ground bounded by 165th and 168th Streets and Broadway. **Rochester.**—Frances E. Culley, class of 1921, Homeopathic Hospital, sailed for China on August 30 to teach in the training school for nurses at Chinkiang. **Syracuse.**—THE SYRACUSE UNIVERSITY SCHOOL OF NURSING graduated thirty-nine nurses at the University Convocation in June, the largest class in its history. Many social events were given in their honor by the School, the Hospital Staff and the Auxiliary. Two new supervisors have recently been added to the nursing staff: Helen Thurrott, B.A., University of New Brunswick, graduate of St. Luke's Hospital, New York City, as night supervisor; Sarah L. Gulliver, Syracuse University School of Nursing, Supervisor Emergency Department.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination October 7 and 8, 1924, at Grand Forks. For further information address Ethel Stanford, Secretary, 703 Fourth Street South, Fargo.

Oregon: **Portland.**—THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination on October 8 and 9.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its twenty-second annual meeting on October 27, 28, 29 and 30 at Reading, with headquarters in the Berkshire Hotel. The first day, Monday, the 27th, will be given to business in the morning with Jessie J. Turnbull, president, presiding. In the afternoon the Private Duty Nurses' Section will hold their business meeting and at 4 p. m. Dr. Thomas Klein, Philadelphia, will present

the following subject: Ideal Training for Student Nurses for Private Practice. Discussion will follow. A round table on Compulsory Registration and Re-registration and Post-graduate courses for Private Duty Nurses, at 5 p. m., will be conducted by Roberta M. West, Philadelphia. The formal opening session will be a joint meeting of the Graduate Nurses' Association of Pennsylvania the State League of Nursing Education and the Public Health Nursing Organization. At this session the three presidents' addresses will be given and Dr. Wilmer Krusen, Director of Health of Philadelphia, will present, The Responsibility of a Municipality for the Education of the Nurse for Community Service. On Tuesday morning at 9 a. m., Discussion of Legislative Committee Report and Formulation of Legislative Program for 1925, by Margaret A. Dunlop, Chairman of the Legislative Committee. At 10 a. m. a round table on Central Registry and Hourly Nursing by Helen F. Greaney. Following this a paper by C. Howard Witmer, M.D., The Ideal Private Duty Nurse.

The Pennsylvania Organization for Public Health session begins at 10 a. m. Luncheon for visiting Board members at the Wyomission Club at 12m. Afternoon session 2 to 4:30. Evening session 7:45. Representative speakers on Public Health subjects will address these meetings. Notify Mrs. Herbert O. Vastine, 106 N. Fourth Street, for luncheon reservations at \$1 each. Mrs. Gilbert of Harrisburg to be hostess and Mrs. Fuller will preside. On Wednesday morning at 9, business meeting of the Graduate Nurses' Association. The remainder of the day the State League will present their program. 10-12, business; 2 to 3 p. m., Report of Pennsylvania State Board of Nurse Examiners, by S. Lillian Clayton, president. 3 to 4 p. m., Spirit of Nursing, Mary M. Roberts, Editor of the *American Journal of Nursing*. 4 to 5 p. m., Case Nursing, speaker to be announced. In the evening there will be a banquet, Elizabeth P. Miller, President of the League, presiding. An address will be given on The Responsibility of the State System of Education to Nursing Education. Thursday morning will be occupied by closing business sessions of the State Association and the Private Duty Section.

The Instructor's Institute, under the direction of the State League, will begin on Thursday, October 30, at 2 p. m., and continue until noon, November 1. **Altoona.**—THE ALTOONA HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual banquet at the Logan House, May 27. About fifty-five nurses were present. Ida F. Giles, Conemaugh Valley Memorial Hospital, Johnstown, the graduating class and the Executive Nursing Staff of the hospital were guests of honor. The entertainment opened with a song a welcome. Miss Giles gave a very interesting and helpful talk on The Importance of the Nurse Choosing the Proper Field of Nursing, emphasizing the fact that executive ability should not be wasted. After the program, all "made believe" they were children and played games. One of the most popular features of the evening was the little songs that were sung throughout the dinner, everybody entering into the spirit of the occasion. Each guest was presented with a corsage of lillies of the valley (the 1924 class flower), and each graduate received an application blank for membership in the Alumnae. **Huntington.**—At the Nurses' Home of the J. C. Blair Memorial Hospital, June 10, a reception was held for Miss Schneider, the out-going Superintendent, and for Miss Woodward, the incoming Superintendent. There were present the members of the Staff, Ladies' Auxiliary, Alumnae and pupil nurses. The Alumnae Association gave a very successful card party recently, the proceeds amounting to \$100. At a meeting held July 17 it was decided to install a telephone in the Nurses' Home. **Scranton.**—Janet C. Grant completed, in May, twenty-five years of service as Superintendent of the Moses Taylor Hospital. A dinner was given to Miss Grant at the Country Club at that time by the medical staff and nurses of the hospital, Anna C. Maxwell being a guest, also. Miss Grant is a graduate of the Presbyterian Hospital, New York. **Waynesburg.**—Mary E. Boyd of Oil City has been appointed superintendent of the Waynesburg Hospital; she will assume her duties in January. She is a graduate of St. Vincent's Hospital, Erie. Florence Dumbeck, a classmate, will assist her.

South Carolina: (An earlier report of this meeting was lost in the mails which

accounts for the delay in the appearance of this report.)

The seventeenth annual convention of the SOUTH CAROLINA STATE NURSES' ASSOCIATION was held in Columbia, April 29-30. The meeting was called to order by the president, Fannie Bulow. The Rev. Henry Phillips, rector of Trinity Episcopal Church, invoked the blessing of God on the meeting. Mayor Coleman of Columbia made a cordial address of welcome. The Chamber of Commerce sent a representative who assured the nurses of a most hearty welcome. Miss A. B. Commer, Directress of Nurses Florence Infirmary, responded. The first address was made by Mrs. D. L. McDonald, executive secretary South Carolina Tuberculosis Association. Her subject was, The Responsibility of the Nurse in the South Carolina Tuberculosis Program. She spoke in a convincing way, making the statement that 1759 persons had died in South Carolina of tuberculosis of the lungs during the past year. The per capita appropriation made by South Carolina in 1923 for the erection and maintenance of tuberculosis sanatoria was three cents. It was less than Georgia, Virginia, Mississippi or North Carolina. For the 17,000 tuberculosis patients in South Carolina last year there were only 200 beds available for treatment, there being no beds for children. In closing she made a most pathetic appeal to the nurses to help in this great work. Dr. William Weston talked on Development in the Field of Infant Nutrition. He assured us that hog lard is an absolutely useless form of fat, also warned the nurse not to give soda in case of acidosis; when this symptom occurs the blood has lost its amount of natural salts. Fruits and vegetables provide the vitamins to prevent acidosis. He recommends giving cabbage to a year old baby. This is done to provide the necessary vitamin. Dr. E. L. Horger, Alienist, State Hospital, made a very good talk on Some Practical Phases of Mental Hygiene. The duty of the nurse is to help this class of patients *physically*. Dr. Horger strongly urged that nurses receive some training in a hospital for nervous or mental cases; this could be brought about by affiliation between general and mental hospitals. Dr. J. Heywood Gibbes of Columbia made the next address. This was illustrated by moving

pictures and was on The Broad Aspect of Diabetes. He recommended Diabetic Manual, by Joslin, also Food Values, by Locke. A most delicious luncheon was served at the Jefferson Hotel by members of District No. 3. Mrs. C. Y. Reamer, district chairman South Carolina Woman's Suffrage Association, gave a talk at this luncheon on the responsibility of the voter. After luncheon the nurses in attendance visited the Columbia Hospital and the Baptist Hospital. The demonstration was most instructive. Different baths were demonstrated; covers for ice caps, hot water bottles, breast bandages, etc., were shown. Proper trays were exhibited in both hospitals. The nurses were then carried out to the State Park. Dr. Cooper gave a short talk on tuberculosis.

The Public Health Section was called to order by Ada Graham at 7 p. m. A play was given by the girls of the South Carolina Industrial Home, which they wrote themselves. Jane Van de Vrade, being unable to attend the meeting, sent Miss Rolin of the American Red Cross to take her place. She gave a talk on The Education of the Public in Home and Elsewhere. Ada Graham, Director of Public Health Nursing, next spoke on The Opportunity in Public Health for the Nurse. She told of thirteen counties with public health nurses and doctors, eight counties have a nurse only. She urged the public health nurses to take a course in public health. She told of a public health course in this state. It consists of a two weeks' course of lectures, a month with a county nurse, a month with a midwife instructor, a month with a health truck, two weeks' experience with holding tonsil and adenoid clinics, and so on. The meeting adjourned to meet at 9 p. m. in Private Duty section. In the absence of Miss Brogdon, Miss A. B. Commer, of Florence, presided and turned the meeting into a round table discussion. Miss McKenna, Directress of Columbia Hospital, held a meeting of the League of Nursing Education on April 30, from 9 to 10:30 p. m. The business meeting was called to order by Miss Bulow at 10:30 a. m. In the absence of the secretary, Miss Terry, of Florence, was chosen secretary pro tem. The minutes of the last meeting were read and approved. As there was no report from the

secretary, Miss Bulow told of letters written to legislators and senators regarding the passage of the Nurses' Bill. Reports of districts followed. District No. 1, made by Miss McConnell of Charleston, 39 members, reports falling off of interest. District No. 2, read by Mrs. Mouzon of Florence, 80 members, 56 paid up, 40 or 50 attend meetings, good lectures given at meetings, \$124 in treasury; reported need of application blanks. Report of District No. 3, read by Miss Watts of Columbia, 103 on roll, 80 paid up, only 20 members at meetings, need stimulation of interest among themselves. Report of District No. 4, read by a nurse from Chester, 21 members. Report of District No. 5, read by Psyche Webster of Greenville, 30 paid up members, \$150 in the treasury. She reported lack of interest. Miss Bulow requested that after the annual meetings of districts a revised list of members and a list of new officers be sent the secretary of the state association. The report of the treasurer showed the amount in treasury to be \$244. The report of the Nurses' Relief Fund, read by Miss Sadler, \$211.50 contributed. Miss Gibson reported no meeting of the Credential Committee. Miss Trenholm read the report of the Ways and Means Committee. She recommended that a list of unpaid members be sent to superintendents of hospitals. She told of obtaining advice and of not introducing a bill this year on account of the chiropractic bill coming up. The meeting adjourned because of a terrible hail storm. After again calling meeting to order, Miss Trenholm reported being handicapped by lack of funds. Miss Reams here made a talk about our proposed bill. She reported having done legislative work; she said the nurses themselves must be educated so that when the committee in charge of the bill calls on them, they will be ready. At this time Miss A. B. Commer made a motion which was carried, that a copy of bill be sent to the president of each district. Miss Trenholm reported no funds available for obtaining copies. It was decided that each district bear the expense of the copy. Miss McConnell made a motion which was carried, that a copy of the transfer cards be sent to the secretary of each district, Form 1 to be kept in the State Association. A motion was

made and carried that districts pay \$2, instead of \$1.50 into the State treasury. The report of the Advisory Committee to the State Board of Examiners was read by Miss Coogan; all applicants passed in spring; three failed in fall. There was some discussion of application blanks and Annie Meyers of Charleston was requested to send a copy of application blanks used by District No. 1 to the secretary of District No. 2. Miss McAllister made a motion that some trophy, probably a cup, be given to the district making the best report; motion carried. After much discussion as to the advisability of paying a secretary, it was decided that the constitution provides in Article VI that necessary expenses incurred by officers be paid from the treasury. The Nominating Committee reported a poor time. The election of officers resulted as follows: President, A. B. Commer, Florence; vice presidents, A. McConnell, Charleston, and Miss Gunnin, Greenville; treasurer, Mrs. Sigmund, Chester; secretary, Mrs. Mouzon, of Florence; councilor, Annie Meyer, Charleston. Fifty-seven votes were cast. Miss Trenholm made a motion, which was carried, that all districts withdraw membership in the State Federation and all districts join the District Federation, delegates from each district to be sent to the State. A rising vote of thanks was given to Miss Reamer, also to Miss Terry. A basket of fruit was sent to the Industrial Home girls who presented the play. Miss Webster presented resolutions of thanks, which were accepted. The meeting adjourned to meet in Chester next year.

Tennessee: Memphis.—THE MEMPHIS GENERAL HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class of eleven members with luncheon at the Shrine Roof Garden. THE BAPTIST MEMORIAL HOSPITAL held graduation exercises on June 10 in the auditorium of the Bellevue Baptist Church. Thirty-four nurses received diplomas. E. W. Porter, member of the Hospital Board of Trustees, delivered the principal address. Myrtle Archer, Superintendent of the Training School, presented the class, and Dr. W. T. Pride extended the congratulations of the medical profession as is always customary.

Texas: THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its seventeenth annual

convention at Dallas, June 11-13, at the Adolphus Hotel. The first day's program was opened with an invocation by Rev. Chas. Snowden; the address of welcome by James Collins, in place of the Mayor; responses by Mrs. L. M. McCall of San Antonio and Mary Butler of El Paso; the reading of the 1923 minutes; the report of the secretary, which showed a membership of 1,047, against 822 for 1922, and 1,969 letters written. The treasurer's report shows that the assets of the Association are \$5,765.36. Reports of the following committees were also heard: Nurses' Relief Fund, by E. D. Green of El Paso; Delano Fund, by Mrs. C. R. Hannah, Dallas; *American Journal*, by Anne Taylor of San Antonio; and the Legislative Committee, by A. Louise Dietrich, El Paso, who reported letters written to all Congressmen from Texas in regard to the reclassification bill, and a request sent to the Texas Joint Legislative Committee for a representative on the committee. The president's address was given by Mary Grigsby of Waco. In the afternoon, short addresses were given by representatives of the following organizations: League of Women Voters, Mrs. Turner of Dallas; Parent-Teachers' Association, Business and Professional Women's Club, Women's Temperance Union, and a special address by the Hon. Lynch Davidson, candidate for governor. At 6:15 a dinner was given for the private duty nurses and about 49 attended. In the evening, the Private Duty Section held its meeting with Molly Hines of Ft. Worth presiding. Papers were read, and registry problems discussed by Retta Johnson of Houston and Mrs. Alma Rembert of Dallas.

On Thursday, June 12, the League of Nursing Education held its session at St. Paul's Sanitarium, Ella Read of Houston, as president, presided. The program consisted of the regular routine business, with a complete report of the Institute by Jane Duffy of Austin. Report of the Department of Public Health Nursing of Texas University was given by Miss Duffy; Student Classes under Smith-Hughes Fund by Lizzie Barbour, who reported 32 classes in operation, with 283 students in El Paso, Dallas, Ft. Worth, San Antonio and Galveston. A resolution was passed that these courses be under

the direction of a committee selected from the L. N. E., Board of Nurse Examiners and the Educational Secretary. Miss Read, the President, then gave her address. Papers on the following subjects were read and discussed: The Education of the Nurse, Sister Rafael, Houston; Teaching of Ethics in Schools of Nursing, Miss Gray, Galveston; Principles of Supervision in Schools of Nursing, Miss Maurer, Dallas. Demonstrations given,—Bed Making, Superintendent of Nurses, St. Paul's, Dallas; Teaching of Anatomy, Miss Gaedner, Baylor Hospital, Dallas; Administration of Hypodermics, Miss Reber, Baylor Hospital, Dallas. It was decided to hold the institute in October, 1924, at Austin. The State Association offered to furnish a sum of \$1,000 providing the 12 districts raised \$1,000, as a loan fund for the use of nurses in the state who wish to take instructor's courses. \$750 was pledged by representatives of Districts present. Luncheon was served by the Sisters and Nurses at St. Paul's. At 2 P. M. the Graduate Nurses' Association resumed its meeting with reports from Special Committees, Resolutions Committee, District Associations, and the election of officers. A beautiful banquet was given at the Adolphus at 8 p. m.

Friday, June 13, at 9 a. m., the Red Cross meeting was held with Arline McDonald, of Temple, presiding. A talk by Dr. M. W. Sherwood, of Temple, Texas, State Commander of the American Legion, was very instructive. He spoke of the work for health that the Red Cross is doing now, and urged more nurses to join the Red Cross. This paper was followed by a talk by Miss Dietrich, of El Paso, who spoke of the fact that it was a nurse, Clara Barton, who was primarily responsible for the Red Cross in America, also of Jane A. Delano, to whom we owe our Red Cross Nursing Service and who made it possible for the United States to be provided with nursing service. She spoke of not preparing for war but for peace and urged the nurses to work for the peace program when the time comes. Miss Dietrich was the first Red Cross Nursing chairman of Texas, and spoke with pride of that fact and of the splendid local chairmen in the state. Mary Kennedy, Advisory Nurse, A. R. C., Southwestern Division, gave some very valuable information for

nurses wishing to enroll in the Red Cross. A luncheon for the Public Health Nurses was held at the Y. W. C. A. and very well attended. At 2 p. m. the Public Health Nursing Organization held its meeting with L. Jane Duffy, president, presiding. After the reading of the minutes, reports of Secretary-Treasurer and the President's address, the following papers were read and discussed: Junior Program in Schools, Edna Hammer, Ft. Worth; Nutrition, Miss Kipp, Texas University; Tuberculosis Nursing, Pearl Pate, Dallas; Dallas Public Health Association, Mrs. Helen Palmerton; Maternity and Infancy Welfare, Georgie McKenzie, Austin. After the election of officers, the meeting adjourned and the Nurses' Special with two Pullman cars left for Detroit at 6:15 p. m.

Outstanding Features of the Dallas Convention: The largest ever held. Districts winning the money prizes for largest membership,—Dallas, San Antonio, Austin, Waco, Ft. Worth. Contributions to the following funds,—Russian Nurses' Relief, \$25, Nurses' Relief Fund, \$100, Missionary Nurse, \$50, League of Women Voters, \$25, Prison Survey, \$100. Pledged to Carlsbad Sanitarium nurses \$25; Creating a Loan Fund of \$1,000 for Public Health Nurses; Creating a Loan Fund of \$1,000 for Instructors; Pledging for Dept. of P. H. N. in Austin, if needed, \$500. Resolutions passed to work for World Peace; to work for better prohibition enforcement; to work for Bill to be introduced for reorganization of State Health Department. One new District, including Beaumont, Orange and Jefferson Counties, was organized. Fifty-two nurses signed up for the Detroit meeting. Retta Johnson was elected Historian.

Officers elected for the State Association were: President, Mary Grigsby, Waco; vice presidents, E. L. Brent, San Antonio, Arline McDonald, Temple, and Grace Grey, Galveston; secretary-treasurer, A. Louise Dietrich, El Paso; trustees for two years, Mrs. Grace Engblad, Sanitorium, Ella Read, Houston. San Antonio is the place of meeting for 1925.

Officers elected for the League of Nursing Education: President, Ella Read, Houston; vice presidents, May Smith, Dallas, and Mrs. Robert Jolly, Houston; secretary-treasurer, L.

Jane Duffy, Austin; director, A. Louise Dietrich, El Paso.

Officers elected for the Public Health Organization: President, Arline McDonald, Temple; secretary-treasurer, Georgia McKenzie, Austin. Committee chairmen are: *American Journal*, Anne Taylor, San Antonio; Nurses' Relief Fund, Miss E. D. Greene, 1,001 E. Nevada Street, El Paso; Delano Fund, Mrs. C. R. Hannah, Dallas.

Virginia: Rosa Z. Van Voort, formerly Superintendent of Stewart Circle Hospital, Richmond, has recently taken up the reorganization of hospitals and training schools. She has just completed reorganizing St. Elizabeth's Hospital, Richmond, and is now with the Knoxville General Hospital, Knoxville, Tenn.

West Virginia: Charleston.—THE WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual meeting at Hotel Kanawha, Charleston, September 25, 26, 27.

Wisconsin: Janesville.—THE MERCY HOSPITAL graduate nurses have completely furnished one of the most modern dressing rooms in the state in connection with a rest room. Large mirrors, dressing tables, spacious drawers and clothes racks add to the convenience of the nurses. Electric wiring for curling irons is a novelty. The funds required, \$300, were raised by a successful bazaar. A sunshine fund has been a success which the alumnae provides against incidental expenses, new furnishings, and aid the unfortunate members of the association. The nurses' home is being redecorated and painted and a hedge has recently been planted around the hospital grounds. The Nurses' Alumnae Association takes charge of these movements in connection with the hospital.

Wyoming: Lander.—Mrs. John MacDonald (Ella Hanson), who was married in July, will continue her duties as Superintendent of the Bishop Randall Hospital and Secretary of the State Association.

MARRIAGES

Katherine Dillon (class of 1904, St. Luke's Hospital, St. Louis), to W. E. Lindeman, July 3. At home, Little Rock, Ark.

Vera Belle Dugger (class of 1919, Douglas County Hospital, Omaha, Neb.), to John William Rohrs, August 5. At home, Orange, Calif.

Mabelle Alice Dunstadter (class of 1918, Hospital of the Good Shepherd, Syracuse, N. Y.), to Thomas Theodore Webb, August 2. At home, New York City.

Blanche L. DuVall (class of 1916, the Iowa State University, Iowa City, Iowa), to George A. Telfer, M.D., June 14. At home, Hillsboro, Ill.

Fantine Elizabeth Fenner (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to Louis E. Starr, August 28. At home, Signal Mountain, Tenn.

Genevieve Forney (class of 1922, Ottumwa Hospital, Ottumwa, Ia.), to James Phillips, June 15. At home, Ottumwa.

Ella L. Hanson (Jewish Hospital, St. Louis, Mo.), to John MacDonald, July 30. At home, Lander, Wyo.

Helen Hartji (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Frank Lyttle, June 26. At home, Omaha, Neb.

Alma C. Julsrud (class of 1921, University Hospital, Ann Arbor, Mich.), to John H. Guss, June 24. At home, Minot, N. D.

Ethel B. Kelso (class of 1919, Wyoming General Hospital, Rock Springs, Wyo.), to Thomas, V. Johnson, June 18. At home Broadbent, Ore.

Minnie L. Kingsbury (class of 1921, Great Falls Deaconess Hospital, Great Falls, Mont.), to Frary Buell, July 16. At home, Great Falls.

Agnes M. La Trace (class of 1923, St. Lawrence State Hospital, Ogdensburg, N. Y.), to Neil N. Fifield, June 9. At home, Ogdensburg.

Florence A. Livingston (class of 1917, Passaic General Hospital, Passaic, N. J.), to Clarence I. Simpson, D.D.S., August 6. At home, Passaic.

Maria Nelson (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Arthur Dennison, June 3. At home, Council Bluffs.

Frances Reynolds (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Robert McIntosh, July 7.

Eva M. Shiner (class of 1920, Passaic General Hospital, Passaic, N. J.), to Dale N. Anderson, July 1. At home, Gulf Summit, N. Y.

Rosa C. Siegfried (class of 1915, Lanekau Hospital, Philadelphia), to S. T. Yost, July 12. At home, Myerstown, Pa.

Helen N. Smith (St. Francis Hospital, Peoria, Ill.), to Robert M. Allyn, June 28.

Eugenia Staunton (class of 1920, Columbus Hospital, Great Falls, Mont.), to John Hegland, July 16. At home, Great Falls.

Harriet Strozier (class of 1923, Georgia Baptist Hospital, Atlanta), to F. C. Garee, Jr., June 14.

Maud Williams (class of 1920, Georgia Baptist Hospital, Atlanta), to H. G. Peek, June 14.

Mabel Winge to N. Lloyd Lillestrand, June 21. At home, Bismarck, N. Dak.

DEATHS

Mrs. Josephine Barnhardt (class of 1896, Illinois Training School, Chicago), on June 30, at the Presbyterian Hospital, Chicago, following an operation. Mrs. Barnhardt was for twelve years in charge of the operating rooms at the Presbyterian Hospital and then did welfare work in Moline for fourteen years. The last few years had been spent in California. Mrs. Barnhardt was a fine, upright woman,—honored and beloved.

Mrs. John C. Brown (Ethel Beatrice Hinds), class of 1914, Toledo Hospital, Toledo, O.), on April 29. Mrs. Browns received her general training in the Toledo Hospital and later took postgraduate work in New York City. During the war she was located at the Naval base in Portland, Maine. At the close of the war she accepted a position as assistant superintendent at the Ohio Valley Hospital, where she remained until her marriage. Mrs. Brown possessed a lovable personality which endeared her to young and old alike. Her untimely death is a source of much sorrow.

Nellie Flannery McDavitt (class of 1888, St. Luke's Hospital, Chicago), on August 11. Mrs. McDavitt was one of the first graduates of St. Luke's. Burial was at Milwaukee, Wis.

Meta M. Nielsen (class of 1918, Maine General Hospital, Portland), on July 27 at her home in Portland, after a long illness.

Miss Nielsen was much beloved by her friends and associates. After graduation she served the hospital as night supervisor for a year. Later she was one of the supervisors with the Portland District Nursing Association and just previous to her illness was the historian at the Maine General Hospital and secretary of the Nurses' Alumnae Association.

Mrs. Anthony Clansen (**Mattie Peterson**, class of 1919) of Kanawha, Iowa, January 8, 1924, at the Hampton Lutheran Hospital, soon after being operated upon for intestinal obstruction. Burial was at Coulter, Iowa, her girlhood home. Mrs. Clansen was a splendid type of woman and a conscientious nurse greatly missed by the Alumnae and by her invalid mother to whom she gave most of her time.

Mrs. Adin Brooks (**Marian Skinner**, class of 1920, California Lutheran Hospital, Los Angeles, Calif.), in Landour, Mussoorie, India. Mrs. Brooks went to India as a missionary soon after graduation and in September, 1923, was married.

Ann Starr (class of 1921, St. Mary's Hospital, Rochester, Minn.), on May 14, in New York City, of pneumonia with complications. Miss Starr was actively engaged in professional work at the time she was taken ill. She was buried in her uniform, six nurses from St. Mary's Hospital acted as honorary bearers. After a year's experience on private duty, Miss Starr went to Teachers College, New York, for study; she was engaged in public health work in New Hoboken, N. J. She was a kind, gentle and efficient nurse.

"Darkness more clear than noonday holdeth her
Silence more musical than any song;
Even her very heart has ceased to stir:
Until the morning of eternity
Her rest shall not begin, nor end, but be;
And when she wakes she will not think it long."

—*Christina Rosetti.*

FROM THE HINDU VEDAS

Look to this Day
For it is Life, the very Life of Life.
In its brief course lie all the
Realities of your Existence;
The Bliss of Growth,
The Glory of Action;
The Splendor of Beauty.
For Yesterday is only a Dream,
And Tomorrow is only a Vision,
But Today well lived meakes every Yesterday a Dream of Happiness
Every Tomorrow a Vision of Hope.
Look well, therefore, to this Day.

BOOK REVIEWS

PUBLIC HEALTH NURSING. By Mary Sewall Gardner, R.N., A.M. Second Edition. 432 Pages. The Macmillan Company, New York; Price \$3.

"The public health nurse has long been valued as a worker. There seems now to be a growing appreciation of her value as a thinker and a counselor," says Miss Gardner in an early chapter of her new book recently brought out by the Macmillan Company. As an example of this she cites "the inclusion of the National Organization for Public Health Nursing as a constituent member of the National Health Council, a small body composed of representatives of the more important national associations having to do with health. If public health nursing can attract to itself a sufficient number of well-educated and intelligent women, it seems probable that the public health nurse will find a natural place in all councils which deal with problems of health. It is for the nurse herself to prepare for this by study, observation and the habit of wise, temperate and open-minded thinking."

There are three pressing questions in public health nursing administration today and Miss Gardner's book, with its background of history, and its wealth of detailed description of present-day methods and practices, discusses these three questions "wisely, temperately and in the spirit of the open-minded thinker." How can we finance public health nursing? How can we wisely coördinate privately controlled public health nursing with that of the state and the municipality? How can we fit ourselves as nurses for the increasing responsibilities of the public health nurse?

The psychology of giving is different since the war. Everywhere the difficulty of raising money has become greater with each year. Even if this were not so, the rapid development of public health nursing during the past few years and the inability of our fifteen schools for public health nursing to keep pace with the demand would have made it necessary to discriminate in the community services given, since there seems to be no limit to the demand nor to the essential value to community health of extending some twelve types of public health nursing service farther and farther into the homes of every city neighborhood, small town, or rural community.

One says "new" book deliberately, though we recognize with pleasure much material from our tried and trusted old friend the first "Public Health Nursing." This book is new and fresh in its presentation of the story of public health nursing.

Nowhere else can we find, between two covers, so careful an account of the principal aspects of public health nursing or so complete a review of present activities.

MARY BEARD, R.N.,
Boston, Mass.

MANAGEMENT OF DIABETES. By George A. Harrop, Jr., M.D., with an introduction by Walter W. Palmer, M.D. Paul B. Hoeber, Inc., New York. 190 pages. \$2.

The material presented in this little book was, as the author states, the basis of a course given in Presbyterian Hospital, New York, in 1923, to practicing physicians, on "The Treatment of Diabetes Mellitus by Means of Dietary

Regulation and the Use of Insulin." In this book the author has made no attempt to give more than a mere skeleton outline of the disturbed physiology in diabetes mellitus and the fundamental facts concerning diet control and the use of insulin. He has included numerous recipes suitable for the diabetic and valuable food tables. This book is well written, clear and concise, and the author has demonstrated his ability to pick out the things that it would be desirable for all physicians to understand before attempting the routine management of diabetics.

The author in one or two places advises the use of glucose in certain crises of diabetes, by rectum or intravenously. Such teaching seems perfectly fallacious. The diabetic is in extremis because he has been poisoned from his inability to handle the great excess of sugar which he already has. When he is being given insulin to rid him of the excess, why under any circumstances should more of the poisonous substance be given to him in a poorly assimilable form as in glucose?

On page 60 the author says that ether should not be given to a diabetic and that the reason for this is based on clinical experience and not understood. This is a fact and not an assumption, and it seems to the reviewer that there is a perfectly good reason for it. Ether anaesthesia reduces the alkaline reserve quite markedly in normal individuals; in diabetics who need an anesthetic, there is mostly an already greatly reduced alkaline reserve and the added factor of the ether is usually sufficient to produce an alarming acidosis.

Such a book as this is quite worth while. Practically all of the knowledge

which we have for the successful management of diabetics has been gained during the last ten years. The highly technical nature of this knowledge requires many clear, simple exposes, like the contents of this little book, to teach the essentials of the subject to physicians who were graduated earlier than ten years ago, and certainly these same attributes have made this little book one to be warmly commended for the use of nurses.

C. D. CHRISTIE, M.D.,
Cleveland, Ohio.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D. Seventh Edition. 621 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price \$3.

The publication of the seventh edition of this well known textbook is evidence of an increasing sense of the importance of this branch of nursing.

The emphasis on the value of prenatal work by the nurses in maternity centers, or in other public health organizations, is again emphasized and the nurse who undertakes the instruction of her patients in the sincere and sympathetic manner recommended by Dr. DeLee will help many a mother to wisely and safely fulfill her function.

About one hundred pages have been added to this edition and they are made up of valuable illustrations, and more detailed instructions concerning the duties of a nurse in obstetrical anaesthesia, a description of routine methods of pelvic mensuration, and more minutiae regarding sterilization. A lesson plan, similar to the one prepared by Miss Cadmus and used so successfully in many schools, is placed at the end of the book.

This book has proved a useful text in the classes of so many schools and its suggestions are all so valuable both for the scientific and for the personal approach which is so essential an element in good nursing that it seems a pity that the book was not condensed instead of expanded. The subject is so wide, its relations to the health and happiness in the home so essential, that the brief hours of class work must concentrate the attention of students as much as possible.

MARTHA M. RUSSELL, R.N.
Denver, Colorado.

A MANUAL OF THE PRACTICE OF MEDICINE. Eleventh Edition. By A. A. Stevens, M.D. 645 pages. W. B. Saunders Co., Philadelphia. Price \$3.50.

This is a re-issue of a well known text, which has been carefully revised, and to which much new material has been added both to supplement and to replace the old. Some sections have been rewritten, and articles dealing with the more recent studies and conclusions of many aspects of disease have been included.

As in other editions the subject matter is concisely and clearly presented. The titles and sub-titles which the author employs add very much to the facility of making quick reference.

To students of nursing, the general symptomatology which precedes the study of the various groups of diseases will be found useful, not only in increasing their knowledge but also a real aid in cultivating and improving their powers of observation.

Perhaps no better comment on the usefulness and helpfulness of this text

can be made, than the statement made by the publishers that since it was first issued from the press in 1892, it has passed through ten revisions, and has been reprinted a total of twenty-seven times.

HARRIET BAILEY, R.N.

New York City.

THE SPIRIT OF AMERICA. By Angelo Patri. 118 pages. Illustrated. The American Viewpoint Society, Inc., New York. Price \$1.20.

In a series of interpretations, simple and exquisite as his teaching, Angelo Patri has vividly set forth for elementary school children some of the elements and the personalities that make the "Spirit of America."

BOOKS RECEIVED

DIABETES. A Handbook for Physicians and Their Patients. By Philip Horowitz, M.D. Second Edition; revised and enlarged. 218 pages. Illustrated. Paul B. Hoeber, Inc., New York City. Price \$2.

HOSPITAL ACCOUNTING. By J. W. LaGrange. 157 Pages. Illustrated. J. W. LaGrange Co., New York City. Price \$2.50.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Prepared under the direction of Maj. Gen. M. W. Ireland, M.D., Surgeon General of the Army. 827 pages. Illustrated. The Superintendent of Documents, Government Printing Office, Washington, D. C.

BACTERIOLOGY AND PATHOLOGY FOR NURSES. By Jay G. Roberts, Ph.G., M.D. 227 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price \$2.

DIABETES AND ITS TREATMENT BY INSULIN AND DIET. By Orlando H. Petty, M.D. Illustrated. 111 pages. F. A. Davis Co., Philadelphia. Price \$1.50.

CANCER: HOW IT IS CAUSED. HOW IT CAN BE PREVENTED. By J. Ellis Barker. 478 pages. E. P. Dutton and Co., New York. Price \$3.

An argument by a layman who believes that real regard for the laws of personal hygiene would enormously reduce the incidence of cancer.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reimann, Whittier Hall, Teachers College, New York.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1074 Oak Street, Columbus, Ohio. Sections: **Private Duty**, Chairman, Helen F. Greaney, Chestnut Hill, Pa. **Mental Hygiene**, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. **Relief Fund Committee**, Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y.

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THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

OCTOBER, 1924

No. 13

INSTALLING MEDICAL ASEPSIS

BY EDITH B. WILSON, R.N.

BEFORE Los Angeles County opened the new communicable diseases unit of the Los Angeles General Hospital, very careful thought was given to the technic to be used and finally the writer was sent to the Providence City Hospital, Providence, Rhode Island, to learn the medical aseptic technic practised there under Dr. D. L. Richardson. This technic is based on the theory that all infectious disease is transmitted by actual contact, direct or indirect, and that transmission through the air alone, without such contact, is so rare that it is of no practical importance.

Medical asepsis aims to confine each different communicable disease to a physically separate unit, not by the aid of walls, screens, cubicles, nor any other mechanical device, but by technic alone. In our open wards of ten beds it is possible to care for ten different kinds of communicable disease without danger of cross infection, provided that six feet are allowed between the beds and that we are careful of our contacts.

A "unit" is an area which represents a separate and distinct infection. There

are as many units in a ward as there are different kinds of diseases among its patients. A unit may comprise a single bed, a group of beds, an entire room or ward, and hence may comprise from one to ten patients. The different units are designated by bright red cards, 4 x 6

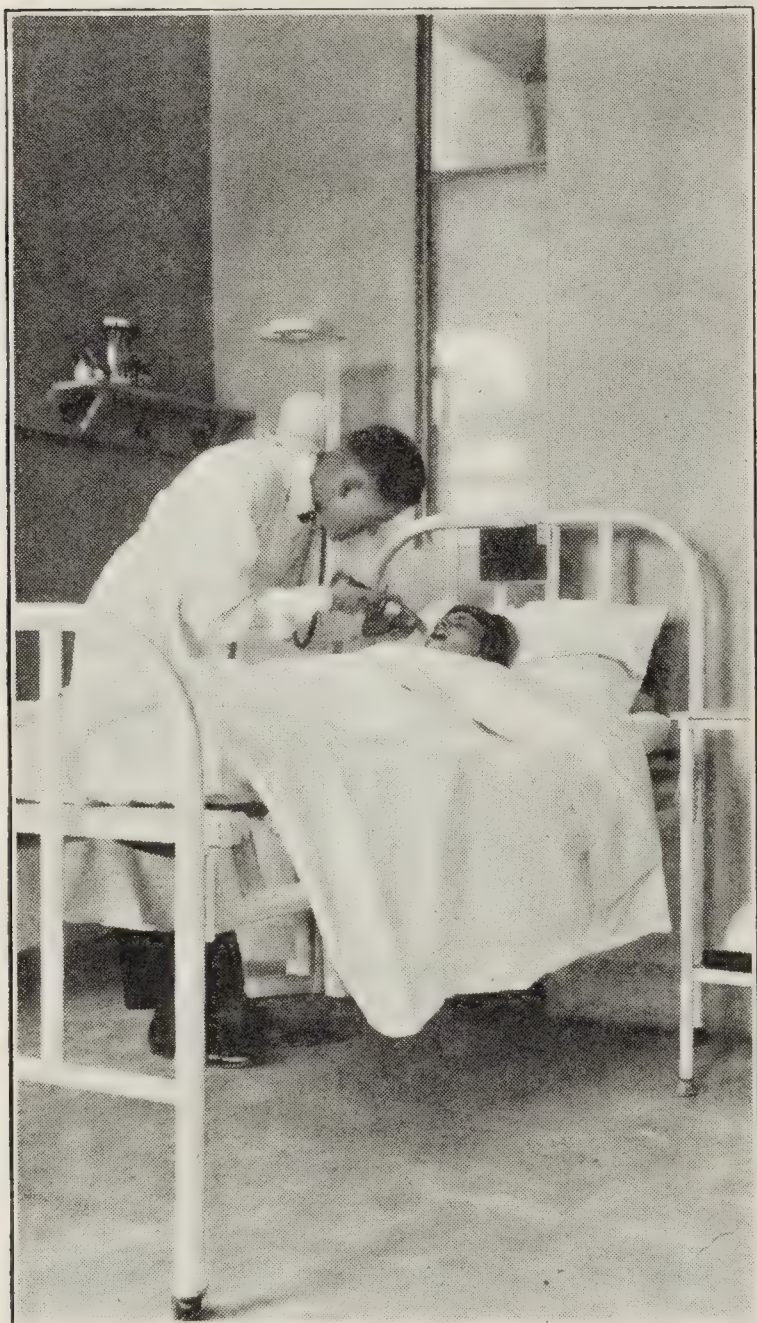
MEDICAL asepsis aims to confine each communicable disease to a physically separate unit, not by the aid of walls, screens, cubicles, nor any other mechanical device, but by technic alone.

inches, bearing the word "Barriered" in large black type, to hang on the head of the bed. Each barrier card contains a black figure on a white background in the upper right hand corner to indicate the number of the unit.

The same figures are pasted on the wall above the shelf containing the treatment equipment for use in a certain unit, on the screen intended for use in that unit, and above the hook for the gown intended for that unit, so that a nurse or doctor entering a ward for the first time, can see at a glance which treatment equipment, which screen, and which gown are to be used for any unit in the ward. Hands are always scrubbed two minutes by a sand-glass timer and gowns are changed when going from one unit to another.

In all wards infection is confined to

the rooms occupied by patients. Corridors, operating room, kitchens, treatment and utility rooms, are free from infection. Infected rooms are indicated by Barrier cards.



(Showing doctor examining patient and wearing a gown as he comes in intimate contact with patient. Stethoscope and flashlight will be washed with soap and water or 1-60 phenol solution.)

Nurses wear short sleeved uniforms, hair combed close to the head with hair net to hold it in place, bib, apron and cap. Long gowns are worn by nurses and doctors when they come in intimate contact with a patient.

Each unit has its own thermometer. If the unit contains several patients, as in the wards, several thermometers may

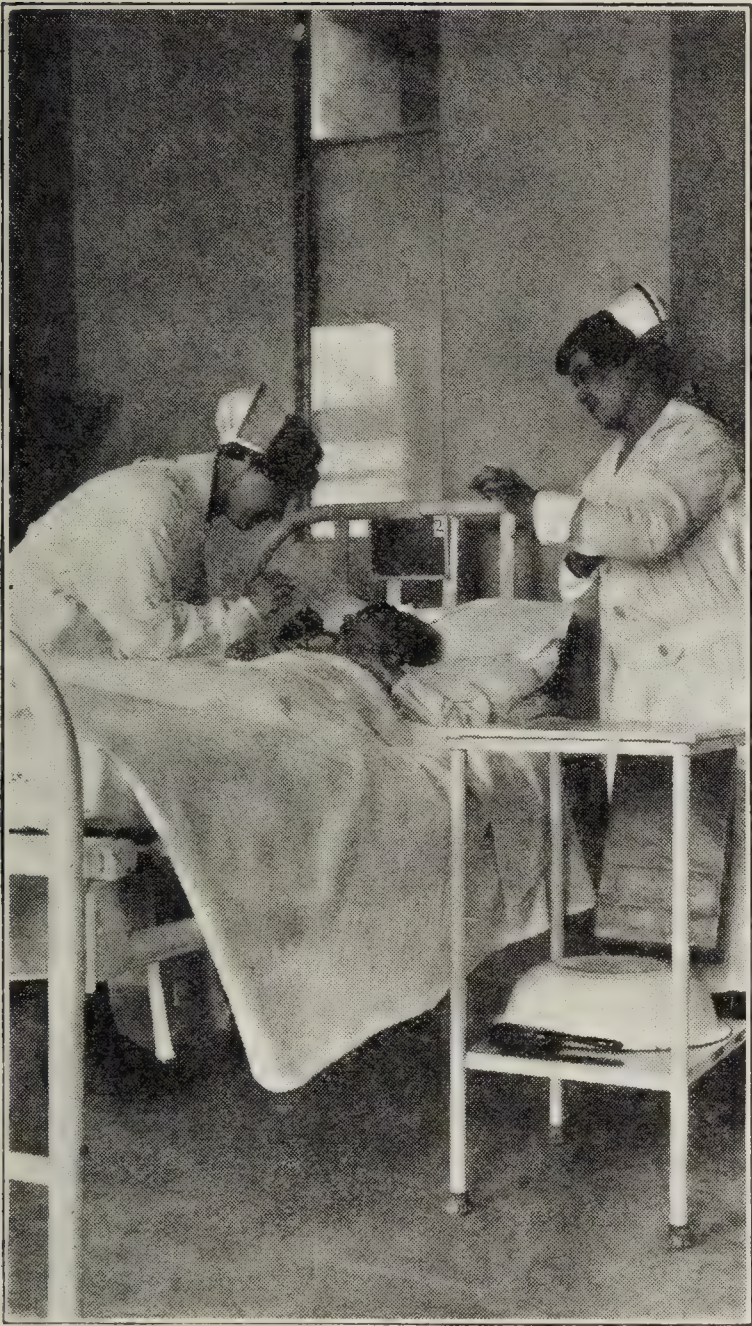
be employed for convenience in taking temperatures. Thermometers are kept in covered glass jars containing 1-60 phenol solution. When several temperatures are to be taken with the same thermometer, it is wiped off and put into the phenol solution for at least one minute before use on the next patient.

All patients when admitted have cultures made from the nose and throat, from the ear, if discharging, and from open lesions. The nurse puts on a gown and with sterile applicator swabs both nares. This is rubbed well over the media and with another sterile swab the tonsillar region is well rubbed. This is then planted on the same media. The tube is plugged, wrapped in the identifying blank form which has been properly made out at the nurses' desk and is left in the basket to be taken to the laboratory. The applicators are discarded into the waste bags. If the patient is resistant, as in the case of a small child, a second gowned nurse holds the patient while the first gowned nurse takes the culture. If the culture tube has been contaminated it should be washed with 1-60 phenol solution or soap and water.

When a patient is discharged or dies, the following method of cleaning the unit is used. The bed, bedside table, chair, bell cord, if used, curtain cord, window sill and wall of the unit, if the patient is up, lavatory and door knob, are washed well with soap and water and the room is aired.

Rubber, such as rubber sheets, ice caps, ice collars, etc., which cannot be boiled without damage, are washed thoroughly with soap and water and are dried, preferably in the open air.

Mattresses and pillows are sent to the sterilizing room after patients have died,



(No. 2—Note that the nurse taking the culture wears a gown, the nurse holding the culture tube remaining uncontaminated.)

have been taken home, or have been transferred when dangerously ill, and always in cases of smallpox and typhus fever. Otherwise they are aired for six hours only. Books, letters, etc., are carefully pinned up in a sterilizing square, one marked by pencil, and are sent to the steam sterilizer.

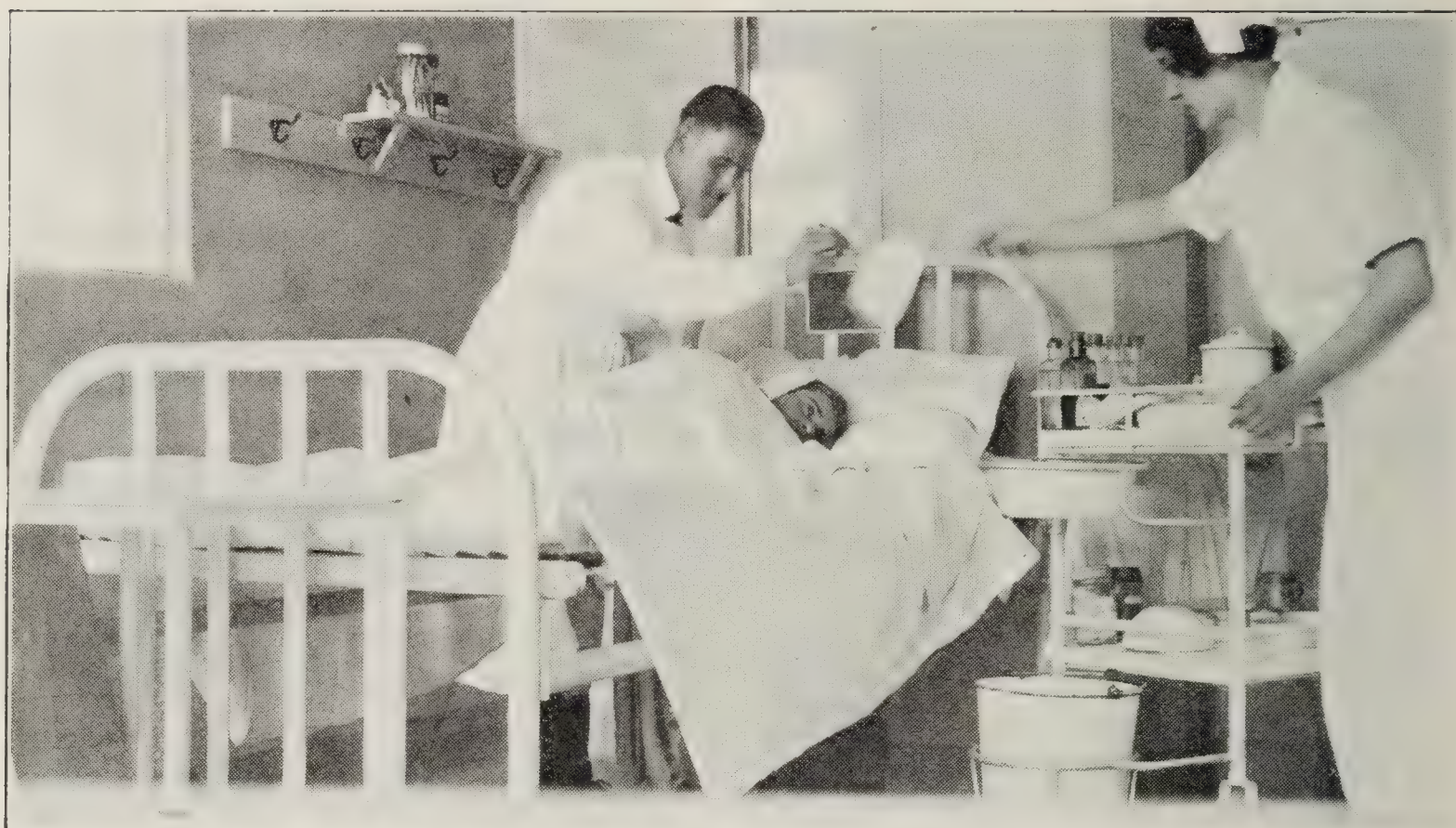
The following technic is used in taking blood for Wassermann and Widal tests, and blood cultures. All apparatus used is placed upon a clean towel on the bedside table. The skin over the median basilic or median cephalic vein is prepared. A tourniquet is applied, the needle inserted and the required amount

of blood withdrawn into a sterile glass syringe. The nurse (uncontaminated) holds a sterile tube, to which the blood is transferred from the syringe. If a gown has been worn, it is then removed and the hands are scrubbed. It will be noted that the outside of the tube containing the blood is not contaminated and may be handled freely.

All apparatus used in taking blood pressure is placed upon a clean towel on the bedside table. The patient is brought over to the side of the bed, and a clean sheet is thrown over the bed extending up and under the arm, while the arm is held up by the patient or an assistant. A clean towel is then wrapped



No. 3—Showing nurse taking culture. Note that one nurse keeps uncontaminated.)



(Showing doctor doing a dressing. The nurse and dressing cart remain uncontaminated.)

about the arm and over it the cuff is applied, none of it being allowed to touch the arm. The apparatus may stand on the table or on the clean sheet that covers the bed. One hand, now contaminated, takes the pulse, while the other manipulates the bulb. When the readings have been made, the hands are washed, the cuff is removed, and the apparatus is taken from the room. It may be necessary for a nurse to put on a gown to control the patient or hold his arm.

Contaminated toys may be washed in soap and water or boiled if possible. Toys dropped on the floor must be properly disinfected before being given to a patient. Toys should be tied to the beds of patients who are likely to drop them.

Gowns are worn by nurses for any work which involves intimate contact with the patient. The gown is taken from the hook, and slipped over the arms in such a way that the nurse is not contaminated. After finishing her work

the nurse washes her hands and folds the gown down the middle, clean surface inside, and hangs it on the hook in such a way that it can be slipped on again without danger of contaminating the uniform. Finally the nurse scrubs her hands again for two minutes. If no gown is worn, the nurse is careful that none of her clothing shall touch the bed or anything in the patient's room and contaminates only her hands or forearms, which can be scrubbed with soap and water. Gowns are changed at least twice a week and oftener if necessary.

In serving medicines, the tray is prepared at the medicine cupboard and the nurse takes it about the ward. She passes out each dose to patients who can take it themselves and puts it on the bedside table of all small children. When she has completed delivery, she puts on a gown and gives the medicine to the small children, scrubbing her hands and changing gowns between units. The medicine glasses are then

collected, without a gown, and are put in the sterilizer; after which she scrubs her hands.

Because the causative organisms of communicable diseases are most virulent in fresh secretions, great care must be used in the disposal of them. In order to control cross infections in hospitals, fresh secretions must be disposed of promptly. The virus obtains entrance to the body through the nose and mouth by actual contact. On every bedside table a paper bag is opened and attached. Into it are thrown pieces of gauze that have been used for wiping away secretions, applicators that have been used for throat swabs, tongue blades, etc. When secretions are profuse, a rubber slip is put on the pillow beneath the linen slip, the pillow cases are changed frequently.

If linen, throat sticks, towels, toys, or any other articles are dropped on the floor, they are considered contaminated and must be destroyed or properly disinfected.

Legal documents may be signed without the necessity of sterilization, as follows: A clean towel is laid on the bedside table and the document is placed upon it by the nurse. The document is then covered, save the place for the signature, by one or two hand towels. While the nurse holds the towels and document steady, the patient to whom an inked pen is given, affixes his signature. Thus the document remains uncontaminated. The nurse, hands still clean, removes the document. The towels are thrown into the laundry chute; the pen holder is washed with soap and water.

The operating room is an uninfected area and the infection must be confined

to the operating table, instrument table and etherizer's stool. Everything is made ready for the operation. The patient is brought in and etherized on the table. The nurse in charge of the ward is present to see that there are no errors in technic and to wait on the operators. After the operation the patient is removed to his room. Those engaged in the operation remove their gowns and gloves and leave them on the operating table and scrub their hands. Linen is thrown down the laundry chute, instruments are boiled, waste is thrown into the waste can. The operating table, instrument table, etherizer's stool and the floor are washed with soap and water.

In serving meals the nurse goes about and ties bibs on the children, washing her hands between units, if necessary. Trays for all patients are set up in the diet kitchen. When ready, they are taken to the various rooms and are placed either on the bed or on the bedside table. They usually can be delivered without contaminating the hands. The nurse then puts on a gown and feeds the small children, changing gown and scrubbing hands when passing from one unit to another. When the trays are collected, they are placed in the utensil sterilizer, the nurse touching nothing except the tray. Remnants of food are left in the dishes until after the dishes and trays have been sterilized. When the dishes and trays have been stacked in the sterilizer the nurse washes her hands and turns on the steam.

At present most of our work is being done by graduate nurses. We have our own student nurses to train and we have an affiliation with another hospital in Los Angeles.

This is one of the few hospitals on the Pacific Coast using medical aseptic technic in communicable disease nursing.¹ We are, therefore, pioneering in this work. We were looked upon, in the beginning, very much as any one else who brings something new to take the place of an old established custom.

Some of our attending staff, City Health and County Health officials looked as though they thought we were hardly sane to go about much of our nursing procedure dressed in the ordinary uniform and placing different diseases in the same room. A great many said it couldn't be done, others that we were a menace to the community and shouldn't be allowed to give it a trial.

Our greatest danger was in our untrained help, maids, garbage men, laundry workers, etc. It was very hard to make them understand the why and wherefore, but we were fortunate in getting a very willing and conscientious crew. It is with great satisfaction that we see the garbage man putting on and

removing his gloves and gown like a surgeon, and the look of bewilderment replaced by one of understanding as he goes about his work.

Not only our own nurses and doctors are enthusiastic about our work, but our State, County, and City Health officials as well. One of the doctors from the State Board of Health wishes to make some arrangements whereby all the public health nurses may be given an opportunity to acquaint themselves with the medical aseptic technic, either by a postgraduate course or by offering employment for a designated length of time.

The medical aseptic technic is being taught to the student nurses in several of our leading training schools for nurses. Almost daily some nurse or doctor visits us to see just how it is all working out.

We now feel that the technic is well established. We are all going about our work opening doors with our feet, turning on lights with our elbows, working at times with one hand contaminated with measles, the other with scarlet fever, feeling that we are not endangering anyone's health.

¹ The San Francisco Hospital and the Alameda County Hospital are among those that have established medical aseptic technic.—Ed.

A FEW FACTS CONCERNING POLIOMYELITIS

It is a very common disease. There are doubtless hundreds of very mild cases in which no paralysis results. They are usually not recognized and are therefore free to spread the infection to others. In addition there are many, many, carriers who can pass the disease on to others but are themselves not sick. In view of these facts it seems probable that the majority of our children are exposed. Whether or not any given child actually contracts the disease will depend upon the amount of infection to which he is subjected and the resistance or degree of good health which he enjoys.

Hence there are two means of protection against the disease: (1) By keeping all children (most especially children under 12 years of age) away from public gatherings of all kinds. (2) By building up the child's resistance to such a point that he will not easily fall prey to infection. This may be done by giving the child plenty of exercise in the fresh air and by seeing that he follows good health habits: regular hours of sleep with the windows open, a well balanced diet with meals at regular hours and strict attention to personal cleanliness. If your child has fever, isolate him and call a physician. A child in robust health does not contract disease as easily as one with a low degree of resistance.—*From the Detroit Weekly Health Review.*

A MEMBERSHIP CAMPAIGN

BY INA M. GASKILL, R. N.

THE Indiana State Nurses' Association has recently completed a campaign that has increased the membership thirty-one per cent. As a matter of interest to other state organizations, I am presenting the plan which we found so successful.

Although the district organizations and the alumnae associations throughout the state had credential or membership committees which were functioning more or less actively, the membership did not increase at a very rapid rate. It was evident that something must be done. The Federation of Women's Clubs, the Y. W. C. A., the League of Women Voters, etc., held campaigns for membership year after year with good results, why not the Indiana State Nurses' Association? The president of the association was quite convinced that it could be done and that it must be done. In order to interest all nurses, and especially the younger groups, it must be organized very carefully and there must be competition and a definite reward. A plan was finally outlined and approved by the executive committee and a part-time paid secretary, Mrs. Alma H. Scott, was employed to assist with the campaign.

The Educational Committee of the Association was employing a part-time publicity man. The committee knew that publicity would help the campaign, and the publicity man was delighted with the idea of a campaign, not because it would mean new members, but because it made publicity! Organizing a campaign by districts and alumnae

would mean the use of many names. This, therefore, was of interest not only to the state papers but to local papers and to press services supplying local papers with news.

It was finally decided that the membership campaign should be a contest between the districts and that the district chairman in the successful district should be sent as a delegate from the State Association to the biennial nursing convention in Detroit, with all expenses paid.

In planning the organization for the campaign, a state committee was appointed. This committee drew up the following rules concerning the campaign:

I. Each district shall determine its own committee organization and plan of campaign. The chairman of the membership campaign in the winning district shall be the official delegate of the Indiana State Nurses' Association to the biennial nursing convention in Detroit, June 16 to 21. This delegate is to have all expenses paid by the State Association.

II. Basis for determining percentage gain in membership:

1. New members are members secured for the State Association who were not members of that association on December 1, 1923.

2. The basis of percentage gain shall be the number of names of persons for which your district paid dues to the State Association, December 1, 1923. That is—if a district submitted a list of names and paid dues for 180 members, December 1, 1923, and 36 new members are secured whose names do not appear on that list, the percentage of gain is 20 per cent.

The membership contest will close May 15, 1924.

3. The list of new members, together with statement of the district treasurer that such

persons have been elected to membership since December 1, 1923, and that their dues will be held in the district treasury until December 1, 1924, shall constitute the number to be used in determining percentage gain.

4. A member of one district transferred to another district is not a new member as she is already a member of the State Association.

5. Members of the district who are in arrears with dues more than one year, but who are reinstated by payment of back dues or by action of Board of Directors and payment of dues for current year, as provided for in the district and alumnae by-laws, are classed as new members.

6. Members of the district who are in arrears with dues for 1923, but who pay those dues before May 1, 1923, are not classed as new members.

7. Members received by transfer from another state, not required to pay dues for current year in this state, will be classed as new members.

The state committee was also called together to pass upon any question that arose in connection with the campaign which might affect the districts. The one weak point in the rules adopted before the beginning of the campaign was that persons in arrears with dues for 1923, who paid up or who were reinstated between May 1 and 15, might be classed as new members. This, however, caused little difficulty as few chairmen attempted to take advantage of it.

The Executive Secretary met with as many alumnae as possible and either she or the president met with each district committee. Although each district planned its own campaign, the State Association encouraged any friendly competition within the districts. Each district organization, therefore, offered to finance wholly or in part the trip to the biennial convention for the local committee chairman who made the highest per cent of gain among alumnae and

individual membership groups within the district. In three districts it was the chairman of the individual members who made the greatest gain. Various alumnae associations offered the same reward to the individual nurse securing the most new members for her alumnae association.

The result of the campaign in figures is as follows:

FIRST DISTRICT—

Membership	144
Number of new members.....	51
Percentage gain in new members.....	35.4%
Alumnae Association making greatest gain in new members—Lutheran Hospital, Fort Wayne	13
Individual members.....	29

SECOND DISTRICT—

Membership	102
Number of new members.....	32
Percentage gain in new members.....	31.3%
Alumnae Association making greatest gain in new members,—St. Mary's Mercy Hospital, Gary.....	10
Individual members.....	9

THIRD DISTRICT—

Membership	181
Number of new members.....	58
Percentage gain in new members.....	32.04%
Alumnae Association making greatest gain in new members,—St. Mary's Hospital, Evansville.....	14
Individual members.....	19

FOURTH DISTRICT

Membership	535
Number of new members.....	158
Percentage gain in new members.....	29.5%
Alumnae Association making greatest gain in new members,—Methodist Hospital, Indianapolis.....	39
Individual members.....	29

STATE ASSOCIATION—

Membership	962
Number of new members.....	299
Percentage gain in new members.....	31%

After the close of the contest, one alumnae association reported ten new

members. Several applications are still pending in district and alumnae associations and will be ready to be voted upon at future meetings.

The fact that the greatest gain in three districts was in individual members may signify that while our alumnae are well organized our districts fail to reach the individual nurse. It may be that the individual nurse practicing outside the territory of her own alumnae is slow to affiliate with the district organization in which she is practicing.

The value of interest in the nursing organizations from the public through the publicity, and the new spirit and wholesome interest aroused among the nurses themselves, cannot be over estimated. Frequently young nurses who

previously could not understand the value of nursing organizations were found trying to convince others that they should become members; these assisted in making the campaign a success and possibly helped a friend to win the trip to Detroit. Such pulling together and teamwork had never before been shown.

If there are reasons why such a campaign should not have been held, we have not been able to find them and we are confident that no other activity has brought such good returns. Although our nursing organization is composed of professional women, modern business methods may be applied as successfully as to any lay group or business organization.

THE TRAINED NURSE—A PLEA AND A PROTEST

[Editor's Note.—Many of our readers will resent the following article. It is published in no spirit of disloyalty to the private duty nurse. Together with the writer of the article, we pay our "heart's deep tribute" to the good private duty nurse. Unlike the writer, we believe she outnumbers the type enumerated. We publish the article as a reminder that it is, after all, the individual nurse who is responsible for the reputation of our profession and that it is just such accumulated evidence as this that brings down opprobrium upon the heads of all nurses. The article is published in the hope that it will stimulate the thinking not only of private duty nurses but also of those who are responsible for the selection and preparation of the students who will one day enter that important field.]

IN my dream I lined up all my trained nurses in the upper hall of my home and enunciated to them certain rules that would have to be followed if we were to live in peacefulness. I woke shuddering at the vision I had had of a long line of white-robed, white-capped figures, and thanked my stars that the

waking limit was only four of them, not the dwindling vista that had been evoked in my weary brain by the casual cough of my daughter in the middle of the night. Four nurses—all at the same time—were the sad reality because of two invalids in the house, one a chronic sufferer, the other convalescing from a serious surgical operation. For twenty years I had not been without one or two nurses in the house, and I had found them diversified as humans always are.

My heart's deep tribute I pay to those, of the many that have come and gone, who have given me their best service, altruistically as a physician is supposed to do, without stint of kindness and gentleness; who have adapted themselves to the exigencies of the house; who were not time servers, and who,

when they left me, for one reason or the other, left as friends though they had come as strangers. These, who carried out their vocations almost as a sacrament, have helped me keep faith in the "trained nurse" despite those who make the thought of needing one a horror, and who—but let me give a few quick sketches of the latter who came my way, and who, I regret, were more frequent than the former.

Exhibit 1 had titianed her hair, and then bobbed it,—it straggled from under her cap in a most un-neat fashion; she also rouged noticeably. She left soiled dressings in full view of the patient while she went to breakfast and was so surprised when I objected. She had an ugly eye and made coarse jokes to the man she was caring for,—and she sported an R.N. from a reputable hospital.

Exhibit 2, rawboned, immaculately clean, stomped into the room with weighty stride of a dragoon, insisted on upsetting the established routine and order of things, and banged doors. After watching the performance for three hours I was afraid to leave my half unconscious child to her tender mercies and told her that she would not do on this case. I was informed that she had nursed in the best families of the community and in far better homes than mine!

Exhibit 3, when in charge of my chronic invalid for night duty only, gadded about all day and was overheard telling the patient that if she got up again to go to the bath room she deserved a "licking" and that she had half a mind to give her one at once! I did not wonder that some easily excited patient might become violent in her re-

action against such heartlessness and I have come to the conclusion that much of the unruliness in sanatoria is due to the treatment invalids get and is a protest to their utter helplessness in the face of it. To make matters worse in our case, the patient was dumb, though not deaf.

Exhibit 4. The patient was by nature one who needed little sleep; the nurse was fat and lazy. The patient delighted in getting up early; the nurse did not,—consequently she shackled the patient to her bed to insure an undisturbed morning's sleep to herself. But, N.B., she made her patient go to bed at 8:30 while she sat and read until midnight.

Exhibit 5,—one who had been spoiled by hospital nursing and the large supplies on hand there. She could not think far enough ahead to see that her supplies for a desperately ill man had to be purchased on Saturday for Sunday's use. On one hectic occasion, this forgetfulness forced one member of the family on a wild-goose chase of hours, from one drug store to another, for some serum which had been ordered to be kept on hand for an impending emergency, and the lack of which might have meant loss of life. The final outcome was that the manufacturer, who was an acquaintance of the family, had to be called back from an outing to open his laboratories.

Exhibit 6 never could learn to make enough dressings ahead and so the doctor had to do the waiting.

Exhibit 7 used my very best towels as dressing wrappers during sterilization, though there were plenty of other materials available.

Exhibit 8. When a man, critically ill, whose nerves had been racked by the

tortures of certain surgical dressings, objected to the manner of her procedures, this lady "sassed back" at the patient—"Well I did do it that way," or "You need not tell me anything, I know my business,"—but she forgot such trifles as taking and charting temperatures, etc.

Exhibit 9 insisted on waking her patient at 6:30 in the morning after a restless night, because she had been taught that the night nurse was to give the bath before the day special came on duty.

Exhibit 10, while on a maternity case, suddenly broke the news to her patient (the baby was only a few hours old) that she was going to take her hours off. The young mother, without any near relatives in town, and not having known the rules governing a nurse's life, had to have her husband come up from business while the nurse departed for four hours. Evening hours off did not fit in her plans.

Exhibit 11, one who was fond of her own ease, subordinated the patient's comfort and needs to her own, and to prevent an uncomfortable amount of trouble in amusing the poor soul who was tied to her room, "doped" her secretly, while I worried over symptoms which I could not explain, until chance led me to discover a bottle of a certain strong sedative which had been used regardless of results.

And so the exhibits might be multiplied. Sad to say, it is the younger nurse who is the chief offender; it is she also who charged three and four times her usual rates during the influenza epidemic. What doctor would be tolerated who did such a thing in times of stress?

It is perhaps well that certain hospitals are turning out nurses who could really be called doctor's assistants, for in desperately serious cases there is need of an expert eye, but I have not yet found that these super nurses, with their four-year high school or even university degrees are any better than the woman with good mental capacity who has received an idea of the ethical side of her work, who has been made to realize that kindness, gentleness, and sense of duty are the prime requisites, and who carries out the physician's orders carefully. There is a noticeable lack everywhere of what might be called "trained practical nurses," women of good common sense, who can and will, if need be, put their hand to making and serving a simple meal for a convalescent, who will see to it that the room of the patient is kept in order, who are not above dusting or emptying waste baskets when a patient cannot endure having a succession of people come in to do these necessary jobs. There is need for women who will, at a pinch, contrive to amuse a patient, not just sit and rock and vegetate, who can keep awake when on night duty and not oblige a patient to strain his weakened voice to wake them either out of a sleep, or out of the preoccupation a thrilling novel induces.

It is curious that most of the nurses who bring to their work the least commercial spirit seem to be trained in the sectarian Christian hospitals. So many from the other organizations seem to be afraid that they might do one little thing more than they need do, they seem to view the patient as a thing to be endured, to consider him as being there for them to earn money by; they forget

that they are there for the patient, that they are paid to help make one unfortunate a little more comfortable, that the physician is really the ruler of the sick-room.

With all the dire experience I have had, I have been in the position to correct evils, but I have not wondered that the people at large may have a hesitation about entering a hospital or sanitarium. The feeling may be well justified by abuses and neglects which are perpetrated on helpless individuals

by those who ought to alleviate and not intensify the agonies of mental and physical illness.

Where the reason lies for the apparently changing viewpoint of the graduates of nursing schools, is difficult to say. Probably the general attitude of "out for the money, and damn the public" has seeped into the philosophy of life of the average nurse, as it has undermined so much else in the give and take of life in general. It seems to have become,—Take and not give.

THE TRAINING OF THE NURSE¹

BY A SISTER OF CHARITY

Dreams and aspirations are the natural output of the human soul.

ALL the sublime heroic deeds the world has ever known are but the product of dreams and aspirations of noble souls. The Divine instinct that inspires the giving of self in the service of others, that longing to help those in need, was planted in the human heart by the hand of God for a noble purpose and only in the attainment of that purpose will life develop in all its richness and beauty to the full bloom of perfection.

We are intensely interested in the nursing profession. We have been inspired by the ideal that

Every life is meant to help other lives;
Each man should live for all men's betterment.

Without the incentive of a high ideal, life would be dull, indeed, and our work, but drudgery.

The nursing profession is the outgrowth of an ideal, foreshadowed years ago in the mind of Florence Nightingale. Urged on by the possible future of nursing as a calling, she forsook the luxuries of life to follow what she knew was her "call from God," and spent her years striving toward the realization of the dream of her youth.

We have taken up the work begun by other hands and it is the duty of each one of us to do all that lies in our power to bring the nursing profession to its highest possible development, but, as is always the case with an all absorbing purpose in view, the more rapidly we ascend toward the goal of our ambition, the farther seems its attainment, so much do we see to accomplish.

If we are to bring the nursing profession to the highest level of its possibilities, we must begin with our schools. We must see that only good seed is sown in the garden of the profession. Just

¹ Read at the annual meeting of the Kentucky State Association of Registered Nurses, Louisville, June 25, 1924.

as is the student nurse, so will the future profession be.

The first requisite then is that the candidate be of sterling character, guided by the inner voice of conscience and lofty ideals. We may do much to call out and develop the good qualities that lie dormant in the human heart, but we cannot give our pupils character, we cannot give them conscience, and if the student nurse is not conscientious, and if her principles of life are not noble, we cannot expect to have a conscientious graduate nurse.

In the words of Florence Nightingale, we might say to our young students,

We may give you an institution to learn in, but it is you who must furnish the heroic feeling of doing your duty, doing your best, without which no institution is safe, without which our training schools are meat without salt.

Ours is a serious work; we are concerned with life and death. Life is a precious thing, God's greatest gift to man, and we must not dream of entrusting it to one whose standards are unworthy any more than we would place so sacred a charge in unskilled or inefficient hands.

When good seed is sown in the garden of the profession, it is the grave responsibility of the nursing schools to provide the atmosphere and environment that will nurture into bloom, the ideals and aspirations of our students. While giving them every incentive and means of attaining the highest possible efficiency in the nursing world, we can do much to encourage and inspire them to all that is good and noble in life. The discipline of the school must be such as will teach them the value of self-control, self-denial, and strength of will.

Students must be trained physically, intellectually and morally. Without this threefold development, nursing education would be sadly neglected. No matter how proficient they may be along material lines, the spiritual side of nursing must hold a prominent place in the training of our students. They must appreciate the value and destiny of the human soul and recognize in the bodies they nurse, the image of God. Everything suggestive of the ideals of nursing must be kept before their minds. Life within the hospital must proclaim more eloquently than words, all that is expected of the nurse and all that our nurses must be. A blending of real strength of character, a broad outlook on life, a love of humanity, sincerity, genuineness,—these must go hand in hand with efficiency. Instruction is indeed indispensable, but inspiration is a far more powerful and enduring factor in any line of education and we must keep before our students the vision of the wonderful possibilities of the true nurse, the privilege that is theirs of lessening the pain and suffering of life.

Someone has said that what the world needs is great encouragers, great inspirers and if we combine this method with instruction in the training of our students we shall reap an abundant harvest of noble, selfsacrificing and devoted members of the nursing profession, skilled and efficient indeed, but predominating and guiding that efficiency, will be found the noble woman, striving after an ideal, happy in her life of service, bringing the sunlight of love and sympathy into the lives of the suffering and afflicted, and lightening their burdens by the joy with which she spends her life for others.

DAWN

BY VIRGINIA L. MONTGOMERY, R.N.

DAWN at Brussels, on October 12, 1915, with the mists of early morning hanging low over wooded hills. Dawn that came unwillingly to lighten up the shadows of a huge stone building on the outskirts of the city and to disclose the outlines of a group of targets stretching away over the hills in the rear.

The ominous silence was suddenly broken by the sound of a sharp command, the clatter of arms and the tramp of heavy boots, and from a doorway marched a squad of gray clad soldiers. In their midst walked two prisoners; a man and a woman. The man seemed nervous as he faced the firing squad, but the woman died as she had lived, heroically, and willing to sacrifice her life to a cause which to her seemed just and righteous.

Her name? Perhaps you have guessed it. It is a name which is famous throughout all Europe, the name of one of the world's most heroic women, mourned as few are mourned, honored by nations, loved by people of many tongues.

Edith Cavell lives in the hearts of her countrymen of England, in the bosom of Belgium, in the soul of France as none other has lived. A woman of high courage, lofty spirit, unfaltering principle, whose example of patriotism and self sacrifice is an inspiration to those with whom she came into contact, and a source of never ending pride to those who share her ideals in the profession of nursing. It is fitting and proper that she be so highly honored.

Every visitor to Brussels, goes to the spot of her execution, oftentimes before they visit any other place. My guide, who spoke perfect English, nodded his head quietly and a look of pride came into his face.

"The place of execution, Mademoiselle!" As we drove swiftly through the city, he said, half apologetically, "You see, I knew her. She helped me to get across the lines. I shall never forget how good she was."

"Tell me about her. I, too, think she was wonderful."

And thus encouraged, he told me why this woman was so loved and revered. In spite of the earnest entreaties of her friends, Miss Cavell risked her life daily in smuggling food and clothing to the prisoners. To all their remonstrances she said that the people were in need of her services and that she knew the penalty for her discovery but thought her life little enough to give if she could do some acts of kindness to ease the pain—or suffering of another. That was her creed, her profession of healing was her religion, and she carried on, serenely unconcerned that her acts of goodness might be directly responsible for her death.

She visited secretly, with total disregard of personal safety, wounded victims. She brought them food and surgical dressings and dressed their injuries. She wrote letters to their families, bidding them to hope for the best, encouraging them to face their problems with renewed strength. She was entrusted with the little keepsakes that

mean so much to the mothers of men, and invariably she managed to get them to their destination, with a little note of condolence in accompaniment. By heavy bribes, she managed to aid hundreds of British, Canadian, French and Belgian boys to escape to safety, with their bodies cured and whole, and their hearts full of gratitude. They called her "the little angel,"—she who followed in the footsteps of The Lady with the Lamp, her eyes seeing visions of her distinguished predecessor, her soul aflame with the same lofty inspiration. No wonder they revere her!

Her own private fortune gave out, but appeals for money from friends brought quick response. She became pale and thin, emaciated and nervous. Her friends insisted that she stop her dangerous tasks, but she laughed at their fears and persisted in obeying the dictates of her determined will. With the shadow of death—ignominious death—hanging over her head, with the cries of the sufferers ringing in her ears, with the finger of suspicion pointing at her as she slipped in and out of the prison on her errands of mercy, Edith Cavell joined the ranks of the Great. She became an exponent of a new era, an era of mercy, of humanity that knows no discrimination, whose emblem is a cross of flaming crimson, whose creed is equality of justice to friend and foe. Her labor of love took some of the hatred out of men's hearts, and filled their souls with understanding. Her sacrifice has been worth while.

We drove down a broad boulevard, lined on both sides with stately trees. No ornate monument marks that place. Bordered by flowers, the little bronze slab in which are imbedded the four

legs of the chair in which Miss Cavell met her death, seems infinitely pathetic. And it is always covered with flowers.

My guide stiffened to attention and I saw tears of emotion in his eyes as he uncovered. The pathos of the scene was touching. After learning the real meaning of the sacrifice of life on the battlefields of France, I was better able to comprehend the meaning of this. All about were visitors, stepping softly on the grass, conversing little, and that little in whispers.

A crippled soldier stood looking at the placque given by France, just behind the slab. His one good hand smoothed out the tricolored ribbon on the wreath encircling the placque as he carefully read the printed words. A little child clinging to the hand of a ragged woman in rusty black, tossed a withered wild flower onto the slab where it fell on top of a gorgeous bouquet of hot house blooms carefully placed there by a well dressed man who had driven up in a big limousine. One and all stood silent a moment, after laying down their gift, recalling the memory of a little woman who had served them loyally and who had paid the supreme sacrifice in giving her life for her fellow men. A gift of flowers; a moment's silence. Could there be a more perfect tribute?

Brave deeds are done in the heat and madness of battle; but braver are committed in the places of silence, among the pain wracked sufferers, among the oppressed and hopeless, among the stricken ones who have lost their all. Baubles of gold, set with precious stones, trinkets of metal with gaily colored ribbons are given to indicate



valor and courage extraordinary. But the golden cross of Service, the diadem of Sacrifice, is set with jewels of matchless glory. Jewels in the hearts of people who set aside a little shrine at which they worship in secret and in gratitude, --Jewels, the loving thoughts of those who can never forget. These are real reward for valor and courage extraordinary, and not the machined effort of lapidary and goldsmith, presented by those who—all too soon—forget, once the ceremony of decoration is over.

So she still lives exalted, this little woman, who saw the dawn of a big opportunity and with an understanding heart, picked up the gage. It was not a question of returning healed warriors to the firing line. She did not think of that. She only saw their wounds, their anguish; she remembered those miles away who waited in agony for news of missing loved ones. And only those who have watched and

waited know what it means to hope and fear alternately, indefinitely. Healed, home, happy. The value of that kind of service is inestimable.

So thinks France who has erected a noble memorial in Paris, a spirited picture with the artistic symbolism so typical of the country. A stone wall bears the shadowy figure of an angel with arms outstretched toward the fallen figure below, an heroic representation of Miss Cavell fallen under fire of the enemy, dressed in full uniform and cape, heavy army boots upon her feet, and a Bosche helmet resting upon one limb. So thinks England, with the great memorial statue in London. So thinks Belgium with the greatest memorial of all, a simple slab to which people journey as they would to a sacred shrine, with love in their hearts that is eternal.

In the accompanying illustration, the place of execution occupies the center

of the scene. Miss Cavell was buried in the hills of the background. In the immediate foreground is a huge slab on which are chiselled the names of those who were killed there. Above Miss Cavell's name is that of Philippe Bauco, the soldier whose execution she was forced to watch.

Dawn at Brussels is now laden with the scent of flowers, where once the tang of powder poisoned the air. Dawn and flowers, silence and loving thoughts of a woman who was true to her faith, her profession, her religion. True to herself, to God and man. Edith Cavell you shall never be forgotten!



OREGON CENTRAL HEADQUARTERS

BY MARGARET A. TYNAN, R.N.

THE achievement of Oregon's State Central Headquarters and Nurses' Official Registry was due to the loyalty of her nurses. Without their coöperation, this vision of a leader would still be a dream.

The suggestion may have come out

of the many problems that confronted us because of our sparsely settled country, or it may have glided in on the wings of advancement, knocking as an opportunity.

On their own initiative the alumnae associations of Portland raised over

\$900 by parties given at their respective schools which were principally attended by nurses. The State Association held a bazaar which netted approximately \$400. With the aforementioned sums, success was assured since the initial expense, which was the furnishing of an apartment, was taken from this fund.

The offices opened on March 1, 1923, with two registered nurses, executive-secretary and registrar, respectively. The year book, the press, letters, card, and a reception on April 7 advertised the venture. The congratulatory returns were most gratifying.

The running expense is approximately \$350 a month, and of this the State Association pays \$75. It was necessary to raise our State dues to \$5 a year. The balance is paid from the registry fund, supported by the private duty nurse, who pays an annual fee of \$10. A committee representing the interests of the alumnae, the districts, and the State Association is responsible for the policy of the headquarters. Our hospitals are generous in their

coöperation. With the exception of one, their registries are at Central Headquarters.

The Oregon State Organization of Public Health has procured filing space; the League of Nursing Education, and the State Board of Examination and Registration for Graduate Nurses are both formulating plans to do likewise, which means the centralizing of nursing activities.

That the public appreciates Central Headquarters is shown by the many inquiries that come from far and near for general nursing information. Calls come from all parts of the Northwest. On January 1, 1924, the records showed that 2,155 nurses had been sent on private calls, that 52 hospital positions had been filled, and that Central Headquarters had supported itself.

To the nurses it has meant a better understanding of their problems and of each other. They realize that our State is willing to be informed and is ready to accept the judgment of the Oregon State Graduate Nurses' Association on nursing affairs.

THE AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS

The semi-annual meeting will be held in Buffalo, N. Y., October 6-9, in connection with the meetings of the American Hospital Association at the 106th Field Artillery Armory.

The program will include: *Oct. 6*, a. m., Round Table, Social Diagnosis, Gertrude L. Farmer, Leader; 2:30, Social Service Section A.H.A., Ida M. Cannon presiding. *Oct. 7*, a. m., Business meeting; p. m., The Social Worker at the Admission Desk, Edith H. Howland. *Oct. 8*, a. m., Round Table, Training for Psychiatric Social Work, Mrs. H. S. Mallory, Leader; p. m., The Relationship of Social Service to the Physician, Janet M. Geister. *Oct. 9*, a. m., Round Table, Social Ethics, M. Antoinette Cannon, Leader.

INTAKE, OUTPUT AND TREATMENT CHARTS

BY SALLY JOHNSON, R.N.

ONE of the objects to be attained by the use of the accompanying forms is to provide sheets upon which may be kept the record of baths, treatments, and of fluid intake and output. The main object, is to aid in placing responsibility for the care of baths, treatments and fluids.

The first step in the successful administration of a ward is to place the responsibility, the second step is to see that each worker knows his responsibility, and the third step to provide some means of recording responsibility discharged. It is with the last step that these forms are concerned. Each sheet provides a space for the initial of each student who discharges a duty.

THE FLUID CHART

If output is to be recorded, cross off the word "intake." The date is from 12.01 a.m. to 12.01 a.m., in order that there may be no confusion of the midnight date.

Analyzing the first column, under "Smith," the two marks at the right of the name indicate two defecations. The first column underneath the name indicates the hour; the second column the amount; the third column, the initial of the student or orderly who measured the output. The amount is totalled at midnight, or at 7 a.m. This total amount is permanently recorded on the clinical chart. If the voiding is more frequent, the name "Olsen" may be placed elsewhere and two spaces used for one patient. If urine is to be saved, the word "Save" is written in red ink above the patient's name.

This chart is placed on the bulletin board in the Utility Room, and is accessible for inspection by Supervisors and Head Nurses.

As an Intake chart, it appears on the bulletin board of the Diet Kitchen; the word "Output" is then crossed off. The space is not large enough to write the kind of fluid taken, but that is seldom necessary. There is ample room to record the total amount of each meal, and between-meal fluids.

The night nurse writes in the name of the patients on the chart for the new day and totals the chart of the day ending. There are spaces for thirty-three names.

THE NURSES' TREATMENT SHEET

This is the first printing of this sheet, and we shall probably improve upon it. For instance, the next printing will have the word "Ward" and the word "Date." After the duties, are written the names of the student nurses responsible for those duties, then follow the names of patients, and the nature of the treatments. The hours they are due are written in the proper spaces. In this hourly space the student nurse checks the treatment after it is given and writes her initials.

Checking and initials are done in pencil. By the end of the day the sheets present a much-used appearance, but they are legible, and they are the means of determining just when and by whom many and varied duties were performed. These sheets can probably all be improved and we welcome suggestions.

Massachusetts General Hospital
NURSES' TREATMENT SHEET

Wd C
July 17 1924

NAME	TREATMENT	A. M.					P. M.						
		8	9	10	11	12	1	2	3	4	5	6	7
	Ward Temperature Miss Ralph		S.R.			S.R.			S.R.			S.R.	
	11 A.M. Temperatures Miss Ralph				S.R.								
	Medicines Miss Small ⁹⁻¹ - Miss Jones ⁵			OS			OS				SJ		
Taylor	Care of back			R 10				R 2				S 6	
Wooden	Glucose 10% top 2hr			L 10									
Brown	To X-ray for treatment					J 12							
Syvertson	Low head-rest								M 3				
Evans	Colostomy dressing				J 11					B 4			
Jones	Dakins 5c.c. each tube	R 8		S 10		T 12		L 2		O 4		M 6	

STANDARDS OF QUALITY IN INSTRUCTION¹

BY GEORGINA LOMMEN

A. I. What qualities do we most prize
our students?

1. Integrity of purpose which
manifests itself in:

Participation in discussion
and achievement;

Candor in expressing
opinions;

Willingness to assume re-
sponsibility for thinking
through hard problems;

Steady use of studying
skills in all learning situa-
tions.

2. Ability to detect different
types of reading:

Consultative;

Cursory;

Studious.

3. Consistent employ of study
devices:

Tables of contents, prefaces,
indexes;

Topical or problem organi-
zation;

Summaries, principles, re-
views;

Dictionary, encyclopedia,
source books.

4. Ability to judge worth in
books:

Leadership in authors and
publishers;

Dominant aims or problems
involved;

Suitability to particular
needs;

Style in writing;

Employment of illustration;

Mechanical make-up, as
print, weight, size.

5. Ability to initiate, pursue and

¹ Outline prepared by Miss Lommen for an
Institute in Minneapolis, May, 1924. Lessons
presented by Mrs. Kurtzman and Miss Fisher.

achieve original problems and studies. The teacher's relation to the development of these qualities is immediate; her special problem is to:

Stimulate desire for study;
Break up wrong habits;
Strive in every recitation to build up the above qualities.

II. What are the major qualities of excellence in teaching technic?

1. A conscious appreciation of responsibility for developing in students the above qualities.
2. Ability to stimulate intellectual curiosity in students.
3. Ability to vary procedure, materials, and methods so as to secure all of the desirable ends in learning:

Knowledge of facts;
Perfection of skills;
Creation of vision, tastes, ideas.

4. Ability to get contacts with new materials and new experiences and to use these means for professional and social growth.
5. The mastery of a technic that shall approach art.

Summary of qualities of excellence as suggested by leaders in education:

Dr. Butler: Precision in use of the mother tongue;
Gentle manners;
Habits of reflective thinking;
Power to do;
Power to grow.

Dr. Palmer: Aptitude for vicariousness;

Accumulated wealth of experience;

Ability to invigorate life through knowledge;

Willingness to be forgotten.

(The Ideal Teacher)

Dr. Dewey: Integrity of purpose;
Singleness of purpose;
Open mindedness;
Willingness to assume responsibility.

(Democracy and Education).

Dr. Bonser: Health;
Practical efficiencies;
Citizenship;
Wise use of leisure time.

(Elementary School Curriculum).

B. Technic:

- I. A general classification of the various types of teaching aims and purposes:

1. The study lesson aims to help the student to make, strengthen, break, or control habits of thinking and working.
2. The inductive lesson aims to help the student to move out into the new knowledge experiences. (Herbartian concept).
3. The deductive lesson aims to assist the student to organize and interpret knowledge.
4. The drill lesson aims (a) to make automatic certain units of knowledge through repetition, as spelling, number facts, formulae, and (b) to enable the student to reproduce

subject matter units as in memorization.

5. The appreciation lesson aims to determine emotional outcomes as tastes, sentiments, prejudices, enjoyment, ideals.
6. The examination lesson aims to check on achievement and test habits of thinking and working.

References: Strayer and Norsworthy
—How to Teach.
Holley—The Teacher's
Technic.

II. *The drill lesson:*

Governing principles.

1. Select materials suited to this particular type.
2. Motivate—create a feeling of social need for the learning.
3. Test first to determine need for practice.
4. Determine probable places of difficulty.
5. Practice—repeat with attention.
6. Make multiple sense appeals.
7. Test again to determine growth in skill.
8. Provide for systematic review and use.

III. *The development lesson:*

1. Motivate—show purpose of the lesson assignment.
2. Set up the problems for reading, for discussion.
3. Gather materials to work with: other books, principles, old experiences, illustrations, etc.
4. Organize the readings and discussions into a related whole.
5. Judge the worth of the exercise.

6. Summarize, conclude, gist the materials.
7. Use materials to lead on to new assignment if possible.
8. Provide for originality.

IV. *The appreciation lesson:*

1. Appreciation is of two types: aesthetic and social. The first type utilizes those activities classified as art: music, literature, painting, decorations. The second type has to do with the values and needs of human beings, a consideration of how best to live with and serve others. It involves something of the intellectual and it depends greatly upon the appeal of the material used and the inspiration of the teacher for its success.
2. Principles governing development of appreciation:
 - (a) The teacher selects material which she *enjoys* and *loves*.
 - (b) It should be made the "red letter" lesson in a series of learning exercises.
 - (c) The presentation should be as emotionally satisfying as it is possible to make it.
 - (d) Students should not be required to respond but should be encouraged to voice their response to the materials themselves, the way in which these were handled, and as to what they themselves feel.

V. *Discussion of demonstration lessons.*

WHO'S WHO IN THE NURSING WORLD



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XXXIX. JULIA CATHERINE STIMSON

BIRTHPLACE: Worcester Mass. **PRELIMINARY EDUCATION:** Brearley School, New York City. **COLLEGE EDUCATION:** Vassar College, 1901, B.A. degree; postgraduate work, Columbia University, New York; M.A. degree, Washington University, St. Louis, Missouri, 1917; honorary degree, Sc.D., Mount Holyoke College, 1921. **PROFESSIONAL EDUCATION:** Graduate of New York Hospital Training School for Nurses, 1908. **POSITIONS AND OFFICES HELD:** 1908-1911, Superintendent of Nurses, Harlem Hospital, New York City. 1911, Social Service, Washington University Medical School, St. Louis, Mo., later Superintendent of Washington University Training School for Nurses, Barnes Hospital, St. Louis, and the St. Louis Children's Hospital, as well as administrator of social service. May, 1917,

Chief Nurse, Base Hospital, No. 21, U. S. Army, served with the British Expeditionary Forces in France, April, 1918, Detached duty as Chief Nurse of Red Cross Nursing Service in France. Nov. 2, 1918, Director of Nursing Service, A. E. F. June, 1919, Recalled to United States and appointed Acting Superintendent, Army Nurse Corps and Dean, Army School of Nursing. December, 1919, Appointed Superintendent, Army Nurse Corps. By the passage of the Army Reorganization Bill in June, 1920, received the relative rank of Major. **AUTHOR OF:** "Nurse's Handbook of Drugs and Solutions," and "Finding Themselves." **PRES-ENT POSITION:** Major, Superintendent, Army Nurse Corps; Dean, Army School of Nursing, Washington, D. C.

EDITORIALS

OFFICIAL REGISTRIES

THE frank and unbiased discussion of official registries at Detroit brought out very clearly the need of more spacious thinking if our registries are to adequately meet the need of both nurses and communities. So much sincere and painstaking effort has gone into building up these registries that even constructive criticism may easily be misunderstood and yet, only through careful self-analysis can the means of further growth be provided.

How can a private duty nurse know where to register in a town where she has no professional connections? How can a citizen be sure of securing a well qualified nurse when he needs one? Our official registries, registries operated by organizations of nurses, should be answering these two questions through the quality of their service and by suitable publicity, but with a few exceptions, they are lamentably failing to do it satisfactorily. There are several reasons for this long standing condition—a condition which often makes it simpler for the uninformed to get in touch with commercial than with official registries. Among them may be noted the variation in names. Why not everywhere adopt the name "Official Registry," with such additions as seem suitable? Other reasons to be noted are the very general failure to apply sound business methods to the administration of the registries, to utilize the powerful forces of publicity, and most serious of all, perhaps, is the failure to recognize more than a fraction of our obligation to those who are really qualified to

render service to the sick and to those who require nursing. It is our belief that many of our registries are serving very limited numbers as compared with the need of their communities. There are nurses who do not hesitate to say that they receive greater satisfaction from commercial registries than from those under official auspices, and they have often been characterized as disloyal.

This situation is one which must be faced frankly and fearlessly. A registry that is not run on sound and broad-gauge business lines, as well as with due respect for the ethics of the profession and with sympathetic understanding of community needs will never go very far, for just as its service is limited so will the support and coöperation of nurses and of the community be limited. The summary of the discussion of this subject at Detroit, which was published in the Proceedings of the American Nurses' Association, and sent out with the August *Journal* should be read by every private duty nurse and every registry committee.

Sometimes we do not stop to weigh the advantages of the official registry as against the easy privileges of the other. We may name two.

First, in the matter of fees. The Official Registry charges a yearly registration fee which is moderate in amount. It is based on the actual cost of conducting the registry. No one is trying to make of it a gainful occupation. Most commercial registries charge a commission on each case secured through its agency and sometimes a

yearly registration fee as well. The commission continues as long as the case lasts, though it may be for weeks, months, or years,—and there is no redress.

Second, protection against unjust complaints. If complaint is made against a nurse connected with a commercial registry, there is no one to whom she may turn. In an official registry, every complaint made in writing is carefully investigated by the committee in charge. This is a protection to the public as well as the nurse, for if the nurse is at fault, she is not upheld, but if the complaint is unfounded, she has the committee's loyal support. In such a time of stress, a nurse is glad to feel her profession at her back.

A good start toward a sound program could be made by having every official registry listed in the advertising pages of the *Journal*, at the special rates offered now, by study of the Suggested Standards for Official Registries which may be obtained by writing to the American Nurses' Association and of the above-mentioned summary of the discussion at Detroit, and by making a thorough study of the actual amount of illness as compared with the amount nursed through the agency of the official registry in any given community. Private duty nurses are by no means the only nurses interested in the registries, but they naturally constitute by far the largest group. What private duty nurses whole-heartedly and collectively want, they have the power to obtain! The united force of private duty nurses loyally supporting and advancing our official registries would tend to advance our profession in usefulness and in public esteem to an incalculable degree.

Why not make your registry, its place in the community and the service it renders, the subject of careful study this year and on the basis of your findings proceed to make it a vital force in your community?

LOOKING UP THE LAGGARDS

THE membership of the American Nurses' Association is imposing. The actual and potential strength of 47,000 professional women is enormous, but it is not a matter for complacency when we know that in 1920, according to the Census, there were about 150,000 trained nurses in this country, a figure that undoubtedly has been considerably augmented by this time. Where are all the thousands of nurses who do not belong? A still more pertinent question is,—Why do they not belong?

It is fair to assume that no state has a one hundred per cent. membership of the nurses within its borders. Therefore the answer to our first question must be that some of the non-members are not very far away from us.

The reasons why nurses do not belong are numerous. Many of them really are laggards—they are busy and they simply have not bothered to take the necessary steps. All such nurses need is stimulation by some enthusiast. Many do not belong because they do not know the aims of the Association and fail to appreciate the value of group influence. These need to be educated. They will have to be shown the results of the massed effort of nurses, in setting and maintaining standards, in securing legislation, in improving the status of nursing and of nurses generally.

All need to be shown that beauty of fellowship which is one of the richest

benefits bestowed. Most of all, perhaps they need to be convinced that what they do and what they think will be enhanced in value through their support of constructive programs.

Indiana's results, recounted in this issue, are brilliant, but knowing something of the spirit of the Hoosier State, we know that Indiana will not be long content with even an increase of thirty-one per cent.

Texas secured splendid results with a slightly different plan. Some of the other states keep the one hundred per cent. goal constantly before them. A good slogan for all states this year might well be, "Every member secure a member."

TORCH BEARERS

SAID Dr. Charles P. Emerson, at Detroit:

We doctors may emphasize our own importance in medicine, but we know that in the long run it is the trained nurse who will make our knowledge of actual efficient value to the public.

In cold print, this looks like fulsome flattery, but it bears analysis well, for Dr. Emerson was discussing Communicable Diseases,¹ the diseases which still take such awful toll of childhood and which produce so many of the invalids of middle age. In the whole field of nursing there is no more marvellous opportunity than in the care and prevention of communicable diseases, but unless it be in the field of mental nursing, there is no branch of nursing of which the majority of nurses are still so woefully ignorant.

¹ Communicable Diseases, the exceedingly stimulating and valuable address given by Dr. Emerson at the Biennial, may be found in *The Public Health Nurse* for September.

It is stimulating to dwell on the work established by Doctor Chapin at Providence, and on the nursing service so ably executed by Sarah Barry. A true disciple of Pasteur, he there kindled a flame, the flame of medical aseptic technic, from which many a torch has been lighted and carried to other parts of the country. Well we know the generous hospitality shown to nurses who, recognizing their need, go there for light. One by one, the torches are being carried—one here, one there—to illumine centers for the teaching of the care of communicable diseases and presently, from coast to coast, medical asepsis will be the established order in our hospitals for communicable diseases, the nursing service in such hospitals will be immeasurably improved, and increasing numbers of nurses knowing the technic of care and prevention of communicable diseases will enter upon useful service of a high order. We are still far, far from that desirable goal, but if Los Angeles can send the entire breadth of the country for guidance there is small excuse for those at lesser distances.

According to Doctor Emerson, whose address should be read by every nurse, we Americans depend too much on machinery, too much on good hospital construction, and develop too little integrity of purpose among the workers in communicable disease hospitals. It is a severe arraignment, but we take comfort from Miss Wilson's article in this issue, and from our knowledge of the splendid work of the growing band of torch bearers. What can be done in one hospital to educate a community can be done in many others that have not yet painstakingly installed medical aseptic technic.

A PLEA FOR ADAPTABILITY

IT is several years since W. L. George compared American with English hospitals to our great disadvantage. Mr. George writes with a trenchant pen and, although we have forgotten the title of the article, we have not forgotten our distress over his conclusions. His thesis was that here in America we had allowed our zeal for efficiency in the administration of our nursing services to drive out much of the human kindness that sick folk have a right to expect from those who wear the nurse's uniform.

Efficiency has become a fetich in our national life. Important though it is in nursing, it would be tragic if we allowed it to supersede such qualities as sympathy and understanding. The order of a ward may be obtained at too high a price, the price of comfort and happiness of patients and of the idealism of young students.

Said the director of a public health nursing service, not long ago:

The schools are careful to send me the students with a reputation for keeping their wards in order and for being otherwise highly efficient, but I don't believe I want any more of that sort! They are so impressed with the importance of carrying out a day's program exactly as planned that they miss all sorts of opportunities for real public health work, for teaching health, for making new contacts, and for the incidental helpfulness that give color and richer values to the work in the district.

The author of "The Trained Nurse—a Plea and a Protest" remains anonymous by wish of the editors. We see no reason for branding a particular city with the implied stigma because we know, only too tragically do we know,

that those "horrible examples" could be duplicated in any city. Of course, there is another side to the picture presented in that article. There are at least two sides to every question. For example, of "Number Nine," the author writes "She was a good and a conscientious nurse, but she had been taught that a night nurse *must* give the patient's bath." Alas for our teaching, if it applies only in the hospital where a certain amount of routine is necessary! Alas for our teaching if it makes no allowance for individual differences in patients and in circumstances. Alas, too, for those who, as in this case, suffer from the very intensity of their virtues. The real charge against "Number Nine" is that she is too conscientious to be adaptable! Where lies the basic fault? Is it due to the pressure administrators are forced to put upon many students in the daily effort to accomplish the impossible, or is it due to a certain rigidity in our thinking, that makes right right and wrong wrong regardless of circumstances?

The article in question might properly have been called "A Plea for Adaptability," for that is exactly what it is. Thousands of nurses are in no personal need of that article or this editorial, for their nursing is beyond reproach, but the time and effort will all have been well spent if even the few nurses, who, for temperamental or environmental reasons have erred, take its lesson seriously to heart and begin giving themselves conscious drill in adaptability. A good beginning could be made by asking of each new case, "What should I reasonably want if I were in that patient's place?"

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

STEPS IN NURSING EDUCATION¹

BY LAURA R. LOGAN, R.N.

EVERY institution in the social order needs constant re-examination and re-study to determine whether it is growing in the right direction. For thirty years it has been the work of the National League of Nursing Education to so study and promote the educational development of schools of nursing.

How broad shall the education of the nurse be? Are the education and training, as now given, suited to the limits or ranges of her functions? What limits and ranges are there to her function in society? What shall the minimum standard curriculum be? What shall the distribution of time be between training in nursing practice and the more purely academic educational subjects? How much academic credit shall be given for nursing practice? What shall we seek and what may we expect from the universities in furthering nursing education? These and many other questions are still waiting answers which meet with general agreement and the test of experience.

Fifty years of nursing education of such quality as we have had, have demonstrated the value of the nurse to society, and its manifold need of her. The nurse of the last thirty years has been largely a product of the immediate need of the hospitals, so rapidly increasing. Yet, in many cases, the nursing

instructor and the public health nurse, with only such preparation as these hospital schools have afforded, have met the public need so well and contributed so much, that our schools are asked for an output of such numbers as will supply the unmet demand for the public health field, and for nursing instructors, in addition to the field of so-called private duty, and the ever increasing hospital field itself.

Even such preparation then as our nursing schools heretofore have given has so prepared the nurse that she has been found worthy to be at least "the messenger of health to each individual home." There must have been something very strong and fundamentally right in an educational scheme that has attracted and prepared a group worthy for so important a mission and this is only a part of the responsibility that individuals and groups have found the nurse worthy to carry.

This development of the nurse was due largely, I believe, to the educational value of the actual responsibility for the ward work itself in her student days, an advantage we have had over every other form of education and which it is my hope we may cherish and never forfeit or disregard. For a wide experience in dealing first hand with the problems and practice of any profession are by far the best basis upon which to build original thinking, constructive activity, and to develop executive ability. Training and education must go hand in hand

¹ Address of the President, National League of Nursing Education, given at the biennial nursing convention, Detroit, Michigan, June, 1924.

to produce leadership and to realize our fullest professional usefulness.

The important part the nurse has played in the development of hospitals and in preventive and public health fields has been due also to the type of woman that was attracted to the field. Any group in whose ranks were such women as Isabel Hampton Robb and Jane A. Delano was bound to make large contributions to the social order of the day. But many new occupations have opened to women, and hospitals have grown so rapidly in numbers, that the overburdened schools of nursing left to meet the needs of their nursing services alone, as best they might, have been less able than formerly to exercise as rigorous a selective process in the admission of candidates.

Meantime, nursing, as medicine, has been going through a period of socialization so that more than ever before do we need the finest type of personnel and the soundest basis of scholarship to give us, among other things, proper grasp of the manifold complexities of the present social order, in which we already play so essential a part. It is becoming evident that our contribution as schools of nursing and as nurse educators will be increasing, not only to provide enough nurses for actual nursing care, but also to raise the general standard of excellence, to attract women to our ranks capable of leadership in administration and education.

The nursing school is a very much needed institution. In fact, the need is so great and the field so extensive in which the nurse must minister that it has become a grave problem to determine just what forces can best be used to strengthen the growth of nursing

education and how it should develop so that it may indeed become the strong, vital institution which society needs.

It is being demonstrated that such universities as have developed sound academic and nursing courses have rendered signal service to the communities which they serve in elevating the standards of nursing education and attracting to the nursing profession larger numbers of the type of woman needed for leadership. But still more, such candidates must be attracted and the university school, so rapidly coming into existence, must have increasingly able faculties of nursing.

That the university has much to offer is clear. But the manner of organization, the choice of university departments as ministering most to our development, the curriculum to be outlined, the relation of the university nursing department and the hospital nursing service, these and many other fundamental questions are in a frankly experimental stage. It would be beyond the confines of such a paper as this to enumerate them.

It is queer how the grass always looks greener in other pastures. In our appreciation of the undoubted educational value of the more purely academic university work which we so much covet, I sometimes wonder if we do not fail to justly appreciate that in our hospital nursing services we have an even greater educational asset, if rightly used. The practice field, which other educational groups are beginning to appreciate and earnestly seek has been ours for years. We know its resources and its limitations, its needs and its demands. We have a finely articulated body of rules and regulations and methods for its

conduct. With the conduct of the nursing service of our hospitals, of the dispensary, and the public health field, we are conversant and we are in possession of our field for practice as is no other teaching group anywhere. It exacts a price, as most things do. If rightly used, it is worth all the time and energy it costs. I do not believe our part in it should ever become merely that of a supernumerary teaching group, using the hospital merely as a teaching field, in no way responsible for the actual nursing department. We have not yet begun to exhaust the resources of the great county and city hospitals as we should for training ground.

We are gathered here as a profession tonight, the second largest profession for women in the country. If we believe in our work and its value, if we desire to make a contribution to the betterment of the social order, we should map out thoughtfully the general course of our educational policies and proceed earnestly and single heartedly toward its accomplishment.

Much has been done by the various alumnae associations throughout the country during the twenty-five years which have followed Isabel Hampton Robb's address to the Associated Alumnae in which she urged alumnae groups "to devise practical ways and means for systematic study for the graduate nurse," but there remains much more that may be accomplished.

What an impetus would be given to nursing education if every alumnae association of the 1,700 schools of nursing in this country would each provide, for the next few years, from one to three scholarships and establish loan

funds. If only one graduate of each alumnae group this coming year could be made to feel the need of the further education which makes possible a genuine contribution in any field of education, there would be 1,700 graduate nurses studying for degrees and coming back into the nursing world shortly with Bachelor's or Master's or Doctor's degrees.

Every university in the country desires to serve the state or community in which it is situated. One university president declares the business of a university to be

discovery in every possible realm of human knowledge the useless and useful, fundamental and specifically practical; the dissemination of knowledge by which the largest possible number of people may avail themselves of it, the training of men for service;

He also conceives it to be the business of a university "to develop personalities, personalities that are capable of large participation in life and of large contribution to life." It is chiefly our own fault if we do not seek and avail ourselves of this service.

As a profession we shall not be ready or capable to take our place with other professional groups until the women who administer and teach our schools of nursing have availed themselves of such education and are well grounded in the biological and other sciences fundamental to nursing.

Such a concerted move as I have mentioned on the part of alumnae groups over the country might also take the form of a concerted effort on the part of the nurses of each state to establish chairs of nursing in the state universities, as the nurses of Virginia

are leading the way in their work for endowment to establish a chair in the University of Virginia.

The university which is in your community and which offers sound scientific and liberal arts courses and full participation in every phase and element of college life, will accomplish our purposes best and with the least expenditure of funds. Every well prepared and scholarly nurse who enrolls in such college or university as a regular student and carries with credit regular courses in English, social science, psychology, zoölogy, bacteriology, chemistry, physiology and anatomy, which later she will be called upon to teach, will do more to further the advancement of nursing education in the minds of that community and of the faculties and bodies who control the university wherein she studies, than will many addresses and formal petitions for a university school of nursing. If such a student goes back into the nursing world after graduation and fosters the nursing departments of hospitals, as well as the schools of nursing, she will not only have prepared herself, but those with whom she comes in contact, to see the value of the university education of the nurse.

I believe that each state should have its own university school of nursing, as each state has its schools of law, medicine and education. It should not be a school which owes its connection with the university merely to the need of the university hospital for securing nursing care for its patients. I believe that the better this nursing care is done and the more responsible the part the student nurse takes in it, the better will be her background for educational

development and the greater the likelihood of her future contributions of importance to nursing and nursing education. But we shall not advance nursing education, and we may hinder it irreparably by the multiplication of nursing schools in university hospitals unless we see to it that these schools are really integral parts of the universities' conscious and avowed purpose to maintain in them consistent educational standards and provide as generous opportunities as are afforded other collegiate groups.

Moreover, the nurses who direct these schools should be conversant with university organization, with graduate and undergraduate standards and curricula and with methods of registration. They should be as deserving of the responsibility and rank conferred upon them as are the deans and heads of other college schools and departments. If the majority of the universities and colleges throughout the country can provide themselves with efficient deans and heads of departments, we are indeed a poor profession if we cannot man our university departments with women of equal capacity and education. To this end, and that we may soundly interpret the trend of the social order and our place therein, that we may wisely formulate state laws and regulations, that we may enrich our curricula and make researches and original contributions to nursing education, we also must have masters of arts and science and doctors of philosophy in our ranks. To these may be granted the privilege of defining and demonstrating the cultural values in nursing subjects, in nursing work and also of defining and demonstrating the relative values to

nursing of cultural and more purely scientific subjects.

There is a decided place of importance being given to coöperative education today. Coöperative education is not an easy subject to handle because of the relation of theory to practice. The danger is that we may emphasize one to the detriment of the other.

Other educational groups are earnestly seeking wider practice fields and are asking for still more responsibility therein; any tendency to minimize the value of practice in nursing should be a matter of grave concern to us. Nursing education must always mean more than the acquisition of new knowledge. The nurse must have skill as well as knowledge. We cannot do good nursing except by drill. It is an educational truism that we learn by doing. We must not fail to see the need "of converting the conscious into the unconscious in the performance of a manipulation or the wide educational value of repetition." I believe it will be found that ward work, even the repetition thereof, develops the student mentally to a surprising extent if rightly utilized and taught. It has not been proven, but I am willing to have it set down as my judgment that a student nurse will receive more in actual intellectual development itself in a hospital school of nursing where the academic courses are not particularly strong, but where she really learns expert nursing care in fundamental types of nursing procedure and ward management, than she will with an equivalent of two years of average college work if coupled with too flimsy experience in practice.

It is for our university schools of nursing to solve this problem. Here

we administrators and teachers are close to the real needs of the profession and if we are but soundly prepared educationally we cannot fail to establish courses of undoubted value and practicability and through affiliation meet the needs of the profession in the small hospital, in the special hospital, in the mental hospital and in the community.

We are prone to talk too much about the methods of teaching and not enough about the actual knowledge of the subjects we need taught in our schools. If the instructors' knowledge of the facts behind practice is right, not only will the student nurse acquire skill, but understanding of the day's work. One who cares only for the practice does not solve problems understandingly, but becomes a routine worker only. Both skill and knowledge are a strong combination.

Another important problem for solution is the degree of university credit to be awarded for nursing practice. In order to include in one unit of credit enough of each type of nursing to really become skilled and not merely conversant therein and in order not to consume too large a proportion of the units of credits allotted the academic year, and yet to include a safe minimum of practice we can hardly give more than one unit of credit for one month of practice. Much credit will avail us little if we are poor nurses.

Another problem to be solved by study and research is the question of the best order of theory and practice. Will the most efficient and well rounded attainment come from two years of university work, followed by two or three years of nursing study and practice, or vice versa?

In a profession where our numbers are insufficient to meet the actual present needs, it is a matter of considerable social importance that we arrange the content and order of our theory and practice so as to gain a maximum of efficiency and knowledge in a minimum of time. If a five year course can be so arranged as to produce an expert nurse and include fundamental courses in zoölogy, anatomy, physiology, chemistry, social science, psychology, domestic science and English, as well as nursing subjects proper, and which will also include the content of the ordinary postgraduate course in Public Health nursing, we shall gain at least a year in time when the graduate nurse may be serving the community which so much needs her, or when she may be doing really advanced graduate work. This phase of nursing education, the content of curriculum and courses, and the juxtaposition of theory and practice, offers one of the most interesting fields for research. It is almost untouched to date. Here again I am willing to have it set down as my opinion that we will not go far astray if we see to it that the periods of nursing practice with full responsibility under supervision and the periods of genuine academic work are not too far separated from each other. We shall miss the force of our practice as an educational urge toward knowledge if we do not keep our practice constantly in need of further knowledge for its greater perfection and understanding and keep our theory following closely with its answer to our practical needs and its vitalization of the practice that is ahead.

Nursing then at the present time has the unlimited field for practice which

other fields are seeking. What nursing has to do is to enter the gates of our universities to receive an adequate background. Every state has a university; every religion, its college; and many cities institutes of learning. The courses in these universities are well standardized, and represent a wide range of subjects. Any matriculate may enter these courses for a moderate tuition. One who holds a diploma in nursing has an earning capacity which far outstrips that of any similar group of students in any other field of knowledge, so there is really very little excuse why a large proportion of us should not graduate from universities.

The problems of nursing education in all their varied phases including as they do so many individual problems, problems so widely distributed geographically, socially, and educationally, all of which must somehow be made to fit into a whole, that shall be strong and safe and all inclusive, need both our combined councils and our individual enterprise. That we sometimes differ among ourselves over the parts which go to make up the whole represents the growing points. About the more fundamental aspects and the ultimate ideals of nursing education, there can be no difference of opinion else they are not ultimate ideals.

The working ideals of the whole must constantly undergo gradual re-interpretation as the parts which make it reconstitute themselves. Here we need the combined council of us all that the whole may more truly represent its parts; that the ideals and principles we formulate and work by may really embody and reflect that perfection toward which we can strive but never fully

attain, that all differences of opinion may be lost and that whole-heartedly and full of faith and in humility we may each seek to do our part toward its fulfillment east, west, north and south—in the big schools and in the little ones, in the great experimental and growing centers and in the wide expanses and remote places where the day's work is

often so well done and the handicaps so great.

We have much to encourage us, much to be proud of, everything to work for. Let each of us "hitch our wagon to a star," for by that same token it may be given to many of us to make fundamental contributions to nursing and nursing education.

NOMENCLATURE ¹

BY BLANCHE PFEFFERKORN, R.N.

THE derivation of words, their usage, and changes in usage, make an interesting study. We hear an object or condition described by a particular term; if this experience is repeated a sufficient number of times, in neuro-anatomical terms a new fibre tract is established, in physiological terms a reaction is acquired to a new stimulus, in the language of psychology a new association has been created.

In the past sixty or seventy years a new condition based on scientific findings has developed in our social and educational life, with emphasis in its early stages on curative nursing, and more recently with an equal or greater stress on prevention of disease and promotion of health. This movement was in the beginning and is still largely centered in and around the hospital. Furthermore, the early preparation for professional nursing in conformance with the period and the practice in other such systems, took the form of an

apprenticeship training. These two facts explain in a large measure the terms and phrases commonly used to describe nursing education and its component parts. Tracts, reactions and associations have been established. Biologically, we resent innovations; our inclinations are toward the functioning of paths already set up.

Believing that the time had come when a careful examination of the terminology concerned with nursing and nursing education was indicated, the National League of Nursing Education, at its annual convention at Swampscott, last year, appointed a Committee on Nomenclature, with Helen Wood, Marion L. Vannier and Blanche Pfefferkorn as members. The function of this committee is defined in the revised by-laws of the National League of Nursing Education as follows:

To recommend for use in the announcements of Schools of Nursing and all other literature and discussion pertaining to nursing education a system of terms and phrases corresponding to that used in colleges, technical and professional schools, and thereby to promote a better and wider understanding of nursing as a professional education, of the

¹ Report of the Committee on Nomenclature of the National League of Nursing Education, read at the Detroit convention, June, 1924.

entity of Nursing Schools as educational institutions and of the hospital in its relation to the program of nursing education.

The report of the Committee submitted at the convention in Detroit consists of the following recommendations:

1. Discrimination in the use of the term "training" upon the principle that "training" and "education" do not represent identical processes and that "training" may occur without education. As a corollary to this statement would be the

- (a) Substitution of the term "nursing education" for "nurse training."
- (b) Substitution of "school of nursing" for "training school."
- (c) Substitution of "nursing practice" for "practical training."

2. Discard of the use of "hospital" and "school of nursing" as synonymous terms, clearly indicating the relation of the hospital to the program of nursing education as a laboratory for clinical nursing practice.

3. More general use of "student nurse" for the undergraduate body of a nursing school.

4. Use of the term "student service" for any service given by student nurses, reserving the term "nursing service" for that of the graduate nurse body.

5. More general use of either "director" or "principal" ("director" preferred) and less of "superintendent" of School of Nursing. Also discard the term "directress."

6. Discard of the term "practical nursing," the term to take its place indicated under 1 (c).

7. Careful analysis of the term "educational director" as descriptive of a nursing school faculty member. Does

"educational director" indicate primarily administrative or teaching responsibility? It would seem to imply direction of the educational policy of the school. If this be true, what is the function of the "director of the school?" Is the term a misnomer to the extent that the educational director is largely the teacher who, with the principal, takes some share of the responsibility for the school program?

8. Discard of the terms "instructress" and "theoretical instructor." What is a "theoretical instructor?" The connotation might well denote one who teaches theory. Does this apply to the instructor who teaches the sciences underlying the practice of nursing? If so, is that term, too, not a misnomer? Is good teaching possible with pure theory and without application, whether it be in the classroom or in the wards?

It is recommended that "instructor" be used for all types of teachers, with such added description as is indicated by their duties. If she is teaching one subject only, such as anatomy and physiology, designate her as "instructor in anatomy and physiology"; if teaching several such subjects, as anatomy and physiology, bacteriology and pharmacology, "instructor in sciences"; if teaching nursing practice, "instructor in nursing practice."

Moreover, the fact that there seems to be more or less current the idea that the so-called "theoretical instructor" is of a higher level than the "instructor in nursing practice" is in all probability somewhat the result of the use of the term "theoretical instructor." The Committee is of the opinion that the nomenclature recommended would do

much to correct this impression and to establish a more general understanding that the difference in preparation for these types of teaching should be one of kind and not of degree.

9. Discard the term "probation period." The Committee was unanimous in its expression of the undesirability of the term "probation period." Two members of the Committee favored "preliminary course or period"; the third member of the Committee questioned the need of setting apart any section of the program by a particular name. The argument made for the term "preliminary period" is that it includes certain subjects largely accepted at the present time as part of the work to be covered in that period. Upon this majority expression, the Committee recommends the use of the term "preliminary period."

10. Concerning titles for text and reference books, there are "Materia Medica for Nurses," "Chemistry for Nurses," "Bacteriology for Nurses," and many more. Is there a specific type of science for nurses? Then, too, are these books written exclusively for graduate nurses? Their titles might so indicate.

In connection with titles for textbooks, there came recently into the hands of the Committee books with the following names: one "Handbook for Mental Nurses," another "Children's Diseases for Nurses."

11. Other terms which came under discussion, but to which the Committee desires to give more consideration be-

fore making definite recommendations, are "supervisor" and "head nurse."

For "supervisor," suggestions are "coördinator," "advisor," "teaching supervisor," "supervising instructor."

One member of the Committee suggests that if there are to be two types of supervisors, one concerned with administrative work and the other with teaching, we should differentiate between the two by the use of "administrative supervisor" and "teaching supervisor." This opens the question whether there is a place for these two classes of supervisors in the school organization, which matter of administration will affect the term adopted.

12. Concerning "postgraduate," the term as commonly used in nursing education has a significance entirely its own. For often it refers to work taken during the postgraduate nursing period rather than to quality of work; and too often the graduate nurse needs to take work which rightfully belonged to her in her undergraduate nursing course. "Complementary or supplementary courses" more nearly describe the actual conditions. The Committee at this time recommends the use of "special courses for graduate nurses" to cover work of such character.

13. Another term to be discarded is "shift," as referring to change in personnel of either student nursing service or graduate nursing service.

The above recommendations the Committee believes represent but the beginning of a study which it hopes will in time do much toward accomplishing the purpose for which it was created.

The Nurses' Association of China is planning to have several delegates at the meeting of the International Council of Nurses in Finland in 1925. One of these, a Chinese nurse, will be sent by Chinese nurses who are already raising the necessary funds.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

INFLUENCES THAT ENDURE

NOT infrequently Red Cross nurses write that they are discouraged by the apparent lack of results in their work. But fruits of their effort are certain though they may not themselves see them. They may go on to fresh fields—the stimulus of their example, their spirit, and their efforts live on when they have departed. A letter from Athens shows what a Red Cross nurse can achieve with a group through sheer force of example. In 1920 Mrs. Charlotte Heilman, preceded by other Red Cross nurses, including Miss D'Olier, who had laid the foundation of the work, went to Athens to help promote school nursing and infant welfare. She continued the work with a group of volunteers who at her suggestion later banded themselves together. For want of a better word they called themselves "alumnae" and became known as the Child Welfare Alumnae Association. They still continue to foster interest so that other volunteers came forward. Today there are sixty-five, forty-six of whom actually work in the stations.

Miss Alex Sofianos, secretary of the Infant Welfare Committee, writes to Miss Noyes, who visited Athens when she made her European tour of inspection:

Were you here, you would be interested in seeing how the alumnae have helped to increase the volunteers' interest in the Baby Welfare, working as one body, meeting regularly and exchanging ideas, which benefits both the workers and the work. Mrs. Heilman, our beloved leader for three years, succeeded in transmitting to us some of her wonderful

energy, zeal and love for the work; also part of the optimism which so characterizes her. Organizing the alumnae was one of the best things she did for the work.

Last Christmas, as the result of one appeal, two hundred and nine Christmas baskets were distributed to the most deserving cases among the 2,000 babies under the Committee's supervision. And as the result of another idea—Miss Zacca's, a Greek nurse trained in America and an American Red Cross nurse, who has been first advising and then working in connection with this work in Athens since 1919—a little coat was given to each bigger baby and a wrap to the smaller ones.

Further evidence of the results of Mrs. Heilman's work was given in a health prize competition. The mother's coöperation was taken into consideration as well as the baby's health and condition. It was "a regular fete." The speeches narrated how infant welfare work came to be started in Greece. "When Dr. Lambadarios," writes Miss Sofianos, "spoke of America and said that the American Red Cross and its nurses were the missionaries of this great work in Greece, the mothers cheered loudly."

One of the alumnae conceived the idea of a Needle Work Guild (which now has forty members) to be the source of a regular income replacing dependence on donations. It has done splendidly, volunteers clever with their fingers undertaking fine needle work, knitting, crocheting, etc. Occasionally paid workers have to be employed rather than refuse orders. Since the inception they have

paid off a debt of 1,500 drs., have material in hand worth 1,308 drs., have given 200 drs. for two Christmas baskets and 800 to the Melyssa for layettes. Another branch of this Alumnae is the Melyssa, which sews clothes for baby welfare and makes garments for refugees.

RED CROSS NURSES IN INDIA

Many vivid and telling ideas of the work carried on by American Red Cross nurses in various lands come to National Headquarters from time to time. Miss Noyes' Christmas letter drew replies which until quite recently continued to arrive from those members of our big Red Cross family resident in far-away regions. Comments and extracts within the past few months have told in these columns part of the story of their busy lives in the picturesque, if bleak, refugee-ridden, disease-stricken countries of the Near East; in the beautiful, sunny islands of the blue Caribbean Sea; in the tropical luxuriance of the Philippines and among the natives of South Africa. Letters from the far part of the Far East are as graphic as any. Later, aspects of life in widely different parts of China will be taken in their turn but first, those from an Oriental land as ancient and as interesting—India.

Jennie Reilly, Red Cross nurse, who is Superintendent of Nurses at the Clough Memorial Hospital under the American Baptist Telugu Mission, encloses with her letter a well-illustrated handbook of the hospital which is situated less than two hundred miles from Madras in the Madras Presidency. It tells a wonderful story, for the hospital is the joint gift of the East and West. Hundreds of the poor Telugu Indians of

the Christian faith, in memory of their missionary father, J. E. Clough, gave offerings the day the fund was opened, which amounted to more than the equivalent of 32,000 days' work. Americans in the United States then took up the task. The first contributor here was a member of the Marcy Avenue Baptist Church, Brooklyn. The Government of Madras and the Rajah of Vekatagiri gave the land and contributed also money and stone. Another Indian donated a large rest house. Europeans, Africans and the principal castes of India helped in its construction. It is said the richest man in the world and, probably, the poorest both aided in the transformation of "a great waste into a beautiful compound dotted with splendid buildings, marked out by well made roads and covered with luxuriant trees." The Governor of Madras, ruler of 42,000,000 people, attended as the guest of the Mission in December, 1919, and in the presence of 7,000 people laid the tablet in the main hall. He took dinner that night at a table where sat Americans, Englishmen, Anglo-Indians, Scotchmen, Irishmen, Canadians, Mohammedans, Brahmins, Swedes, Norwegians and Russians. Miss Reilly says:

Our work here is pioneer and we are only laying the foundation of what we anticipate will be a big work in the coming years. Three years ago I opened the first ward and for some time we used it for all our women's and children's work. Then the next year as soon as the masons and carpenters had left it, we opened the first ward on the men's side of the hospital. Hospitals in India are always divided into two separate departments, male and female, and one department is run entirely separate from the other. Customs and caste make this necessary, so in this general hospital we have one side of the

compound for the men and the other for the women with a seven foot stone wall in the middle.

Now we are using five wards and our large new dispensary. We have organized a Nurses' Training School and a course for compounders, both in the vernacular. * * * Last year I organized a Red Cross Society for our Indian women and it has been a great boon. * * * We are allied with the British Red Cross and our women are very much interested in all departments of the work. * * * My first class of nurses go up for their Government exams this coming February and then, each year, I hope to have always a class ready for this event.

The teaching is entirely in the vernacular, so that makes it a bit more difficult for those who teach. As yet it is not possible to find nurses who can take over the teaching work, so that must be done by the two American nurses and this, only after you have secured enough of the language to get the thoughts over to them. * * * I have two fine operating room nurses to which I have given individual attention for two years, as in the beginning it was impossible to get anyone who knew anything about this important work. We are planning now to open up some outpatient dispensaries in the villages around here and perhaps next year before I return to America I shall have something to report on this new work.

We have three months of quite nice weather, six of hot, and three when almost all of the white folks go to the hills to escape the scorching winds. I have managed to remain here through two seasons. * * * Medical work must be carried on whether hot or cold, so we usually divide up the time unless some of the staff become ill as has been our lot for two years.

Patients mauled by man-eating tigers, bears and panthers are frequent at the hospital under the American Lutheran Mission in a jungle 2,500 feet above sea level, of which Agatha Tatye has charge. This American Red Cross nurse is also in the Madras Presidency, but in the Eastern Ghauts many hundreds of miles

from Madras with the nearest railway station, Salur, 102 miles away. In a poor district where malaria is most common and which is frequently visited by famine and its attendant diseases, Miss Tatye is still facing the aftermath of the World War. When she went to Kotapad two years ago with a few other workers to take up the task of rehabilitation, she found a big mission field depleted of its workers and buildings either in ruins or much dilapidated as a result of seven years' forced neglect.

She writes:

At one end of this compound there is a building that had been used as a dispensary and small hospital. We reopened the dispensary in December with an Indian sub-assistant surgeon in the work but, as he must live in the building we hope to use as a hospital, until his house is built, we are forced to crowd any very bad cases into one or two small rooms in the dispensary. This is very unsatisfactory, as you can well imagine.

Where had been a flourishing girls' boarding school with 300 girls is now a makeshift school—the only one for girls in the entire field of 25,000 Christians—accommodating 32, which number was to have been increased to 50 after the summer vacation. A further paragraph in Miss Tatye's letter explains why she is concerned with the school:

As for nursing, well, I have really no material to draw from yet, even to begin a training school. There are but a few women who have been educated up to the fifth standard (equivalent to fifth grade grammar school), and these are mostly married women. Two are employed as teachers. So before I can have a nurses' training school, I must educate some girls. * * * If I continue here for some years I shall hope to build up a training school in time. Pioneer work is a bit discouraging at times but truly a work of faith.

Alice C. Harris, another Red Cross

nurse, takes us from Southern India many hundreds of miles north to the historic city of Lucknow in the United Provinces of Agra and Oudh, where she now is. She was transferred last summer from the Mission Hospital at Bareilly to the oldest women's college in all India—the Isabella Thoburn. Here she is nurse for the girls, taking also classes in home nursing, hygiene and sewing. The Government and Americans have also coöperated here to give them a fine new plant. She writes:

It means six immense buildings when all are finished, with a nice hospital and dispensary included. They are made of brick, with thick walls to keep out the heat in summer and the cold in winter. These bricks are covered with white plaster, making them look very attractive against the blue Indian sky.

Some weeks ago we had a flood in Lucknow and many villages were washed away. I was called out to help and for several weeks the students and I worked finding the sick and getting them to the emergency dispensaries and giving out milk and food to the babies and sick people. * * * After the flood was over the Viceroy and Lady Reading visited us and at the garden party the group who helped to relieve the suffering during the flood was especially commended by Lord Reading.

I have now been in India nearly four years and in 1925 I come back to America.

In those same United Provinces is yet another Red Cross nurse, Loraine L. Vickery, who is Superintendent of the Clara Swain Hospital, Bareilly, under the Methodist Episcopal Mission. This hospital for women and children accommodates 200 patients. An American doctor, Dr. Esther Gimson Bare, is in charge. Miss Vickery has charge of twenty pupils, and one graduate, nurses who "do very well considering the little

education they have had." She continues later:

It is fearfully interesting and horribly confusing how each patient brings her entire family to the hospital with her. Each patient must arrange for her own food, so she must have some one to do the cooking. Just back of the hospital, a couple of yards from each patient's room, is a place to make a fire and do the cooking. But it is all my disposition is worth to get them to cook outside the rooms. They always cook right inside their own one-roomed homes, sleep, eat and have their chickens, cows, etc., in it, so they don't see why they shouldn't do the same in the hospital.

As she says further on, they certainly have to use their brains in order to ensure supplies:

If we have few cases, then the nurses make supplies. Our supplies are made from rags which are left from the school girls' clothes. In our mission school the girls' clothes are furnished and they receive two dresses and underthings twice a year. Therefore, twice a year, we get a big bundle of rags. We certainly are glad of them. Out of pieces of cloth called "chadders," with which the girls cover their heads, we make bandages, because they are long pieces of cloth. For absorbent cotton we buy a rough yellow cotton and boil it in soda, which makes it absorbent. For applicators we use the little sticks from curtain-like things called chicks, made of long fine pieces of wood held together with cord. When they wear out, we break off the little pieces of wood and put cotton on the ends.

My heart goes out to the Indian women. They have so little in their lives. The Christian girls have much more freedom than the Mahomedan or Hindu girls, but even they are not allowed out of their compound after dark. They go off the mission compounds only for Church, Sunday School and prayer meeting. And to these they must march two by two, not allowed to say a word. They always sit in curtained pews in the Church and after the service they wait for my signal to march out and back to the hospital compound. Once in a great while we take them for a walk, but even then they are marched in silence.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

SELLING HEALTH THROUGH SANATORIA

BY MARY C. CAMPBELL, R.N.

SUCCESS in any line of salesmanship demands that the salesman have absolute confidence in the product he is selling, plus the necessary information regarding the advantages to be derived from the purchase of the product by the trade.

In the present instance the product is HEALTH. The set-up for business is: the sanatorium, the wholesale house; the patients, the retailers; their families and contacts, the trade. The medical directors of the sanatorium would be the owners of the wholesale house and the superintendent of the sanatorium, the sales manager.

Good health gained and maintained by a well balanced program of hard work and recreation, good food at regular intervals, sleep in the open, etc., are valuable assets for the sales manager, for it is easy to convince the retailer (your patients) that the food you are serving and urging them to eat is good food if you, yourself, are working hard and maintaining your body weight on it. If they, at rest, cannot do likewise, then the fault is their disease, and you score one for your product, good health.

We might divide the sanatorium patients (the retailers) into three groups:

1. The larger group who come to the sanatorium knowing exactly what they want and expecting you to supply their wants. They need to be restored to health in the least possible time and returned to normal activity with a

knowledge of how to carry on their daily work and still keep well.

2. The second group who have suddenly become ill and come to the sanatorium with the attitude of the Irishman who was working on the top of the barn, lost his balance and started to fall. As he toppled over he prayed, "Lord help me." On the way down he caught a rope and added, "Never mind now."

3. The third group are the patients who pay no attention to any advice given them, but feel that if they can do something that the doctors or nurses do not know about, they are getting along splendidly.

To the first group we teach the meaning of rest and why they should rest. We teach them what they should eat; get them accustomed to outdoor air and being comfortable, even if the air is cold and damp. Perhaps, too, we can convince them that in most cases the skin will tolerate cold water if allowed to come in contact with it every day. We get them to control all non-productive coughing, to cover the mouth when coughing, to burn the sputa, etc. We give them all the literature available to emphasize what we are teaching, for it carries considerable weight if the patient gets the same idea from a book written by a successful worker on the other side of the country, even though he has never seen the author.

During this time we are becoming

better acquainted, and soon learn about the family and friends at home. Some one at home does not feel well and we are besieged with questions as to what he should do. Thus, every day, in every way, we endeavor to show the patient that in addition to regaining his own health he is to be a worker in his community when he returns, helping others with what he has learned. All this group of patients requires is proper oversight and advice, and they make ideal retailers to successfully distribute our product of health to the trade.

The members of the sanatorium organization must work together regardless of the particular piece of work that belongs to them. She who opens the door when the patient enters, or hands him his package when he leaves, is as valuable, as important, a member of the staff, in her way, as the sales manager. To promote this esprit de corps on the part of the sanatorium workers requires much thought and effort on the part of the sales manager, but it is necessary if the best results are to be obtained.

The second and third groups present a much more difficult problem. They need our product as much as does the first group, but they do not know they do. They must be shown. The person who comes down with a copious hemorrhage or a severe attack of pleurisy, as a rule, recuperates rapidly. They catch the rope that breaks their fall. They soon feel very well. But the tuberculous process heals slowly and extra precaution must be taken to convince them that they are not as well as they seem.

One argument, so plain that "the wayfaring man, though a fool, may not

err therein," is to compare the infected area in the lung to a wound on the hand. Constant irritation of this wound will prevent healing. At our every day work we breathe from 16 to 20 times a minute. That means from twenty to thirty thousand scratches a day over the irritated area. If by rest, we can eliminate two respirations a minute, we have 2,880 less scratches in one day. This, together with the elimination of all unnecessary coughing, means considerable rest. (And the best remedy for coughing is to simply stop,—don't do it. It is a bad habit and like most bad habits can be overcome, if taken in time.)

After you have convinced these people that your product is worth while, they make just as good retailers to the trade, as the first group. But they should never get outside the sanatorium until they realize their danger and responsibility, because there is a danger of a recurrence of the disease, as well as a spread of infection, and we believe that "an ounce of prevention is worth a pound of cure."

In the group of contacts we find people who have thought of tuberculosis only as a remote thing, greatly to be feared. They have taken no further notice of the problem until some member of the family is stricken with the disease and taken to the sanatorium which they then feel it is their duty to visit.

We are all familiar with the visitor who cautiously enters the sanatorium grounds and with extended hand proffers the basket of dainties which she would like the nurse to carry to a dear one. When the visitor is informed that she may call on her friend she is

alarmed! She might catch something! When asked how she expects the sanatorium staff to go on without "catching something," she does not quite know. Here exists a splendid opportunity for "selling health," and if the sales manager is on the job, the visitor delivers her basket in person, she has a pleasant time with her friend and goes away from the sanatorium with some food for thought. She has learned a valuable lesson, and she will be a good advertising medium.

The sanatorium increases its usefulness in the community where it is lo-

cated, if it takes a live interest in all civic affairs, whether it be the community club, working for the elimination of weeds, prevention of the cutting of natural shrubbery, a garbage disposal plant, or city officials engaged in a road building program, improvement of school buildings, or what not. If the sanatorium can be counted on for assistance in such work, we in turn may expect to interest the community in our program and the tuberculosis problem will be solved when every single person in his or her place coöperates in the business of buying and selling health.

"GIVING THE MOTHERS A CHANCE"¹

THE work of the Division of Maternity, Infancy and Child Hygiene has grown steadily during the last six months, an additional nurse being added to the staff early in March, making a total of seven. The entire time of these nurses is devoted to prenatal and child welfare work.

Coos, Carroll, Rockingham, Belknap, Sullivan and a part of Grafton and Hillsboro Counties are now covered by a nursing service.

One nurse is devoting her entire time to prenatal work in a section of the city of Manchester.

Increasing numbers of mothers are availing themselves of the service offered them through the Educational Department of the Division and write in for help. Every letter receives an answer, and whenever indicated, a nurse visits the home and gives whatever help is required.

May Day was observed in each county by a Child Health Conference.

During the winter the nurses continued to visit the homes of babies and children of preschool age and succeeded in getting many of the defects corrected or under treatment that had been found as a result of the physical examinations made at the conferences held during the previous summer and fall.

In five of the counties, mothers' classes were formed and instruction was given in prenatal and child care. The film "Well Born" was used in classes and in hospitals to illustrate what we mean by prenatal care. This film has proven entertaining as well as instructive.

The emergency obstetrical package has been placed in 26 towns. Groups of women came together and received instructions in how to prepare and sterilize the package for use. The materials for three packages were given free of charge with the understanding that this group of women would be

¹ NEW HAMPSHIRE — State Board of Health and The Federal Children's Bureau for the six months ending June 30, 1924.

responsible for the work in the future. In one town, twelve packages have been used since February, and in the majority of towns the physicians have been glad to avail themselves of this service.

Since May 1st, 26 child health conferences have been held in the State. Our doctors receive a small sum for giving their time, and are all greatly interested in the work. It has been very gratifying to note the number of defects that have been corrected or placed under treatment during the winter. The conferences will continue to be held until the snow makes this work impossible.

The women of the State are beginning to understand the meaning of prenatal care. We lost no opportunity of telling them in groups and individually what prenatal care is and why every woman should receive it.

We have added two small machines for showing slides to our Exhibit Department. This department is much used by the Public Health Nurses and Health Organizations in the State.

A growing interest in the State program is being taken by the public health nurses; the feeling that each nurse can do a great deal to make the work a success has gradually been developing. Several sectional groups have recently asked for a talk on prenatal care and are anxious to help in every way.

The local nurses have given invaluable assistance before and during the conferences, bringing the children and telling the mothers what a benefit to the children a physical examination is.

The nurses of the New Hampshire Tuberculosis Association give generous help in the Maternity and Child Welfare work, and are always present at

conferences to take histories, meet the mothers, weigh and measure children, etc.

At each conference an exhibit on prenatal and child care is arranged; this always attracts much attention. One nurse is detailed to explain the various articles and posters to groups or to individual mothers. As a rule, a short talk on some phase of child care is given by the physician or a nurse during the conference.

We are endeavoring to give every baby and child of preschool age one thorough physical examination once during the year in the counties where we are at work. This has been accomplished in several towns.

A two weeks' Health Institute was recently held; this was well attended by public health workers in the State and much interest was shown in the lectures and demonstrations on prenatal and child care. All of the staff nurses were present during the entire institute. Conferences and institutes of this nature are most important, securing the good will of the workers and creating interest in the work.

It is necessary in the county work to cope with many situations that in the cities are left to social workers. Material relief must frequently be arranged for and family matters adjusted in order that the mother may receive proper care and attention. Arrangements must be made for confinement, and it is frequently necessary to hunt about in order to find a woman willing to enter the home and care for the mother and family.

All of these duties are cheerfully performed and are a daily part of a Maternity and Infancy nurse's work.

STUDENT NURSES' PAGE

COMMUNICABLE DISEASE NURSING: ITS APPEAL TO STUDENT NURSES

BY RUTH E. W. KEESEY

Presbyterian Hospital, Philadelphia

WITH the possible exception of hospitals for mental diseases, probably no other institutions have been surrounded by so much ignorance and superstition as have hospitals for communicable diseases. The belief that germs were air-borne has only recently been dislodged from the most scientific minds, and it is still firmly rooted in the minds of the general public. It seems as though the prevalent belief is that epidemics of communicable diseases are sent by the powers of darkness and are therefore beyond human control. Just as in every other health movement, nurses take their places in the front ranks, if the problem of contagion is to be wiped out.

It is believed that the situation has not been met before, simply because training in the care of patients with contagious diseases has not been part of the nurse's education until recently. When a nurse, through her own experience, sees the many little lives sacrificed and by her own knowledge realizes the seriousness of the complications which may result from inadequate care, she will no longer hold back, but will give herself gladly to this work.

With intelligent habit formation and the coöperation of all individuals concerned, aseptic technic has proven most successful, when strict attention to detail has been carried out. It has allayed many of the fears of infection

from, and the transmission of, these diseases.

This work does not merely mean caring for the sick, but the opportunity for implanting good health habits, a high standard of morals and worthy ideals into the minds of America's future citizens. Every nurse's personal slogan should be, "The greatest service I can render to my fellow-men." We can not estimate the far-reaching result of such a group of properly trained nurses in a service to the thousands of children who, every year are victims of contagious diseases?

Who can sit back and be content without a knowledge of contagious work, when it is so vital a question? Shall she feel that she is not very much interested, that her sister nurses can very well take care of the work and she will, so far as possible, keep herself free from probable infection and the inconvenience of its nursing? Is that service, or is it selfishness, egotism?

Having a knowledge of the work, there is much to be done to educate the general public. Knowing that prevention must begin in the home, that is the place to lay the foundation for this education. The mother is told of the significance of minor symptoms; a cold, a slight sore throat, or a headache—minor, indeed, it may seem to her, nevertheless a warning signal.

In the case of illness, where it is possible for the children to be cared for

at home, the nurse helps work out a plan of isolation. She shows the mother how to care for them, and tells her of the complications that may result so she will be alert.

Every mother who is capable should feel that it is her responsibility to have her children cared for in the home when so situated that she can do it. Hospitals for contagious diseases are frequently taxed beyond the adequacy of their nursing force. Is it realized that this means the possibility of cross-infections, which is just as much deplored in these hospitals as is wound infection in a general hospital?

With the coöperation of the student nurses in giving conscientious service, through their attention to detail, the problem can be solved by the application of medical asepsis. It has been definitely proven that in wards where medical asepsis is carried out, cross infections are extremely rare. Is it not then worth while and are not great hopes for the future justifiable?

Many parents do not report the case to a doctor for fear their children may have to be sent to the hospital, which they regard with a feeling of dreadful superstition, even though it is impossible to care for them in the home without detriment to the family and community. The beginning of many epidemics can be foreseen, the great cost of good health undermined, through lack of proper care, the sacrifice of young lives due to ignorance, as well

as the economic loss associated with it. Aseptic technic is the weapon that must be used to combat and overcome this prejudice.

Together with the professional opportunities there are great personal advantages to the nurse. From an ethical standpoint, it develops mental alertness and an ever increasing moral perception of integrity. As in any other phase of life, success is attained only by concentration and perseverance.

In public health work her ideas of prevention are stimulated and made more keen through the training. She recognizes the relative importance of the little things which mean so much; for instance, the fingering of our currency, the contaminated street car and train, with the many things involved.

Becoming interested to this degree, her standards of personal hygiene are raised. She realizes more fully the effect her life has on that of the community. She finds many to whom she must teach the value of fresh air and sunlight with cleanliness and the proper care of food. Into the minds of the children must be instilled constructive ideas of health and what may result from the bad habit of putting their fingers in their mouths, of eating with unclean hands, etc.

The reward for the answer to this urgent call to duty need not be emphasized. Now is the time for a nurse's opportunity. How many will prepare themselves for this greater service?

Study of Infantile Paralysis.—Exhaustive research to determine the nature of the bacillus of infantile paralysis is being undertaken under the direction of Dr. Milton J. Rosenau of Harvard University, with the aid of a grant of \$12,000 a year for three years from the Harvard Infantile Paralysis Commission. For seven years the efforts of the Commission have been concentrated upon the after-care of infantile paralysis cripples, the number of whom in the United States is estimated at about 100,000.—*The Nation's Health.*

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.



GRADUATION DAY IN SHANSI, CHINA

DEAR EDITOR: You may like to see a picture of our first class to graduate, four of whom received the N. A. C. diploma (Nurses' Association of China). One is doing public health work, which is much needed here in the interior of China, and we are quite happy about it, for don't we know what our public health nurses do at home?

Smith-Barton Hospitals A. M. A.

(Note the black band on the *sleeve* of each graduate!)

HOSPITAL DAY IN CHENGTU, CHINA

DEAR EDITOR: We held our celebration on May 10 and 11, as more convenient for the general public and the students. The three hospitals, Men's, Women's, and Dental, celebrated together. The printed invitations with a Red Cross heading were sent to all mission and government schools, to public offices, civil and military, and to business men. Two of the papers published them. On Saturday afternoon, after inspection of the hospitals, a program for women guests (1,000), was given by two nurses who told of the aims of the nursing

profession and the benefit of a hospital to the community. The visitors at the men's hospital were given a written history of the hospitals. The Military Medical School came in a body of over 70 students. Several girls' schools also came in a body. The operating rooms, laboratory, X-ray department and the manufacturing department of the drug room were the best attractions. Samples of tooth paste were given after seeing the demonstration. The people were excited, many having never seen a hospital or a foreign building before. They had also heard many things of what went on which were not true, but which made them anxious to see for themselves what it really was like. Two old ladies, one with snow white hair and one blind, came at the same time into the main hall and wouldn't go on. They said that they had never in all their lives seen such a big building so clean and airy and they wanted just to sit down and enjoy it all. As the people left, we handed them tracts on Opium, Personal Hygiene and Tuberculosis, etc. In the evening, an illustrated lecture on Hygiene was given. Over 3,000 people visited the hospitals! On Sunday a church service was held with a program

of music, prayers and speeches. The two Schools of Nursing, one for women and one for men, walked up the central aisles of the church in uniform to the tune of "Onward Christian Soldiers."

L. G. H.

"BETTER QUALIFIED NURSES FOR A
MORE HEALTHY WORLD"

DEAR EDITOR: During the convention of the National Federation of Business and Professional Women, held at West Baden, Indiana, in July, I was surprised and disappointed to note among those present, so few nurses. There was much that would have been helpful to them as well as to the large number of representatives engaged in other professions and in business, I feel very strongly that nurses should ally themselves with those organizations dealing with other walks of life in order to get an understanding of their problems and to broaden by contact with others. The nursing profession has, more or less, drawn circles around itself and become clannish. Unlike the business woman who has had to burst the shackles of prejudice and batter down the closed door before she gained the threshold, the nurse has never had the gate of opportunity closed in her face because of her sex. All she had to do was to prove herself preëminent in her exclusively woman's sphere—nursing—and the rest was only a matter of passing through. But as calmly as she passed through, she retrated into a room just beyond, lettered the door, "For registered nurses only" and shut it. Then she ignored the knocking of those who did not wear the symbols R. N., who were therefore ineligible to join the exclusive circle, and I wonder whom she is hurting most, herself or those denied admittance. In order to have a well rounded personality one must have an equal mixture of work and play, study and relaxation. Because I advocate other alliances than nursing to nurses means that no excuses like the old bromides "I haven't the time" or "I'm too tired" are acceptable. They are like trying to avoid paying a penalty for an infraction of the law by pleading ignorance of the law. Every nurse should have a hobby and learn to ride. Business women are learning that a certain

amount of relaxation and an avocation are indispensable to good health and maximum business production. Nurses should learn the same lesson in a different way. They preach healthful habits, but do they always take the time to practise them themselves? The choice of hobbies is wide and varied. Go to it.

"Better business women for a better business world" is a splendid slogan for the business woman, and "*better qualified nurses for a more healthy world*" is a good slogan for nurses. Our only right to existence is through and by service and the most highly qualified nurse is the one most highly and broadly educated, plus the vocational opportunity. She only can give the best service who is best prepared. She only has the right to wear the little white cap who is best prepared to render more than the service her profession demands and expects. She must be the living exponent of all the little white cap stands for, symbolic of mercy and faith, sympathy and understanding. A living disciple of those who first lighted the candles and illuminated a dark and pain-wracked world.

If nurses must be exclusive creatures, if the sign must stay put on the door, let us by all means, have the door ajar and look out into other paths at times, extend a helping hand to the ones who are struggling with problems they cannot solve alone, and dig into the four corners of the earth for information and knowledge. Find a kindred soul who enjoys the same hobby as you and start a garage or a home for homeless cats, soar into the clouds or collect beetles, it is one and the same thing if it takes you away from your vocation and fills you with fresh inspiration. Other influences, other hobbies, other sources will leave ineradicable traces upon you. In spite of yourself you will learn and broaden. You will be a person worth the knowing.

Pennsylvania

V. S. M.

IMPRESSIONS OF THE CONVENTION

DEAR EDITOR: There were about one hundred and fifty student nurses registered at the Convention in Detroit. I was one of the lucky ones. Have you realized, fellow students, how important we are? I

am in a small Connecticut training school, but my school feels that student nurses should receive something besides the inside hospital training, and so two of us were sent to the Convention. Other training schools must agree, for there were student nurses from Kentucky, Colorado and from further distances. The education and welfare of student nurses was one of the topics much discussed. Of course, they are interested in us, for are we not the future nurses of America? Will there not be tasks uncompleted and problems unsolved that we shall be called upon to finish? Therefore, it is up to us to prepare ourselves for our future work and to maintain the high standards of the nursing profession that our predecessors have founded for us. It was like a wonderful dream to attend the general sessions and to see an immense auditorium filled to capacity with nurses. There is something about a group of nurses that sets them apart from any other group, although I could not tell you just what. It was inspiring to see their eagerness and earnestness in the problems of their profession. And then the addresses were worth mentioning to you. Who would not think it a treat to see and hear Dr. George Vincent, Dr. Charles P. Emerson and Dr. Haven Emerson, men we have heard and read about but hardly dared hoped to hear? And who wouldn't feel it a great privilege to see in person the leaders of our profession and to hear discussions on the workings of the different groups of nursing? The Students' Banquet—it was held in McLaughlin Hall, Harper Hospital, and I am sure there was no other banquet which excelled it. The courtesy with which our Michigan fellow students greeted us put us quickly at ease and we soon were conversing freely with each other. The tables were arranged to form the letter "M" and it was such fun as each girl gave her name, her training school, and its location. Then we were entertained during the dinner by a pro-

gram that would shame many a vaudeville act. Mary M. Roberts of the *American Journal of Nursing* was our guest and addressed us most interestingly. I am sure I shall never forget my trip to Detroit and I am planning to attend the next convention in 1926 at Atlantic City. Are you going?

Connecticut

ANTOINETTE WILCOX.

THE STORY OF THE PRETZEL

DEAR EDITOR: Some one asked why the pretzel is used on the stickers for the Pennsylvania State meeting. Berks County, Pennsylvania, of which Reading is the county seat, has as its chief population the descendants of Germans. Naturally, a number of their customs are with us, one of these is the use of pretzels. This delicacy has finally established itself in their affections and Reading has become known as "Pretzel Town," because it has become the principal source of supply. In "A Book of the Black Forest," by A. E. Hughes, the author speaks of the people of Kandren and Lower Weisenthal in Southern Germany, making the *bretzlen*, a kind of very crisp roll of richly browned bread, shaped into a circular knot enclosing two smaller loops. These are supposed to represent the ropes with which Christ's hands were bound before the crucifixion, and they were first baked only in Holy Week. This is the story of the pretzel.

Pennsylvania

E. J. H.

JOURNALS ON HAND

A. Louise Kinney, County Public Health Nurse, c/o Court House, Fargo, N. D., will send, for postage, Journals for November and December, 1919; January, February, April, May and June, 1920; April, July, October, November and December, 1922. Also, *The Public Health Nurse* for the year 1920 with the exception of November; and February and November, 1921.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the Registration of Nurses in Birmingham, Oct. 22-23; in Montgomery, Oct. 23-24; in Mobile, Oct. 23-24. All applications and credentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 7th Ave., N., Birmingham, Ala. Kodak pictures will not be accepted.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

29. Will you please publish the first four states to pass the nurses' registration bill and the date of each?

According to Miss Boyd's book, *State Registration for Nurses* (now out of print), the first four states to secure registration were: North Carolina, March, 1903; New York, April, 1903; Virginia, May, 1903; Maryland, March, 1904.

30. To what extent should a nurse observe nursing ethics when she sees another nurse neglecting a patient?

The first consideration of any nurse is the welfare of the patient. If a patient is being

neglected by another nurse, it is the duty of the nurse who observes this neglect to report the fact. How, when, and to whom she is to report it, depends on circumstances. In many a case, one tactful and kindly nurse may make her comment directly to the nurse who is careless without carrying the matter further. If the patient is in a hospital, the superintendent of nurses is the proper authority. If the patient is in a private home, the physician is the natural authority. Only in an extreme case, where there is no other way of remedying the matter, should the case be reported to the patient's family.

OUR CONTRIBUTORS

Edith B. Wilson, R.N., is a graduate of the Los Angeles General Hospital, where she is now busy putting her principles into practice.

Ina M. Gaskill, R.N., President of the Indiana State Nurses' Association, is a graduate of the Eastman Hospital School for Nurses, Indianapolis. After seven years of private duty nursing, Miss Gaskill took up public health and tuberculosis nursing work and finally was appointed Director of the Department of Public Nursing for Indiana. During the war she served as Chairman of the State Committee on Red Cross Nursing Service.

Virginia L. Montgomery, R.N., is Superintendent of the Industrial Hospital of the Congoleum Co., Inc., at Marcus Hook, Pa. She is a graduate of the Chester Hospital School of Nursing. During the war she was a member of the Navy Nurse Corps in active service.

Margaret A. Tynan, R.N., can write understandingly of Oregon's Central Headquarters, since she has been for a year Secretary of the State Central Headquarters and Nurses' Registry Committee. She is a graduate of St. Vincent's School of Nursing, Portland. She has done private duty and laboratory work. She had overseas service with Base Hospital 46, and for the past two years has been record librarian at St. Vincent's.

Sally Johnson, R.N., a graduate of the Massachusetts General Hospital, Boston, has been Superintendent of Nurses at the Peter Bent Brigham Hospital, Boston, and at the Albany Hospital, Albany, N. Y. She is now Superintendent of the School of Nurses at her Alma Mater. Miss Johnson is well known for the wit and clarity with which she discusses problems arising at our national meetings.

Georgina Lommen, Assistant Professor of Education at the College of Education, University of Minnesota, is a welcome speaker at institutes held in that state.

Laura R. Logan, R.N., President of the National League of Nursing Education, assumes this fall her new duties as Director of the Illinois Training School, Chicago. For further details, see *Our Contributors*, August, 1922.

Blanche Pfefferkorn, R.N., B.S., is a graduate of Johns Hopkins School of Nursing and of Teachers College, Columbia University. She is Executive Secretary of the National League of Nursing Education, and Chairman of the Committee on Nomenclature of that Association.

Mary C. Campbell is a graduate of the Buffalo Homeopathic Hospital. She has done private duty nursing and has held a number of administrative positions, including that of Superintendent of the Pierce Sanitarium, Portland, Oregon.

THE AMERICAN HOSPITAL ASSOCIATION

Twenty-sixth Annual Conference, October 6-10, 1924, 106th Armory, Buffalo, N. Y.

PROGRAM

October 6

- 9:00 a.m.-2:30 p.m.—Registration, Lobby of Armory; Exposition, Drill Hall of Armory.
- 2:30 p.m.-4:00 p.m.—Small Hospital Section, Charlotte Jane Garrison, Des Moines, Iowa, Chairman.
Tuberculosis and the Small Hospital, by T. B. Kidner, National Tuberculosis Association.
One Solution for Bringing Metropolitan Services to Small Country Communities, by Denver M. Vickers, M.D., the Mary McClellan Hospital, Cambridge, N. Y.
Round Table Conference conducted by Miss G. Gruver, Superintendent, Davis Hospital, Pine Bluff, Arkansas.
Topics (a) Securing of Probationers, (b) Educational Standards for Nurses, (c) Allowances to Nurses While in Training, (d) Training School Affiliation, (e) Personnel for a Fifty-Bed Hospital, (f) Purchasing, (g) Laboratory Fees, (h) Case Records.
- 2:30 p.m.-4:30 p.m.—Out-Patient Section, Frank E. Wing, Chairman, Boston, Mass.
Report of the Out-Patient Committee, Alec N. Thompson, M.D., New York.
Opportunities for Health Education in Out-Patient Clinics from the Point of View of (a) The Public School, (b) The Public School Officer, (c) The General Medical Practitioner, (d) The Dispensary or Out-Patient Clinic.
- 8:00 p.m.-10:00 p.m.—Opening General Session, Ball Room Statler Hotel.
Invocation.
Address of Welcome.
Response, Daniel D. Test, M.D., Pennsylvania Hospital, Philadelphia.
Address of the President, Malcolm T. MacEachern, M.D.
The Hospitals and the Workmen's Compensation Laws, John A. Lapp, Chicago.
Hospital Publicity, Ralph W. Keeler, New York.
Our Responsibility to the American Hospital Association, Robert Jolly, Baptist Hospital, Houston, Texas.

October 7

- 9:30 a.m.-11:00 a.m.—General Session, Theatre of Armory.
The reports of most of the technical committees of the Association will be officially presented at this session by the various Chairmen briefly, then referred by the President to the appropriate sections for full consideration and discussion.
The Intern, Nathaniel W. Faxon, M.D., Rochester, N. Y.
Buildings, S. S. Goldwater, M.D., New York.
Foods and Equipment for Food Service, F. R. Nuzum, M.D., Santa Barbara, Cal.
Accounting and Records, A. C. Bachmeyer, M.D., Cincinnati, O.
Cleaning, C. W. Munger, M.D., Valhalla, N. Y.
Clinical and Scientific Equipment and Work, K. H. Van Norman, M.D., St. Paul, Minn.
General Furnishings and Supplies, Margaret Rogers, Lafayette, Ind.
Out-Patient, Alec N. Thompson, M.D., New York.
Relation of Hospitals to Public Health Activities, Albert S. Hyman, M.D., New York.
Training of the Hospital Administrator, F. A. Washburne, M.D., Boston.
Legislation, E. T. Olson, M.D., Chicago.
Building Codes, Charles F. Owsley, Cleveland.
Training School Budgets, George O'Hanlon, M.D., New York.
Cancer Control, Ernest P. Boas, M.D., New York.
Relation of Governmental Bureaus and Departments to Hospitals, Clarence E. Ford, Albany, N. Y.
Hospital Library and Service Bureau, Donelda R. Hamlin, Chicago.
Nominating, C. J. Cummings, Tacoma, Wash.

The Relation and Responsibility of the General Hospital in the Care and Treatment of the Special Groups of Patients: (a) Tuberculosis, H. A. Pattison, M.D., National Tuberculosis Association, New York City; (b) Psychiatric, William C. Sandy, M.D., Bureau of Mental Health, Harrisburg, Pa.; (c) Incurable, Rev. H. L. Fritschel, Milwaukee Hospital, Milwaukee, Wis.

2:30 p.m.-4:00 p.m.—Administration Section, Theatre of Armory, Ralph B. Seem, M.D., Chicago, Chairman. Discussion of Reports of Committees on Intern, Accounting, Relation of Hospitals to Public Health.

Dietetic Section, Ball Room of Armory, Lulu G. Graves, New York, Chairman.

Discussion of Committee on Foods.

The Economy of Modern Methods in Study and Treatment of Diabetes, George Baehr.

Unified Dietary Service of a Hospital, Kate Daum.

8:00 p.m.-10:00 p.m.—Dinner, Ball Room, Hotel Statler.

Address, Hospital Origins, S. S. Goldwater, M.D.

October 8

9:30 a.m.-11: a.m.—General Session, Theatre of Armory.

The Hospital in Relation to the Health Department, Henry A. Rowland, Department of Health, Toronto, Ontario.

Round Table Conference conducted by Joseph C. Doane, M.D., Philadelphia General Hospital, Philadelphia.

Topics (a) The Per Capita Cost and Its Value as a Comparative Unit in Hospitals, (b) The Hospital in Relation to the Community Needs, (c) Unit Cost of Hospital Services, (d) Economies in Hospitals, (e) Securing and Keeping Interns, (f) Organizing and Managing the Out-Patient Department of a Hospital, (g) Functions of Medical Social Service Department in a Hospital, (h) Filing and Use of Case Records, (i) Humanizing and Popularizing the Hospital, (j) Improving the Nurse's Training, (k) Hospital Supplies and Central Service System, (l) Reducing Fire Hazards in Hospitals.

2:30 p.m.-4:30 p.m.—Administrative Section, Theatre of Armory, Ralph B. Seem, M.D., Chicago, presiding.

Discussion of Committee Reports on Cleaning and on Clinical and Scientific Equipment. Reports of sub-committees, (a) Diabetes, Its Treatment by Insulin, Franklin R. Nuzum, M.D., (b) Physiotherapy in Hospitals, Charles E. Stewart, M.D., (c) Laboratories in Hospitals, S. G. Davidson.

2:30 p.m.-4:30 p.m.—Trustee Section, Ball Room of Armory, Henry J. Fisher, New York, presiding.

Discussion of the Report of the Committee.

Hospital Organization from the Point of View of the Medical Staff, David L. Edsall, M.D.; of Community Relations, Sidney L. Schwarts; of Community Support, William J. Norton.

8:00 p.m.-10:00 p.m.—Administration Section, Theatre of Armory, Ralph B. Seem, M.D., Chairman.

Discussion of Reports of Committees on Furnishings and Supplies, Training of the Hospital Administrator, Legislative, Cancer Control, Relation of Governmental Bureaus and Departments to Hospital.

8:00 p.m.-10:00 p.m.—Nursing Section, Ball Room of Armory, Jean I. Gunn, Toronto, Chairman.

Discussion of report on Training School Budgets.

To What Extent Should a Hospital Depend on the Students of the School of Nursing for the Nursing Service of the Hospital? Helen Wood, Rochester, N. Y.

Relation of the Superintendent of Nurses to the Board of Trustees, Mrs. Carl H. Davis, Milwaukee, Wis.

Is the Preparation of the Student Nurse for Special Branches the Responsibility of the Training School?

October 9

9:30 a.m.-11:00 a.m.—General Session, Theatre of Armory, President MacEachern presiding.

The Teaching Function of a Hospital—(a) Some Special Problems of

Teaching Hospitals, John A. Hornsby, M.D., (b) Possibilities of Postgraduate Instruction by Non-Teaching Hospitals, W. P. Morrill M.D., (c) The Hospital as a Teaching Centre for Nursing, Adda Eldredge, (d) Observation Courses for Hospital Executives, John M. Smith.

- 2:30 p.m.-4:30 p.m.—Social Service Section, Theatre of Armory, Ida M. Cannon, Chairman.
Application of Social Service to the Problems of the Small Hospital, Mrs. Martha J. Megee, Harrisburg, Pa.; The Relation of the Patients' Library to the Social Service Department, Perrie Jones, St. Paul, Minn.
- 2:30 p.m.-4:30 p.m.—Construction Section, Theatre of Armory, E. S. Gilmore, Chicago, Chairman.
Discussion of reports on Buildings and Building Codes.
Planning and Construction of Laboratories, C. J. Cummings, Tacoma General Hospital, Tacoma, Wash.
Planning and Construction of Contagious Disease Hospital, Paul W. Wipperman, M.D., Decatur and Macon County Hospital, Decatur, Ill.
- 8:00 p.m.-10:00 p.m.—General Session, Auditorium, President MacEachern presiding.
What Is an Efficient Hospital? C. S. Woods, M.D., St. Luke's Hospital, Cleveland.
The Development of the Alameda County Hospital Plan, R. G. Broderick, M.D., San Leandro, Cal.
The Relation of the State and County Hospital to the Prevention and Care of Disease, John R. Morrow, M.D., Bergen County Hospital, Ridgewood, N. J.

October 10

- 9:30 a.m.-11:30 a.m.—General Session, Theatre of Armory, President MacEachern presiding.
The Hospitalization of Infectious Diseases, D. L. Richardson, M.D., Providence City Hospital, Providence, R. I.
Round Table Conference conducted by Asa S. Bacon, M.D., Chicago—
(a) Which is better, dressing patients in the wards or taking them to a central dressing room? (b) Do you fumigate after contagion and why? (c) Should nurses take oral orders from a physician? (d) How can our hospital beds be kept full? (e) Can a high standard nursing efficiency be maintained in a hospital giving a two years' course of training? (f) Should the Association have a section for women's auxiliary boards? (g) Should general hospitals have a psychiatric department? (h) Should records be kept in the diatetic department regarding the patient and diet? (i) Should ward patients be permitted to smoke in the wards? (j) Is standardization of bed linen desirable? (k) Is it advisable to put all unpaid bills in the hands of a collector? (l) Is a water softener an economy in a hospital laundry and power plant? (m) Should economic responsibility be vested in the heads of the various departments? (n) How to account for missing articles and valuables of the patient? (o) What should be the attitude of a hospital (not a teaching hospital) towards a staff member who asks for an intern to be assigned to him exclusively and who is willing to finance this intern? (p) What is understood by an endowed room? What are the privileges of a person endowing a private room? (q) If through a mistaken diagnosis another patient contracts the disease and has to be quarantined for a period of time, is the hospital obliged to care for the patient free of charge or should the attending physician, because of his mistake, be compelled to pay the hospital charges? (r) Should a school for the training of hospital executives be speeded up and should it be a university course? (s) Should the superintendent be invited to all staff meetings? (t) What temperature is the index between an infected and a non-infected obstetrical case?
- 2:30 p.m.-4:30 p.m.—General Session and Business Meeting, Theatre of Armory, President MacEachern presiding.
The Status of the Budget in the Operation of a Hospital, Frank E. Chapman, Mount Sinai Hospital, Cleveland, Ohio.
Some Fundamental Problems in Hospital Administration, E. M. Bluestone, M.D., Mount Sinai Hospital, New York.
Final business, election returns, etc.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

In accordance with the resolution which was adopted at the January 1924 meeting of the Board of Directors, that a new system of bookkeeping be established, the Treasurer was authorized to confer with the auditors as to the best system suitable to our needs. At the time of the biennial meeting in June, 1924, the Treasurer was authorized to proceed to the Headquarters office as soon as possible to establish this system. The members of the American Nurses' Association will be glad to learn that this has been accomplished. This completes the transfer of all the mechanical work in connection with the office of the Treasurer. Henceforth, checks for annual dues from State Associations and other members should be *made payable to the American Nurses' Association* and *sent to the Headquarters office*, 370 Seventh Avenue, New York, N. Y. Please bear in mind that checks should *not* be made payable to the order of any individual, but should always be made payable to the order of the American Nurses' Association.

NURSES' RELIEF FUND

REPORT FOR AUGUST, 1924

Balance on hand, July 31, 1924	\$11,160.57
Interest on bonds	45.00
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	\$11,205.57

Receipts

California: Dist. 2, \$13; Dist. 4, \$38; Dist. 5, \$93; Dist. 9, \$72; Dist. 11, \$5.50; Dist. 12, \$70; Dist. 15, \$1; Dist. 16, \$6	298.50
Connecticut: Middlesex Hosp. graduate nurses, \$41.50; State Nurses' Association, \$50	91.50
District of Columbia: Graduate Nurses' Association	108.00
Florida: Riverside Hosp. Alum. Assn., Jacksonville	16.50
Illinois: Anonymous	10.00
Iowa: District 9, Mercy Hosp. Alum. Assn.	16.00
Maine: Maine General Hosp	25.00
Michigan: Individual member	5.00

Minnesota: Member Asbury Alum. Assn., Minneapolis	1.00
Montana: Bozeman Deaconess Hosp. Alum.	5.00
New Hampshire: Sacred Heart Tr. Sch. Alum. Assn.	25.00
New York: Dist. 1, individual member, \$5; Dist. 4, \$8; Dist. 6, A. B. Hepburn Hosp. Alum. Assn., \$18; St. Lawrence Hosp. Alum. Assn., \$43	74.00
North Dakota: State Nurses' Association	26.50
Ohio: Dist 4, Charity Hospital Alum. Assn., \$25; Fairview Park Hosp, Alum. Assn., \$15; Dist. 13 \$1	41.00
Tennessee: Chattanooga, \$93; Knoxville, \$73	166.00
Wisconsin: Dist. 2, \$2; Dist. 9, \$15	17.50
Wyoming: State Nurses' Assn.	15.00
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	\$941.50
Check returned (applicant deceased)	15.00
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Total receipts	\$12,162.07

Disbursements

Paid to 49 applicants	\$730.00
Printing and stationery	62.35
Exchange on checks	.10
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Total disbursements	792.45
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Balance on hand, August 30, 1924	11,369.62
Invested funds	83,951.57
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	\$95,951.57

Note:—The Nurses' Relief Fund of the American Nurses' Association wishes to make a correction in the report of the Fund for June, 1923, in that the North Dakota Nurses' Association made a contribution of \$39.50 which was made in May of the same year.

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y.

If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON
ROBB MEMORIAL FUND
TO SEPTEMBER 10, 1924

Previously acknowledged	\$28,875.84
Missouri: Fourth Dist. Assn., \$1; Protestant Hosp., Alum., St.	
Louis, \$5	6.00
Nebraska: First District Assn.	5.00
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Total	\$28,886.84
MARY M. RIDDLE, Treasurer.	

REPORT OF THE McISAAC LOAN FUND
TO SEPTEMBER 10, 1924

On hand at last report	\$333.68
Illinois: Illinois Training School Alumnae, class of 1904	14.00
Missouri: Fourth District Assn., \$1; Protestant Hosp. Alum., St.	
Louis, \$5	6.00
Nebraska: First District Assn.	5.00
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	\$358.68
Loan made	\$200.00
Loan made	100.00
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	300.00
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Balance	\$58.68
MARY M. RIDDLE, Treasurer.	

Checks to the two funds should be made out separately to the order of Mary M. Riddle, Treasurer.

Important Notice.—For the present, all contributions should be addressed to Mary M. Riddle, care of AMERICAN JOURNAL OF NURSING, 19 West Main Street, Rochester, N. Y.

Constant requests for scholarships and loans have to be refused. If every State Asso-

ciation would give \$25 a year; if every District, \$10; and every Alumnae, \$5, many more students could be helped to secure the education needed to fit them for better service to our profession.

INTERNATIONAL COUNCIL OF NURSES

What: The International Council of Nurses is planning an International Congress for Nurses.

Where: At *Helsingors, Finland, July 20-25, 1925.*

Who: Nurses belonging to the American Nurses' Association, which is a member of the International Council, will have an unusual opportunity to meet prominent nurses from all five continents.

Transportation: The Transportation Committee is negotiating with *The Cunard Steamship Co., Ltd.*, for one of their ships to sail direct to Helsingfors should the numbers warrant. An alternate plan under consideration is via steamer to England with a short stop at London before proceeding to Finland.

Cost of Trip: New York to Helsingfors, one way, \$152.00 to \$160.00. If special accommodation, such as private bath, is desired, a supplement to the fare will be charged. Return fare, by cabin steamers, from France or England to New York varies from \$120 to \$135 and up.

Special Trips after the Congress are being arranged and will be published in the professional nursing journals.

1. Are you planning to attend the Congress in Helsingfors? (Please state "yes" or "no")
2. What countries do you wish to visit after the Congress in Helsingfors?
3. About what date do you expect to return to the United States?
4. Will you be prepared to pay an installment December first of \$50.00; February first, \$50.00; April first, \$100.00 and the remainder, including cost of post Congress tours, three weeks before sailing from America?
5. The estimated minimum expense from New York to Helsingfors and return—a month trip—including passport, board and lodging in Helsingfors will be about \$400.00.

6. Please return this card filled in before *November first*, if you wish to avail yourself of this special opportunity.

In order that there may be a large attendance of American nurses at the Triennial Congress of the International Council of Nurses to be held in Helsingfors, Finland, July 20 to 25, 1925, and in order that attractive rates may be secured, the American Nurses' Association has appointed a Transportation Committee for this purpose. In formulating the plans with the Cunard Steamship Company, Ltd., to provide a steamer, the committee was advised that it would be necessary to determine at an early date the approximate number of nurses who plan to attend the Congress.

On August 9, a letter was sent to State Associations belonging to the American Nurses' Association requesting their coöperation in sending out to every member a printed postcard furnished by the Cunard Steamship Company, Ltd. It was also requested that a committee be appointed to handle deposits on tickets and other details.

Twenty-eight associations replied promptly, as a request was made that replies be forwarded not later than September 1st. It is to be noted that only about one-half of the membership of the American Nurses' Association has returned the letters. We urgently request that the states that have *not* returned the letters do so at once, even though they can state only that they are unable to give any assistance in making plans for the meeting.

The Steamship Company *must* have a tentative figure by November 1st, in order to arrange for the necessary accommodations to make everybody comfortable. Also the number going will determine the rate which the Steamship Company can allow. We urgently request the states that have not responded to let the Secretary of the American Nurses' Association hear from them promptly.

ARMY NURSE CORPS

During the month of August, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Margaret E. Aaron; to Army and Navy General Hospital, Hot Springs,

Ark., 2nd Lieut. Lila A. Condon; to Station Hospital, Fort Leavenworth, Kans., 2nd Lieuts. Margaret C. Wang, Sara A. McLoughlin; to Letterman General Hospital, San Francisco, Cal., 1st Lieuts. Anna B. Carlson, Elizabeth Harding, 2nd Lieuts. Alice A. Becklin, Lillian Doyle, Margaret Dwyer, Sara F. Kern, Blanche H. Eager; to Station Hospital, Fort McPherson, Ga.; 2nd Lieuts. Katherine Burns, Mary U. Curran; to Columbia University, New York City, 1st Lieut. Ruth I. Taylor; to Station Hospital, Fort Oglethorpe, Ga., Elizabeth A. Hagerty; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Maude Moore, May Dixon, Aniceta A. Sullivan; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Elsie H. Wolford; to Station Hospital, Fort Totten, N. Y., 2nd. Lieut. Catherine Lynch; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Maude Bowman, 2nd Lieuts. Jennie V. Hartwell, Mabel M. Lesley, Katherine L. Jones; to Station Hospital, West Point, N. Y., 2nd Lieuts. Ethel F. Carson, Joan B. Ray, Nellie E. McGovern; to Hawaiian Department, 2nd Lieut. Martha F. Stewart.

Orders have been issued for the separation from the service of the following named members of the Corps: Rosella Clancy, Mary Fahoney, Bonnie Farmer, Edith M. Hintze, Edna C. Meekins, Maude Moore, Elizabeth B. Murphy, Fannie Quarles, Sara Riley, Mary G. Sandes, Mary Shelton, Myrtle L. Payne, Mary R. Shellroy.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

REPORT FOR AUGUST

Transfers: To Annapolis, Md., Elizabeth S. Shaver; to Annapolis, Md., Naval Dispensary, Elizabeth Hoag, Chief Nurse; to Brooklyn, N. Y., Anna M. Setley, Faye E. White, Hilma Knudtson, Teresa Weigand; to Great Lakes, Ill., Henrietta Wiltzius, Gertrude M. Burke, Alma G. Stianson; to League Island, Pa., Margaret A. Morris, Edith Burgess, Sophia V. Kiel, Chief Nurse; to Mare Island, Calif., Helen A. Russell, Chief Nurse, Elizabeth L. Tope; to Newport, R. I., Julia T. Coonan, Chief Nurse, Ruth B. Mentzer; to

Norfolk, Va., Lillian M. Ward, Marilla Berry; to Puget Sound, Wash., Olga A. Osten; to Parris Island, S. C., Laura M. Nygren, Madge Solomon; to Pensacola, Fla., Elsie S. Ohlson, Annie Hamilton; to Port Au Prince, Haiti, Virginia A. Rau, Chief Nurse, Katherine V. Sheehan, Helen M. Wamsley; to San Diego, Cal., Amelia M. Saumweber; to Tutuila, Samoa, Ellen M. Hodgson, Chief Nurse, Isabella Gilfillan; to U. S. S. Relief, Margaret W. Barnes, Caroline V. Graham, Ruth E. Martin; to Washington, D. C., Katherine M. Gallagher, Chief Nurse, Laura T. Shies, Leobelle S. Wilfert, Nancy A. Erwin.

Honorable Discharge: Mabelle S. Torgeson.

Resignations: Julia Moehr, Mary S. Compton, Lillian Bowie, Elsie Flippen, Genevieve C. Jones, Helen J. O'Brien, Helen C. Houser.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

REPORT FOR AUGUST

Transfers: To Philadelphia, Pa., Kathleen Pifher; to Baltimore, Md., Eileen O'Brien; to Ellis Island, N. Y.; Bernice Redmond; to New Orleans, La., Mary Keegan, Frances Hogg; to Mobile, Ala., Beatrice Bona, Ethel Maynor; to Hudson St., New York, Alberta Therrien, Katherine Gibbons.

Reinstatements: Mary J. Coyle, Gertrude Coyle, Mary K. Palmer, Evalena Gracia, Margaret Kennedy, Zitta W. Clark.

LUCY MINNIGERODE,
Supt. of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE. Transfers: To Beacon, N. Y., Alma E. Lighthall, H.N., Marguerite O'Neill, Anna McCaughey, H.N., Margaret L. Cochran, Nellie L. Carter, H.N., Mary M. Woodward, Lillian E. Rayner, H.N., Abbie A. London, H.N., Theresa McDermott, Helen Sturrock, Margaret O'Connor, Mary E. Ryan, H.N., Mary F. Watson, Grace E. Doran, Belle McAtee; to St. Paul, Minn., Bertha A. Dramberg, H.N.; to Tupper Lake, N. Y., Katherine B. McGuire, H.N., Emma J. Hall, Madeleine I. Johnson, Beatrice J.

Casey, Mary Conkling, Mary F. Siddall; to Whipple Barracks, Ariz., Carrie Noben, H.N.; to Jefferson Barracks, Mo., Lillian Rutledge; to Tacoma, Wash., Mary M. Kelly; to Palo Alto, Cal., Marcella C. Erhard; to Oteen, N. C., Sarah L. Coleman.

Reinstatements: Ada McCool, Nellie B. Wallace, Barbara Hunter, C.N., Annie L. Kearney, Annie E. Higbie, Anna B. Giblin, Laura Mae Nell, Asst. C.N., Winifred Gallagher, Olive Winnington, Abigail Turner, Mary F. Ryan, Elizabeth A. Walker, Avie Carmichael, Alice V. Drury, Ellen D. Bryan, Ella I. Johnson, Ethel M. Young.

DISTRICT MEDICAL SERVICE.—Transfers: To Algiers, La., Nora F. McMahon; to Legion, Tex., Helen A. Weston; to Beacon, N. Y., Eva Darlington.

U. S. Veterans' Hospital No. 96, Tupper Lake, N. Y., opened for the reception of patients August 15, 1924. U. S. Veterans' Hospital No. 98, Beacon, N. Y., was ready for the reception of patients in September. Nurses will be needed for duty at both of these hospitals.

MARY A. HICKEY,
*Superintendent of Nurses,
U. S. Veterans' Bureau.*

UNITED STATES CIVIL SERVICE EXAMINATION

The United States Civil Service Commission announces the following open competitive examination: Graduate Nurse — Graduate Nurse (Visiting Duty)—Applications will be rated as received until December 30. The examination is to fill vacancies in the United States Veterans Bureau and in the Indian and Public Health Service. The entrance salary in the Indian Service, both for hospital and visiting duty, is \$1,500 a year. Furnished quarters, heat, and light are allowed appointees free of cost. The entrance salary in the Veterans Bureau Hospital Service is \$1,680 a year; and in the Public Health Service, \$1,020 a year, with quarters, subsistence, and laundry free of cost. Applicants must have been graduated from a recognized school of nursing requiring a residence of at least two years in a hospital having a daily average of thirty patients or more, giving a thorough practical and theoretical training, and must

show evidence of State registration. Applicants for the position of graduate nurse (visiting duty) must meet the requirements specified above, and in addition, must have had at least four months' postgraduate training in public health or visiting nursing at a school of recognized standing, or in lieu of such training, one year's experience under supervision in public health or visiting nursing. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or custom house in any city.

THE AMERICAN HOSPITAL ASSOCIATION will hold its twenty-sixth annual conference at the 106th Armory, Buffalo, N. Y., on October 6-10. Some of the most interesting sessions for nurses will be the Small Hospital Section, Monday afternoon, Charlotte J. Garrison of Des Moines, presiding; Wednesday evening, Nursing Section, Jean I. Gunn of Toronto presiding; Thursday afternoon, Social Service Section, Ida M. Cannon of Boston presiding.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its annual meeting in Kansas City, Mo., October 14-16.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its annual meeting in Detroit, October 20-22.

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting in Birmingham, October 21.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION will hold a meeting in Phoenix in October.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its twelfth annual meeting October 9 and 10, and the State Public Health Nurses Association will hold its meeting on October 11. All meetings will be held at the Elks' Home in Pine Bluff. All nurses throughout the State are urged to be present.

California: A CHILD WELFARE INSTITUTE FOR STUDENT NURSES was held in Los Angeles, April 29, under the direction of the California State League of Nursing Educa-

tion, (Southern Branch), in the First Methodist Church. The morning session was attended by two to three hundred students, in the afternoon from four to five hundred were present, and in the evening the auditorium was crowded to its utmost capacity to accommodate eight hundred and fifty to nine hundred. As this was the first time such an opportunity had been given Schools of Nursing in Los Angeles and surrounding towns, the response demonstrated was exceedingly gratifying. At both morning and afternoon sessions Tuberculosis in Childhood was most instructively discussed by physicians and nurses interested in that particular branch of medical and nursing care. These papers were followed by orthopedists, nurses and physiotherapists expressing the necessity of early recognition of Deformities in Childhood, and advice concerning the value of proficient correction. The Institute was particularly fortunate in having Dr. Ellen S. Stadtmuller, Director of Child Hygiene, for all three sessions. Her enthusiasm over Prenatal and Infant Welfare activities awakened much interest in the importance of closer coöperation in obstetrics and pediatrics. Papers of especial interest to Senior Students were read on the Plan for a Postgraduate Course in Orthopedics in a Los Angeles Hospital and another for a Public Health Course at Southern Branch U. C. Dr. Marian Van Waters, Referee of the Juvenile Court, and Dr. Ralph Truitt, Director of the Child Guidance Clinic, presented phases of nursing new to most students. All Senior students were requested to write essays discussing the benefits derived by them in attending the Institute. A nurse from the Kahler Hospital, Rochester, Minn., affiliating at the Children's Hospital, Los Angeles, was presented with two books for the best essay. The second prize, a book, was won by a student at the Loma Linda Hospital and Sanatorium. It is hoped to have a longer institute next year. **Long Beach.**—A surprise party was given on September 2 by the Nurses' Association to Alice Henninger, on the sixth anniversary of her becoming Superintendent of the Seaside Hospital. About 150 doctors and nurses were in attendance, who showed their appreciation of her services by addresses and gifts.

Colorado: Denver.—THE UNIVERSITY SCHOOL FOR NURSES, formerly at Boulder, which was suspended while the new university buildings were being erected, assembled its first group of students in this city on September 29 in temporary quarters, as the group of hospital and college buildings is not yet ready for occupancy. **Pueblo.**—Commencement exercises of the MINNEQUA HOSPITAL SCHOOL OF NURSING were held on the east lawn of the Nurses' Home, August 27. Diplomas were presented to the 10 graduates by Dr. R. W. Corwin. A banner in the school colors, orange and black, was presented to the School by the Alumnae Association. Following the exercises which were unusually interesting, a reception was held in the nurses' home. This being the 25th anniversary of the establishment of the School, the Alumnae held a Home Coming during commencement week. Thursday's program included a motor ride in the morning, luncheon at the Vail Hotel, and a picnic supper at the Nurses' Home at which members of the class of 1924 were guests. Stunts by members of the fourteen classes represented furnished amusement. The festivities ended with a dance on Friday evening.

Connecticut: West Cheshire.—Anna M. Cullen, a graduate of the Henry W. Bishop Memorial Training School, Pittsfield, Mass., is taking up new work at Wood Acres, a rest house for convalescent and elderly people.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses on November 4 and 5, 1924. Applications may be obtained from Mary E. Graham, 1337 K. St., N. W. Washington, D. C. Applications must be at this office not later than October 21. Mary E. Graham, Secretary and Treasurer.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Athens, November 17, 18 and 19.

Illinois: THE ILLINOIS STATE NURSES' ASSOCIATION will hold its annual meeting in Champaign, October 29-31. **Chicago.**—RAVENSWOOD HOSPITAL will have as educational director, Stella Tylski, who has been

studying at Teachers College since her return from Poland; Elizabeth Trevillion (Illinois Training School) is emergency supervisor; Winifred Jennings has resigned from the staff to enter the Northwestern University Medical School.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Indianapolis, October 2-4. Ina M. Gaskill, Director of the Department of Public Health Nursing, State Department of Health, has been granted a leave of absence for one year. Mary J. Horn will serve as Acting Director. Miss Gaskill has accepted the position of school nurse and teacher of Hygiene and Home Care of the Sick at the Shortridge High School, Indianapolis. **Crawfordsville.**—Lizzie Goepinger of Indianapolis has recently taken charge of Culver Hospital. The hospital has been taken over by Montgomery County and plans are being made to build to accommodate fifty patients.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting, November 18-20, in Des Moines, with a Red Cross meeting on November 17. **Boone.**—Anna E. Boetteher has been appointed Superintendent of the Boone County Hospital; she has been holding a similar position at the Immanuel Hospital, Mankato, Minn.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its annual meeting in Wichita, October 10-11. Headquarters will be at the Hotel Lassen.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will conduct its semi-annual examination at the J. N. Norton Memorial Infirmary, Louisville, November 18 and 19. Information and applications may be procured from Flora E. Keen, 115 North Main St., Somerset, Ky.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will open its autumn meeting on Friday evening, October 24, at eight o'clock, at the First Church in Northampton. Mayor Woodhouse is to welcome the Association, President Neilson of Smith College and Dr. Florence Meredith of the Department of Hygiene will be the principal speakers of the evening. The Saturday sessions are to be held at the Cooley

Dickinson Hospital, in the McCallum Nurses' Home. At nine a. m. the State League of Nursing Education will present a program, followed by the Public Health Section at ten o'clock. The Private Duty Nurses' Section will open at eleven o'clock. The Committee on Arrangements, of which Mary E. Ayer is chairman, has made special arrangements for an opportunity for the nurses of western Massachusetts to know socially all visiting nurses from other parts of the State. Lunches, teas, visits to hospitals and other places of interest are to be planned for in a very generous manner. A general session of the Massachusetts State Nurses' Association will convene at 2:30 p. m. on Saturday at the Cooley Dickinson Hospital. There will be a business meeting, and the principal speakers of the afternoon are to be Colonel A. H. Pierce, Medical Director of the Federal Hospital, and Mrs. Mary Hickey, Veterans' Bureau Nursing Supervisor. Transportation arrangements are not yet completed, but plans will be made for the easiest possible coming and going for all parts of the State. A complete report of the program for all sessions will appear in a later issue of the Journal.

Boston.—Mary K. Nelson, who for over three years has served as Director, New England Division Red Cross Service, was tendered an informal tea and reception by the Massachusetts nurses at the Boston Nurses' Club, September 3. The gathering occurred as a surprise to Miss Nelson, who sailed on September 9 to take charge of the American Hospital in Constantinople. Miss Nelson, who is held in great esteem by the nurses of Massachusetts, was presented with an American flag, Sarah Beatty, long active in Red Cross Committee service, making the presentation, assuring Miss Nelson of the very good wishes which accompany her in the new field of work. Virginia M. Gibbs, who is to follow Miss Nelson as Director of the New England Division, was a guest at the reception. Dr. Thomas J. O'Brien, Chairman Joint Committees on State and National Legislation, Massachusetts Medical Society, is to be the speaker, October 30, at a meeting of the Norfolk and Suffolk Branches of the State Association, to be held at 636 Beacon Street at 8 p. m. Dr. O'Brien is to talk on "Legislation."

Salem.—

THE SALEM CITY HOSPITAL held commencement exercises for a class of six in the Memorial Building, August 29. A reception and dance followed.

Michigan: The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Lansing, Mich., November 12 and 13, 1924.

Detroit.—HIGHLAND PARK GENERAL HOSPITAL TRAINING SCHOOL, Highland Park, graduated its first class of seven nurses in May. These nurses have formed an Alumnae Association and the following officers were elected: President, Edith M. Hayes; vice president, Edwina Gillaum; secretary, Leta Appleford; treasurer, Jane Stewart.

THE GRACE HOSPITAL ALUMNAE ASSOCIATION gave a farewell party at the Helen Newberry Nurses' Home, on August 21, for Zade Ives, President, who is leaving Detroit to make her future home in Altadena, California. Miss Ives will be greatly missed by her associates. A beautiful leather writing case was presented to her. This Association has completed its Alumnae Scholarship Fund of \$2,000.

Muskegon.—Amy Beers of Fairfield, Iowa, former President of the Iowa State Nurses' Association, assumed her duties as Superintendent of Hackley Hospital on September 1.

Minnesota:—THE STATE NURSING ORGANIZATIONS will hold their annual meeting in Minneapolis at the Curtis Hotel, for three days, on November 6, 7 and 8, 1924. This will be an unusual opportunity for nurses of the state who plan to attend, since the Minnesota Educational Association and the State Sanitary Conference will meet in St. Paul on the same dates and plans are being made for joint sessions, including all three organizations.

Mankato. — Miss I. M. Thompson succeeds Anna E. Boetteher as Superintendent of Immanuel Hospital. Miss Boetteher has accepted a similar position in Boone, Iowa.

Minneapolis. — Alma C. Haupt, Superintendent of the Visiting Nurse Association, has resigned to accept a position in Austria for the coming two years. Miss Haupt is going under the Commonwealth Fund as Director of the nursing part of the Child Welfare Program, of which Dr. Wilkes is the Medical Director.

St. Paul.—Lydia

H. Keller has been appointed Superintendent of the West Side General Hospital.

Mississippi:—THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its thirteenth annual meeting at Hattiesburg, October 30 and 31. All registered nurses in the state are urged to make plans to be present. All registered nurses who are eligible and who are not members are urged to make application for membership. Each should feel it her duty as well as an honor to be a member of her State Nurses' Association.

Greenville.—Martha I. Giltner has been obliged to give up her public health work because of illness.

Missouri:—THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual meeting October 1, 2, 3, at the Muehlbach Hotel, Kansas City.

New Jersey:—THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold its fall meeting on November 8, at Morristown, at the invitation of the Morristown Memorial Hospital Alumnae, in conjunction with the State Nurses' Association. In the absence of the President, Helen Stephen, the first vice president, Grace Miller will preside. Reports of the Detroit convention will be the chief feature of the meeting. THE NEXT EXAMINATION for the certificate of registered nurses will be held Friday, November 21, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information, apply to Agnes Keane Fraentzel, 302 McFadden Building, Hackensack.

New York: THE NURSING ORGANIZATIONS OF NEW YORK STATE will hold their annual meeting in Syracuse, at the Hotel Syracuse, October 28-31, with the following programs: NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING, *Tuesday, October 28*, Morning Session.—8:30, Registration. 9:00, Business session, reports of officers and committees, address of President, Mathilde Kuhlman; address, Selling Service, Frederick Bruns, President Syracuse Chamber of Commerce. 12:30, Luncheon. Speaker, Thomas P. Farmer M.D., on The Milbank Demonstration. 2:00 p. m.—Addresses, Thetford Mines Experiment in Ma-

ternity, Infancy and Child Hygiene, Alice A'Hern; Health for Health Workers, J. A. Lanza, M.D.; Our Responsibility Toward the Mental, Moral and Physical Health of the Young Worker in Industry, Mary Elderkin. 6 p. m.—Subscription dinner, American Red Cross nurses. Evening, Joint Session, Three State Organizations, Mathilde Kuhlman presiding. Addresses of Welcome, Mayor Walrath and Lesley West; Reply, Eunice A. Smith; address, Charles W. Flint, Chancellor Syracuse University. NEW YORK STATE NURSES' ASSOCIATION, *Wednesday, October 29*, 8:30 a. m., Registration. 9:30, Business meeting, Reports of officers and committees and Address of the President, Mrs. Anne L. Hansen. 2:30 p. m., Addresses by Dr. Livingston Farrand and Annie W. Goodrich. 8 p. m., Banquet and Entertainment. *Thursday, October 30*, 8:30 a. m., Conference of Principals of Schools of Nursing with Inspectors of Nurse Training Schools. 10:00, Round Table on Ethics, conducted by Elizabeth C. Burgess. 10:45, Round Table on Private Duty, Elizabeth E. Golding. 11:30, Address, The Nurse's Part in the Control of Cancer, William F. Wilde, M.D. Afternoon, 2:00 p. m., Report of the Detroit convention, Mrs. A. L. Hansen; business session. 3:30, Drive, followed by a tea at the Hotel Syracuse. Evening, 8:00 p. m., Social Activities of a Superintendent in a Small Community Hospital, Mrs. Genevieve Clifford. Pageant—The History of Nursing. Final business session. THE NEW YORK STATE LEAGUE OF NURSING EDUCATION will present the following program at its meeting on Tuesday, October 28. 8 a. m., Registration. Morning session, 9:30, Business, reports of committees, of local sections, of the Board of Nurse Examiners, and of the delegate to the National League. Afternoon, 2:15, Address by the President, Amy M. Hilliard. Papers.—Public Health in the Fundamental Nursing Curriculum, Gertrude E. Hodgman; Scholarships and Their Use, Elizabeth C. Burgess. Two round tables will be conducted at 4 p. m.—Nutrition, Equipment of Diet Laboratories and Teaching Methods, conducted by Mary Bowen, Director of Nutrition for the Schools of Syracuse; and Follow-up Work of the Student in the School of Nursing, Mildred Redfield.

Amsterdam.—Ethel M. Viele and Rose E. Brummer, graduates of the Amsterdam City Hospital, will sail on October 15 for England en route for India where they will do missionary nursing under the Lutheran Board. The Nurses' Home of the Amsterdam City Hospital is being enlarged and refurnished to accommodate 15 more students. **Buffalo.**

—M. Eva Dunne, graduate of the New York Hospital, has been appointed Superintendent of Nurses at the Buffalo General Hospital, succeeding Helen S. Buck who resigned because of ill health. Mabel E. Hoffman, formerly an instructor at the Rochester General Hospital of which she is a graduate, has been appointed Superintendent of Nurses at the Deaconess Hospital. **Cortland.**—DISTRICT 4 held a special meeting at the Cortland Hospital, September 11, with an attendance of 52. Arrangements were made for the convention of the State Association. Dr. John Wattenberg addressed the members on "Quacks and Patent Medicines." The District desires through the *Journal* to extend a cordial welcome to all nurses who are to attend the State convention in October. **Dunkirk.**

Josephine Briody has resigned as Principal of the Training School of the Brooks Memorial Hospital. **Ithaca.**—THE ITHACA HOSPITAL ALUMNAE ASSOCIATION held its annual steak dinner at Stewart Park in June. Reports were read. A sunshine box was sent to a member who is ill at Oteen, N. C. Many improvements and changes have been made at the Hospital during the past two years, due greatly to the present Superintendent, Mrs. Genevieve Clifford. **New York.**—Dr. George Vincent of the Rockefeller Foundation gave a luncheon at the Cosmopolitan Club on September 10 for Ruth E. Darbyshire, Matron of the University College Hospital, London, England. Miss Darbyshire is a guest of the Rockefeller Foundation and is making a study of administration of schools of nursing in this country. Harriet L. P. Friend has accepted a position as assistant instructor, Teachers College, Columbia University. **Ogdensburg.**

—ST. LAWRENCE STATE HOSPITAL held graduating exercises in Curtis Hall, on August 27, for a class of sixteen. The Nurses' Oath was administered by Caroline Hollenbeck, class of 1903. The address was given by Hon. Wal-

ter G. Kellogg. James E. Kelly presented the diplomas, and Robert S. Waterman, the prizes. A reception and dancing followed.

Rochester.—Eunice A. Smith, for many years Superintendent of Nurses at the Rochester General Hospital, has resigned. She is studying at Teachers College. Miss Smith has been active in all organization work in the city and she will be greatly missed. Jane Dickson, formerly of St. John's Hospital, Yonkers, has been appointed Instructor at the Park Avenue Clinical Hospital. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION held a regular meeting on August 1, in the Trudeau Building. Mrs. Beattie read an interesting paper on Insulin Treatment for Diabetes. The Association met on September 2 in the Trudeau Memorial Building. An interesting report was read by Miss Denton of the Saranac Lake General Hospital, concerning the Free Bed Fund. The regular business meeting followed. **Utica.**

—DISTRICT 7 held its annual meeting on the evening of September 11, at Faxon Hospital. Reports of the Detroit convention were given by Miss Soder, Miss Kranz and Miss Gaines. Miss Jenkins outlined plans for National Defense Day. Officers elected are: President, Lena A. Kranz; vice presidents, Eva M. Schied, Sarah Burns; secretary, Laura Soder; treasurer, Lena Plante; directors, Miss Woodskou, Mrs. Lena Clarke. The evening ended with a banquet for sixty in the new dining hall in the annex. THE UTICA CENTRAL SCHOOL OF NURSING is about to launch forth on its third year's work. The fact that it has proven a very satisfactory arrangement was evidenced by the unanimous vote of the Directors and Training School Boards of constituent schools. The location of the Central School at the Academy is ideal, the Board of Education coöperating in every way. During the last year the kitchen laboratory at the academy was utilized for the preliminary work in dietetics, the instructors being the dietitians from the respective hospitals. The use of the large, well equipped room for demonstration and practice has proven invaluable, thus standardizing the methods of work in the hospitals affiliating with the Central School. **White Plains.**—THE CENTRAL SCHOOL OF WESTCHESTER COUNTY has begun

its second year with an enrollment of 45 students.

Ohio: Lorain.—ST. JOSEPH'S NURSES' ALUMNAE ASSOCIATION met on September 2 at the hospital. Plans were made for finishing a dressing room in the new nurses' home for the graduates.

Oklahoma: THE OKLAHOMA STATE NURSES ASSOCIATION will hold its annual meeting in Enid, October 29-31.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting, October 27-30, at Reading with headquarters at the Berkshire Hotel. (For an outline of the program, see the September *Journal*). **Wilkes-Barre.**—Anna Mullen (class of 1921, Mercy Hospital), entered the Novitiate of Sisters of Mercy at Dallas, Pa., where the Sisters of Mercy have opened Misericordia College for the higher education of young women.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State Capitol, November 13 and 14, at 9 a. m. For application blanks and information, address Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket, R. I.

South Dakota: THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES has the following officers: President, Carrie E. Clift, 1205 W. Boulevard, Rapid City, corresponding secretary, Margaret Hoover, 302 Dak. Life Building, Watertown.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting October 6-7, in Memphis, with District 1. **Chattanooga.**—The Chattanooga District Nurses' Association held a called meeting on August 21, at the home of Mrs. Brockman when it was decided to take active part in the City Program on National Defense Day. Delegates were chosen for the State meeting. A Chairman and Vice Chairman were chosen to take charge of the nurses' booth which will be run during the Fair. A social hour followed. **Memphis.**—Miss Hammock is leaving the city to study missionary work in New Orleans. THE METHODIST HOSPITAL graduated a class of 21 on

June 30, at Madison Heights Methodist Church.

Texas: Galveston.—COLLEGE OF NURSING, MEDICAL DEPT. UNIVERSITY OF TEXAS, JOHN SEALY HOSPITAL. Grace G. Grey, Director of the School of Nursing, and Zora McAnelly, Instructor, attended the Columbia Summer School, New York. Miss McAnelly, class of 1924, succeeds Mrs. Helen Newland. Margaretta Perkins, class of 1909, has resigned as first assistant in the Training School Office. She will succeed Mabel Aiken as House Mother, Rebecca Sealy Nurses' Home. Theresa Wagner, class of 1916, will fill the position of first assistant. Helen Guinn, class of 1924, has been appointed Supervisor of the Colored Hospital. Amelia Eagleton, class of 1923, has accepted the position of Supervisor of operating room at Methodist Hospital, Houston; Eva Lyles, class of 1924, is her assistant.

Virginia: THE VIRGINIA STATE NURSES' ASSOCIATION held a three day annual meeting in Roanoke, May 27-29. The attendance was good and a great deal of interest was shown. Isabel Stewart of Teachers College, New York, and Elizabeth G. Fox of Washington D. C., were present and made addresses. The Foundation Fund for a chair of nursing at the University of Virginia, Charlottesville, was the topic most discussed. Officers elected were: President, Agnes D. Randolph, Richmond; vice presidents, L. L. Odom, Norfolk; H. V. Norris, Lynchburg; Evelyn Hill, Harrisonburg; secretary, Alice B. Dugger, 30 Shore Street, Petersburg; treasurer, Florence Bishop, Portsmouth; director, Ethel Smith, Craigsville.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting at the Immanuel Presbyterian Church, Astor Street, Milwaukee, October 28, 29 and 30. **Eau Claire.**—THE TENTH DISTRICT members entertained the American Legion nurses at a reception at the Masonic Temple, August 4, during the Legion convention held in Chippewa Falls. A splendid program was given, followed by a luncheon. Many of the Tenth District members gave their spare time and half days in assisting at the Baby Conference held in Chippewa Falls,

September 8-12. **Milwaukee.**—THE WISCONSIN NURSES' CLUB held open house on the evening of August 18, it being the first anniversary of the dedication of the club. An informal reception was held. THE FOURTH AND FIFTH DISTRICT held its first fall meeting, September 9. A special committee was appointed and a sum of money appropriated to honor the over-seas nurses who are patients at the National Soldiers Hospital in Milwaukee. Margaret Pakenham gave the report from the Detroit convention. The individual members were hostesses.

MARRIAGES

Mabel A. Berg (class of 1921, Presbyterian Hospital, Chicago), to J. F. W. Clark, M.D., September 2. At home, Laona, Wis.

Mildred R. Brown (class of 1920, Mid-Valley Hospital, Peckville, Pa.), to Frank A. Bein, M.D., September 9. At home, Irvington, N. J.

Martha E. Cellar (Toledo Hospital, Toledo, O.), to Clarence E. Houston, M.D., August 21.

Dorothy E. M. Follmer (class of 1920, Lankenau Hospital, Philadelphia), to Charles F. Steiger, September 2. At home, Williamsport, Pa.

Laura Freeman (class of 1923, Ellsworth Hospital, Ellsworth, Kans.), to Roy A. Wolfe, July 19. At home, Peoria, Ill.

Signe Gjerde (class of 1922, City and County Hospital, St. Paul, Minn.), to Arthur J. Comer, August 4. At home, St. Croix Falls, Wis.

Bertha W. Haller (class of 1919, Illinois Training School, Chicago), to E. Harold Bodley, July 23. At home, Hobson, Mont.

Joan E. Holm (class of 1918, Lankenau Hospital, Philadelphia), to Stanley Hawkins Wilson, August 20. At home, Detroit, Mich.

Nora Imhoff (class of 1923, University Hospital, Ann Arbor, Mich), to Edward Warren, August 25. At home, Ann Arbor.

Margaret C. Lindblade (class of 1921, Milford Hospital, Milford, Mass.), to Walter E. Prendergast, August 30. At home, Providence, R. I.

Agatha Lyons (class of 1917, St. Elizabeth's Hospital, Youngstown, Ohio), to Alfred

Veit, M.D., August 23. At home, Wapokemata, O.

Barbara M. Price (Army School of Nursing, Washington, D.C.), to Leon Griggs, M.D., August 30. At home, Fairhaven, N. Y.

Anna Reilley (class of 1916, Mercy Hospital, Wilkes-Barre, Pa.), to Joseph McCann in September. At home, in Brooklyn, N. Y.

Lillian Marie Roth (graduate of the Joseph Price Hospital, Philadelphia), to Conrad V. Hahn, July 17.

Mary C. Selch (class of 1922, Indianapolis City Hospital), to Richard B. Paynes, July 22. At home, Franklin, Ind.

Cora Snackenburg (class of 1924, University of Michigan Training School, Ann Arbor), to Carlton Winsor, September 4. At home, Ann Arbor.

Bessie I. Spiers (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), to William A. Artman, August 19. At home, LeRoy, N. Y.

Verna V. Starry (class of 1919, Weld County Training School, Greeley, Colo.), to H. L. Franklin, D.V.M., July 14. At home, Greeley, Colo.

Ethel R. Stoermer (class of 1924, Baptist Hospital, Memphis, Tenn.), to James M. Bailey, M.D., July 11. Dr. and Mrs. Bailey sailed for China in September to do missionary work.

Gertrude Thomas (class of 1923, Paxton Memorial Hospital, Omaha, Neb.), to Robert S. Somerville, September 15. At home, Minneapolis.

Frances Tremaine (class of 1919, Sarnia General Hospital, Sarnia, Ont.), to Arthur Francis, September 9. At home, Philadelphia.

Helen Monica Whitehair (class of 1921, St. Francis Hospital, Topeka, Kas.), to Harold A. Rohrer, August 5. At home, Junction City, Kas.

DEATHS

Gladys Bellamy (class of 1922, Beaver Valley General Hospital, New Brighton, Pa.), on May 29, at the home of her sister, following an illness of five weeks of scarlet fever and complications. Her loss is keenly felt by all with whom she came in contact during her training and since her graduation. In her short career of her chosen profession she had

gained many friends among her patients. She did private duty and contracted her illness from a patient whom she was so faithfully attending. The Alumnae Association and pupil nurses in uniform formed an escort to the train. Burial was at Mason, Mich.

Mrs. John Brown (**Ethel Hinds**, class of 1914, Toledo Hospital, Toledo, O.), of pneumonia, at the Miami Valley Hospital, Dayton, April 30. Miss Hinds took postgraduate work at the Polyclinic Hospital, New York. During the World War she served with the Navy Nurse Corps at League Island, Pa., and at Portsmouth, N. H. As an instructor, supervisor, or administrator, she was very capable; she practiced her profession until her marriage in 1923. Of high ideals and sterling character, she was held in high esteem by her many friends and associates.

Angeline King (class of 1905, Long Island College Hospital, Brooklyn, N. Y.), on August 20, at her home in Walkerville, Ontario, Canada, after a long illness borne with great fortitude.

Mary E. Morris (class of 1906, Michael Reese Hospital, Chicago), on August 26, at the hospital, after only a week's illness. Miss Morris was highly esteemed for her integrity, and no nurse was more beloved by her associates or her many patients. She did private duty nursing except for a year and a half when she served overseas. The American Legion officiated at the funeral.

Elizabeth Dean Smith (class of 1895, Michael Reese Hospital, Chicago), on August 28, at the Mercy Hospital, Benton Harbor, Mich., shortly after an emergency operation

for intestinal obstruction. Miss Smith was one of the pioneer nurses of the school; her fine work and sterling character did much to build up its early reputation. Her specialty for the past 22 years had been hourly nursing. Miss Smith's whole life was one of unselfish service. Both the nurses and the medical staff of the hospital respected her highly and sincerely mourn her loss.

Clara Tappmeyer (class of 1909, The Christ Hospital, Cincinnati, O.), on August 25, at her home in Newport, Ky. Miss Tappmeyer, after her graduation, did very efficient work in the Public Health and Welfare Assn. She organized the Public Health work in Newport, and then in the cotton mills at Columbia, S. C. She did similar work at New Orleans and White Rock, N. C. During and following the war she did nursing in the Government Hospitals at New Orleans, and just preceding her death she was employed by the United States Veterans Bureau at the Altemont Hospital, Fort Thomas, Ky.

Jean McCall Weir (class of 1915, Kensington Hospital for Women, Philadelphia), on July 19, following an operation. Miss Weir was Superintendent of the Kensington Hospital for Women at the time of her death. She will be greatly missed by all who knew her and the profession has lost a valuable member.

Charlotte Meredith Welsh (class of 1922, The Woman's Hospital of Philadelphia), on August 22, at the hospital, following an operation. Miss Welsh was faithful and conscientious with a gentle personality and high ideals.

"Time's wheel runs back or stops; Potter and clay endure."

—*Browning.*

"We fall to rise, are baffled to fight better,
Sleep to wake."

—*Browning.*

BOOK REVIEWS

HOSPITAL ORGANIZATION AND OPERATION. By Frank E. Chapman. 264 pages. Illustrated. The Macmillan Company, New York. Price, \$3.50.

When one recalls the large number of nurses who undertake the administrative duties of a hospital without preparation for, and in many instances knowledge of these duties, one appreciates the more the new book on "Hospital Organization and Operation," by Frank E. Chapman.

Mr. Chapman presents the functions and principles of organization in the first chapter. There is little discussion concerning the functions of a hospital,—as the care of the sick, the teaching of disease, and the study of disease, are generally accepted as the primary ones. The explanation of the fundamental principles of organization, which are as essential in a hospital as in a manufacturing plant, can not but emphasize the importance of an administrator understanding these principles.

Several chapters are devoted to departmental activities, including accounting procedures. The pages devoted to accounting are worth studying and should prove helpful to the young superintendent. The author limits the small hospital to one chapter as "after all—the difference in operation of a large and a small hospital is one of degree."

Chapter fourteen is generously illustrated with forms desirable for the daily procedures of operation and provides an answer to the question, "What does the hospital do with such quantities of printing?" One is flattered to recognize forms in common use and is inspired to call the printer and have all others prepared.

The book is both interesting and concise. Undoubtedly it will become more than a mere reference book in every school giving courses in hospital administration, as it is that which it was designed to be, a practical handbook.

ADA BELLE MCCLEERY, R.N.,
Evanston, Ill.

INDIVIDUAL GYMNASTICS. A Handbook of Corrective and Remedial Gymnastics. By Lillian Curtis Drew. Lea and Febiger, Philadelphia. Price, \$2.

This is a valuable and much needed text book in which abnormal conditions of most frequent occurrence as well as various kinds of physical inefficiencies are "analyzed, their causes discussed and attention directed to lines of procedure for prevention and improvement."

Dr. E. G. Brackett of Boston in a foreword calls attention to the definite benefit which follows the employment of the corrective forms of exercise, which "place this feature of therapy, viz., individual gymnastics in a fore rank of importance." Especially timely is this book since, "during the past few years emphasis has been necessarily placed on its closely associated ally, in the various forms of physiotherapy."

The influence of the Swedish system in Miss Drew's selection of individual exercises is more marked than in some other systems of individual work. One notices that Miss Drew describes the Swedish system as based on anatomical and physiological principles, omitting altogether its military component which planned the work for military groups and tended to develop a universal military carriage, rather than to develop the poise of equalized muscle pulls and

to overcome improper muscle tension, —a far more difficult thing to do.

The value of individual exercises as over against the usual type of class gymnasium work is well brought out. This reaction in its relation to mind training Henry Adams clearly illustrates in his autobiography. He says of himself that his "passionate hatred of school methods was almost a method in itself.—His memory was slow and the effort painful. For him to conceive that his memory could compete for school prizes with machines of two or three times its power, was to prove himself wanting not only in memory, but flagrantly in mind."

The same might well be said of the body, and indeed has already been said many times, often in vain, by dissatisfied members of gymnasium classes, whose poorly coördinated or muscularly weak bodies have been expected to derive benefit from competition with machines of much higher power.

It would be hard to find a book of 225 pages which contained so much meat for the student of individual exercises. Some will undoubtedly be disappointed that it is so elementary, yet for others this is its strong point. It is proving its value as a text book in training schools for physical education all over the country.

ESTELLE K. BERTINE,
New York City.

DIET AND CARE OF CHILDREN. By Harry S. Reynolds, M.D. 154 pages. Laird and Lee, Inc., Chicago. Price, \$1.00.

This book is a distinct addition to that group of books following the style of Holt's famous little volume for mothers. These books translate the

result of the physician's research into terms which mothers can understand and apply. They serve a double function; they enable the mother intelligently to follow the attending physician's orders and to meet the needs of the normal baby without the expense of the specialist's advice.

Questions which might arise in caring for the well child: recognizing signs of illness, and giving first aid, are clearly stated. The answer follows the question and includes the advice usually given by a pediatrician upon that point. He gives the rules of child hygiene, warns the mother against taking neighbors' ignorant or ill-adapted advice, and points out the limitations of a book of this nature; namely, that children are individual. If they do not thrive upon the general rules of child hygiene they must be taken to a physician.

My criticism is,—1, that he advocates measures admirable for the well child under the care of a physician, but radical when applied as a routine measure; 2, I may be too conservative, but I doubt if a mother can safely give an infant a formula based upon the general needs of a child of his age. A modern book of this type should forbid such a procedure.

The method of presentation is so clear and comprehensive that the book is of great value to nurses as well as to mothers.

GLADYS SELLEW, M.A., B.S., R.N.,
Cincinnati, Ohio.

THE UNSTABLE CHILD. By Florence Mateer, A.M., Ph.D. 471 pages. D. Appleton & Company, New York. Price, \$2.75.

The Unstable Child by Florence Mateer appears to be a thoroughly

scientific treatment of a live problem,—the very naughty child. The book is an extremely interesting one of the possibility and methods of clinical psychology in the diagnosis and treatment of ill-balanced children.

This theory that "There is no such thing as a bad child," is quite in harmony with the growing realization that deliberate crime may be an evidence of psychopathic tendencies, in spite of the convictions to the contrary held by the advocates of punishment merely for punishment's sake.

The author maintains her main thesis in a temperate and convincing manner and supports it with well chosen case studies.

The chapter on the congenital syphilitic is highly suggestive, particularly in view of the difficulty of getting medical corroboration for the suspicious psychological findings among these delinquents. The rule, "that a series of less than three negatives has little diagnostic significance," startles those of us who have too much faith in a single blood Wassermann.

The conservative attitude taken toward mental testing, although Dr. Mateer gives full recognition to its great value, is a hopeful sign for the future. After all, quantity is only a single aspect of intelligence, quality being equally important, and "mental function, not mental level, *may be the determining factor in behavior.*" Hasten the time when all psychologists accept the mental age with as much caution.

One needs a certain background and familiarity with the subject matter under discussion to get all that the book contains—it is not written for the aver-

age layman, although he will undoubtedly get much out of it. "The Unstable Child" is primarily a book for the specialist in clinical psychology; its form and size are to be commended (especially when one glances at Healy's ponderous tomes), and it will make a valuable addition to his library.

MARY GOODYEAR EARLE, R.N., M.A.,
New York City.

CARE OF TUBERCULOSIS. By J. A. Myers, M.D. 229 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$2.50.

Dr. Myers' book, "The Care of Tuberculosis," is a valuable addition to the literature on this subject. It covers in clear, concise and interesting text all the points we most need to know, beginning with the history of the disease and comparing ancient with modern theories regarding its origin and treatment. The description of the tubercle bacillus, its mode of entrance into the body and its activities therein are sufficient for the average student without confusing him with many details. The illustrations, charts and statistics quoted, also clarify the subject, while the list of recent literature offers suggestion for further study. Due emphasis is placed on the value of early detection and the injustice and danger of wrong diagnosis. Particularly valuable is the discussion of the various steps involved in thorough examination for tuberculosis from the taking of family and individual history to the final interpretation of laboratory tests and X-ray plates.

Education as Dr. Myers presents it has not in the minds of most people been included in the treatment of

tuberculosis. For he includes not only the patient and his friends but also the general public in this education as treatment. Responsible for teaching the general public, he includes "properly trained physicians, nurses, public health workers and persons who are or have been patients."

In the final chapters we learn of the cost of tuberculosis to the community, the success achieved by present methods of combating it, and the respective parts to be played by patient and

nurse. Throughout the book insistence is placed on thorough special training of nurses and physicians for tuberculosis work.

The book should prove excellent for teaching purposes because it is concise, tells just what we want to know, gives incentive for further study and leaves us with a hopeful ideal for service which is particularly necessary in tuberculosis work.

FLORENCE M. REDFIELD, R.N.,
New Haven, Conn.

TOO LATE FOR CLASSIFICATION

Ohio: THE PUBLIC HEALTH INSTITUTE will be held October 29 and 30 in Cincinnati. THE EDUCATION SECTION INSTITUTE will be held November 12-15 in Columbus.

Illinois: The second annual institute, held in Chicago, in August, was a great success. A splendid group of women attended, 128 in all, from 12 states, representing 19 different types of nursing. Some days it was sweltering hot and the noise was deafening, but that mattered not to them, they were there to get something and they were going to get it. Nurses from the private duty group were the third highest in number. Last year a number of school nurses complained that the Institute was held at the wrong time of the year for them. The last two weeks of August were chosen specially for these. It seems very necessary for the school nurse to keep up with all educational movements because of her close connection with educators. It is a requirement for all teachers to attend an institute. Is it unreasonable to think that some day the Board of Education will require the same of the school nurse? Her chief function is teaching. Are these nurses prepared to teach?

OUT-PATIENT DEPARTMENTS

The out-patient department is one of the important factors in carrying out a community health program; a program which has for its object to make available to every individual the best facilities for maintaining health, for protection against disease, for the care of the sick and handicapped, and for the prevention of death.

The out-patient department deals with the ambulatory patient, almost 90 per cent. of those who are ill, according to the figures of the Framingham survey.

The growth of the out-patient departments in the United States is interesting. The first one was established in 1786. In 1800, there were three; in 1900, there were one hundred; in 1910, there were 650; in 1922, there were 4000. During 1922, 7 million people were given treatment, making a total of 30 million visits.

The out-patient department gives an opportunity for instruction in health and furnishes an invaluable opportunity for teaching physicians and nurses.

Richard M. Smith, M.D., "The Relation of the Hospital Out-Patient Department to a Community Health Program," *Hospital Social Service*, July, 1924.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reimann, Whittier Hall, Teachers College, New York.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1074 Oak Street, Columbus, Ohio. Sections: **Private Duty**, Chairman, Helen F. Greaney, Chestnut Hill, Pa. **Mental Hygiene**, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. **Relief Fund Committee**, Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treasurer, Marion Rottman, Mt. Sinai Hospital, Milwaukee, Wis. Executive Secretary, Blanche Pfefferkorn, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 2151 California Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

New England Division American Nurses' Association.—President, Mary M. Riddle 36 Fairfield Street, Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Northwestern Division, American Nurses' Association.—President, May S. Loomis, City Hospital, Seattle, Wash. Secretary, Mrs. Elizabeth S. Soule, University of Washington, Seattle.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps U. S. A.—Superin-

tendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

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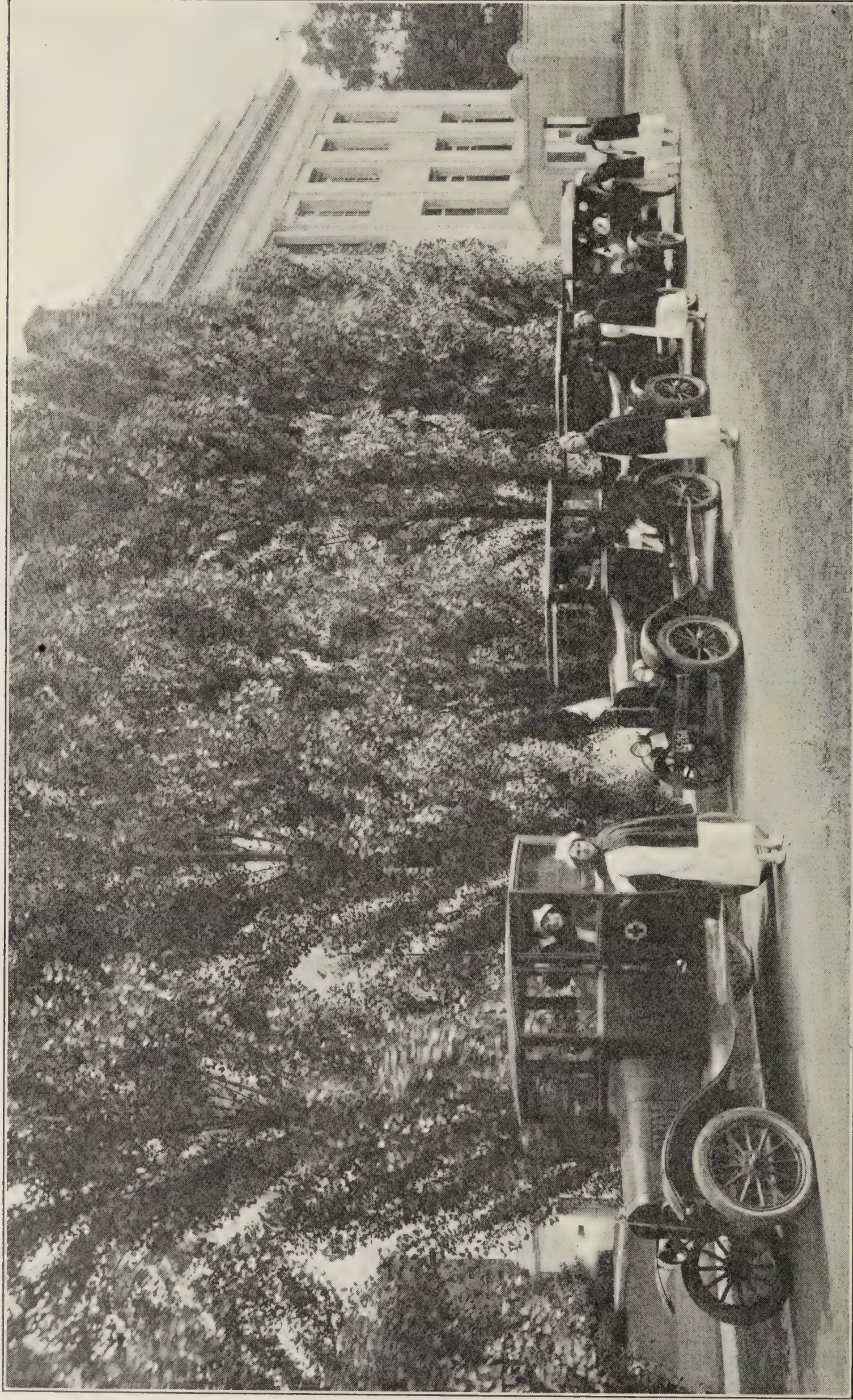
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RED CROSS NURSES LEAVING NATIONAL HEADQUARTERS TO TAKE PART IN THE WASHINGTON DEFENSE DAY TEST PARADE REVIEWED
BY THE PRESIDENT AT THE ZERO MILESTONE OF THE UNITED STATES

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

NOVEMBER, 1924

No. 14

EPIDEMIC ENCEPHALITIS: A NURSING PROBLEM

BY FRANKLIN M. HANGER, JR., M.D.

DURING the winter of 1916-17 an unusual neurological disease appeared among the warring nations of Europe. Since then it has spread to many parts of the world and has left a trail of death and hopeless invalidism wherever it has passed. The malady is called Epidemic Encephalitis, the name implying a communicable inflammation of the brain. It is not a new disease. The first descriptions of it in medical literature date back to the Middle Ages; however, in modern times it has never been so prevalent as during the past few years. At present it appears to be on the wane in this country, but no one can predict when another epidemic of even greater severity may follow.

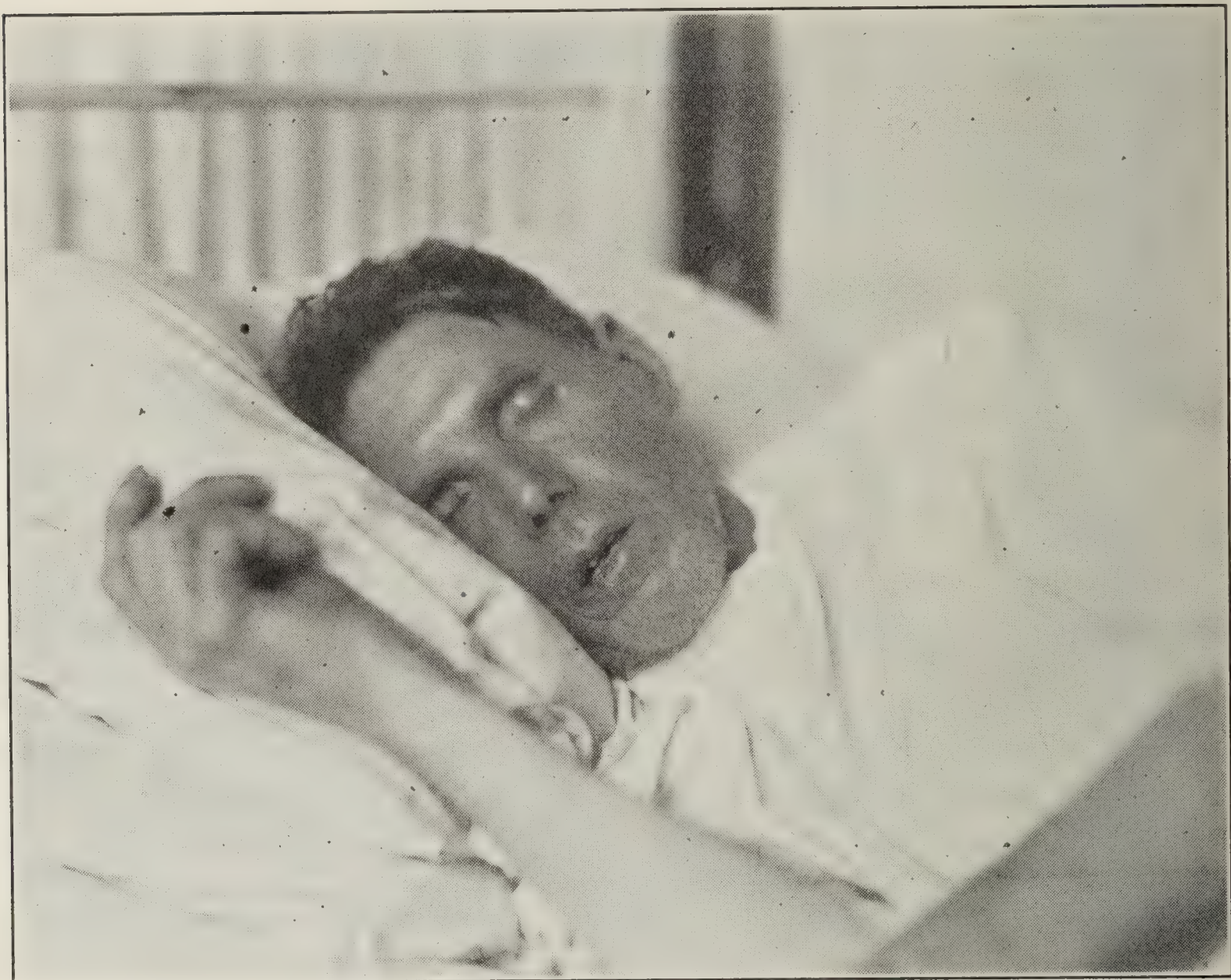
The cause of encephalitis has not yet been determined. There is evidence to show that it is due to a germ too small to be detected by the microscope. All attempts to culture this organism have proved unsuccessful. We do know, however, that it has the remarkable capacity to grow in the human brain. Here it produces an inflammation which damages and often kills many of the cells of the central nervous system. These cells, by a most delicate mechanism, create our thoughts, direct our

movements, and determine our behavior, therefore great havoc may be wrought to the individual by their destruction.

The symptoms of the disease in every case depend upon the areas of the brain that happen to be injured. Each patient presents an individual clinical picture; for example, some are drowsy, some have insomnia, some have paralysis of an eye muscle, some of the whole side of the body, while others have no paralysis whatsoever.

In some cases the nerve cells are only temporarily damaged and the symptoms subside with the acute disease. In others, the injury is more severe so that convalescence is prolonged to months and years. Actual destruction of the cells causes lifelong incapacity. Encephalitis not infrequently proves fatal when the involvement is extensive throughout the brain or when a vital spot, such as the respiratory center in the medulla, is affected by the disease. A brief outline of several case histories will be given to illustrate the variety of symptoms that may be encountered in encephalitis.

Case I—This was a man aged fifty years, who died five weeks after the onset of encephalitis. His first symptoms were twitchings of the muscles in his



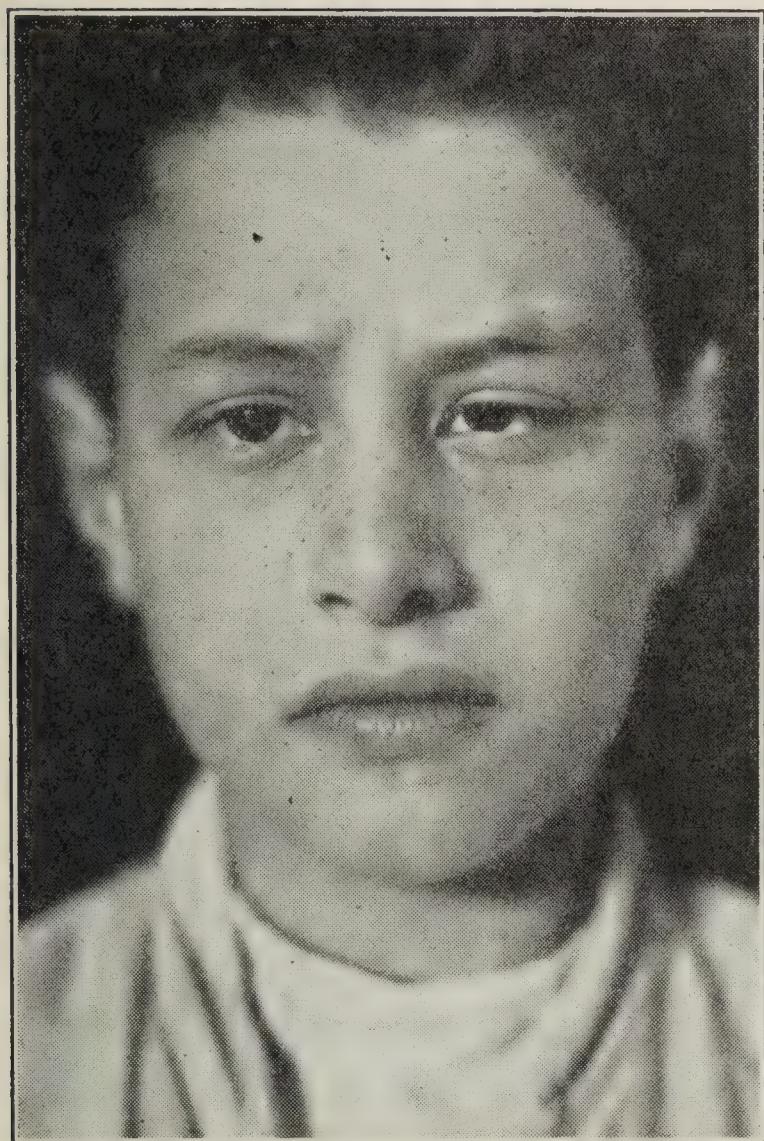
CASE I

legs and abdomen. He showed neither drowsiness nor excitement until late in the disease. Gradually he became stuporous by day and restless and irrational at night. He had an irregular fever which frequently reached 103 degrees. As the illness progressed, he became comatose and incontinent of urine and feces. Twitchings of the muscles continued until death. He died of respiratory failure when the disease affected the medulla. Autopsy showed inflammation and minute hemorrhages in his brain, medulla and spinal cord. The photograph was taken when he was lethargic, yet could be aroused.

Case II—This patient was a school boy of thirteen who had a relatively

mild attack of encephalitis. The disease affected chiefly a few small areas at the base of the brain where are located the cells that control movements of the eyes, eyelids and facial muscles. He felt quite well until he suddenly noticed double vision. It was found that he had a paralysis of the muscle which moves the left eye outward. There was also drooping of the left eyelid and a weakness of the right side of the face. He had a slight fever for a few days and brief intervals of drowsiness. He made a rapid and complete recovery.

Case III—This patient was a clerk, aged twenty-two, who shows the expressionless "mask-like" face so characteristic of this disease. It is probably



CASE II

due to injury of the brain cells that control emotional expression. There was also in this patient a slight drooping of both eyelids. His illness began with headache and general malaise. Even at the onset, he noticed drowsiness, but had insomnia and restlessness at night. He then found that he was unable to focus his eyes on close objects. There was an irregular, low fever for several weeks. While the symptoms were acute, he was lethargic, mentally confused, and showed constant twitchings of the muscles of his face, arms and abdomen. At night he was restless and noisy. After two weeks he gradually improved. Recovery was slow and never complete. Even two years later he had frequent headaches and insomnia. His face has never regained mobility of expression.

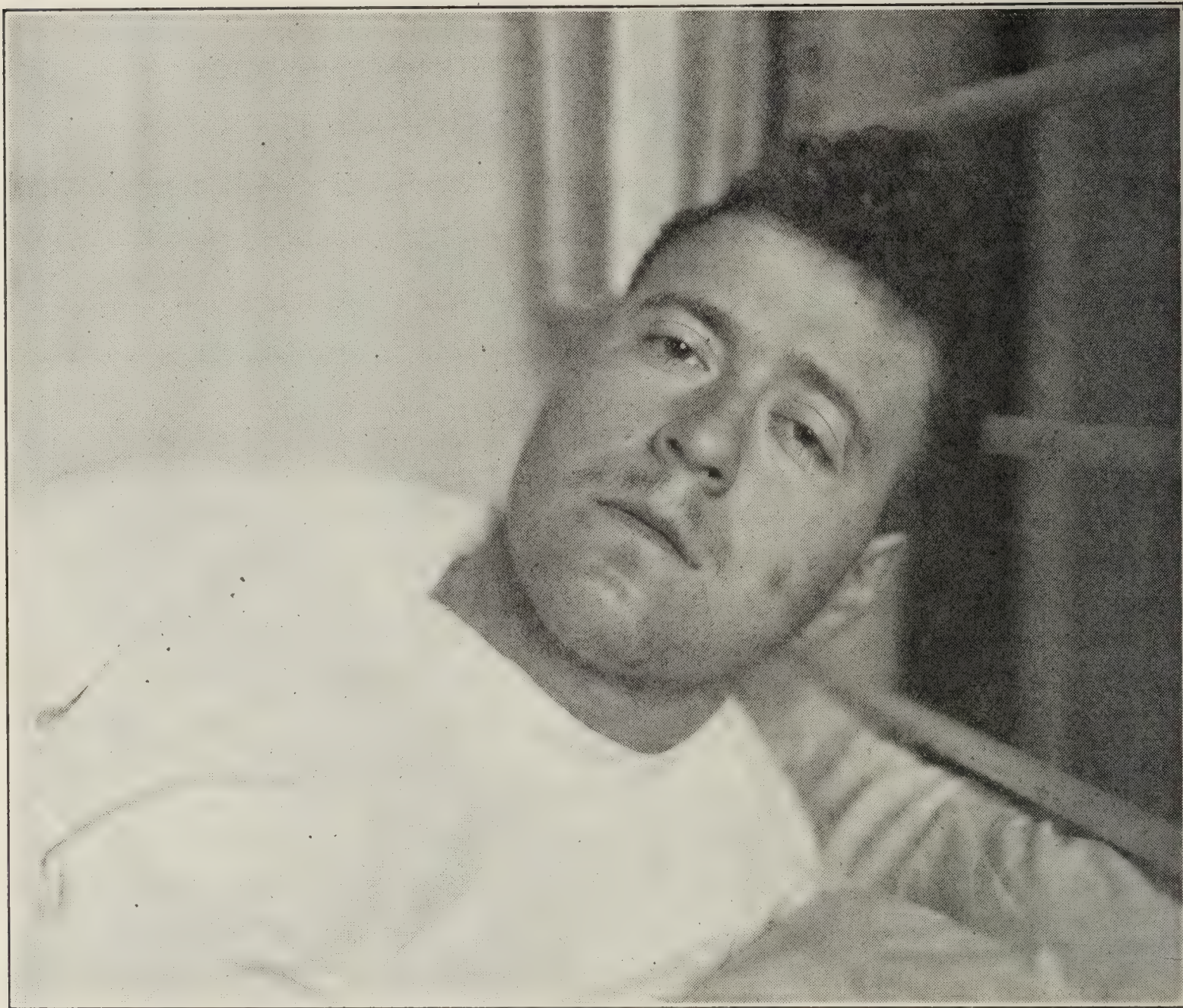
He is, however, able to continue his business and athletic activities.

Case IV—This boy, aged twelve, shows marked deformities resulting from encephalitis which he had four years previously. At that time he had fever and profound drowsiness. Soon afterward he developed the symptoms that he now shows. His movements are stiff and awkward. The muscles show no "team work," though they are not paralyzed. His face is expressionless, his speech slow and monotonous. Sweating of the face is excessive. He laughs and cries without provocation, yet mentally he seems bright. He has not improved since his infection and probably he will never do so. He gives evidence of a widespread, permanent injury of cells of the mid-portion and base of the brain. Note the expressionless face, the stiff awkward attitude of his body and left arm, and his complete inability to stand alone. A tremor of his head and left hand is indicated by a blurring of the film.

These case histories illustrate merely a few of the symptoms of encephalitis. It is quite impossible to enumerate here the many lesions that may appear in this complex disease. For simplicity they may be divided into four general groups:

1. Disturbances of mental processes, such as—coma, insomnia, delirium, emotional instability and hallucinations.
2. Disorders of motility, such as—paralysis, twitchings, convulsions, muscular rigidity, choreiform movements and many others.
3. Changes in the sensory system, such as—headache, numbness and radiating pains.
4. Disorders of automatic functions, such as—increased sweating, poor sphincter control, inability to focus the eyes, respiratory weakness, etc.

There is no specific cure for encephalitis. There are drugs and serums that



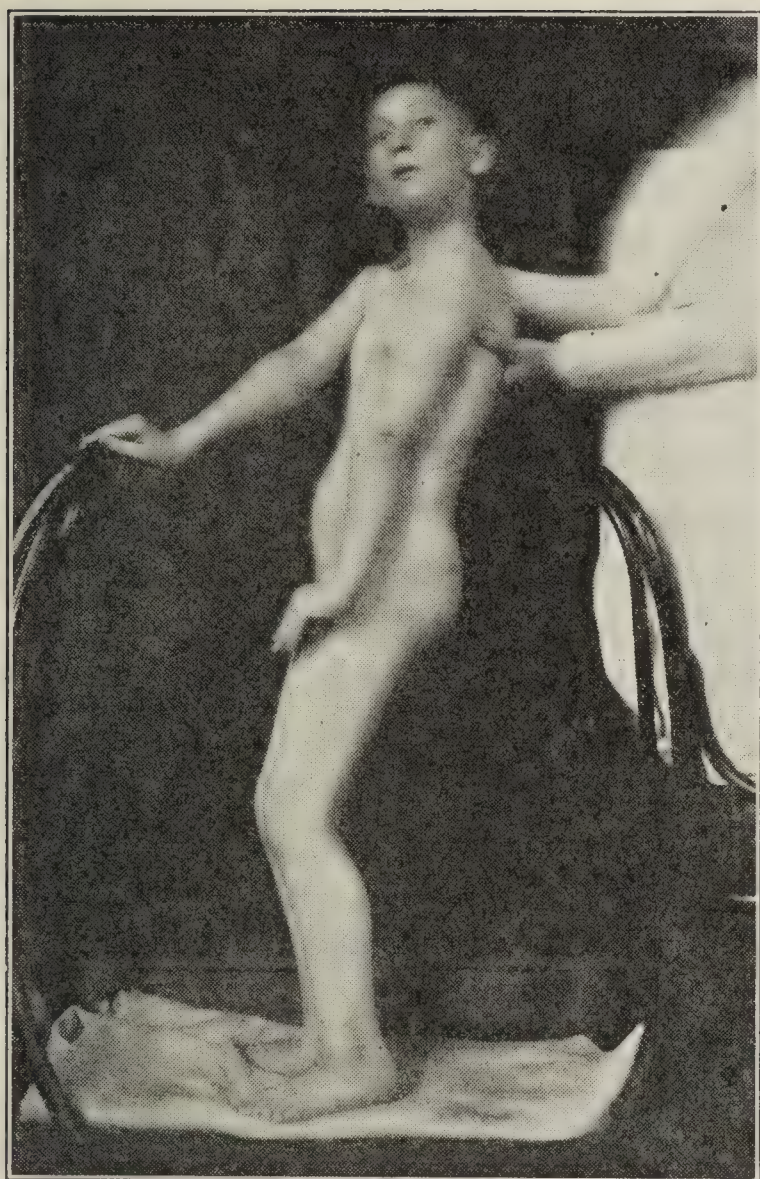
CASE III

are recommended to destroy the virus in the central nervous system, but usually they prove of little benefit. Much more important than medicines, is the general care of the patient. The object of good nursing in this disease, as in most acute infections, is to employ every measure that may aid the patient to heal his own lesions.

In few diseases is rest more essential. Patients are kept in bed long after the acute manifestations have subsided, for experience has shown that relapses are more common and cerebral damage is more extensive among those allowed up too soon. They should also be protected from excitement and mental strain.

The number of visitors must be restricted and their conversation limited to the simplest topics. The patients are often capricious and moody, owing to their brain disorder, and it is sometimes very difficult to gratify their fancies, though a reasonable effort should be made to keep them contented.

Patients are better isolated. Encephalitis is not highly contagious as compared with measles or scarlet fever, but an attempt should be made to prevent those in contact with the sick room from becoming "carriers" of the disease. This entails the destruction or sterilization of everything contaminated by excretions from the nose and mouth.



CASE IV

Members of the family must be warned of the dangers of fondling the patient. The nurse, by employing a careful technic, can do much to prevent menacing the health of others. She should wear a gown and special shoes while on duty. Masks are not necessary, but use of a mildly antiseptic gargle may aid in keeping the throat free of pathogenic organisms.

General nutrition should be maintained if possible. The diet may consist of any soft, wholesome food. Some patients are so drowsy that they fall asleep between mouthfuls and only by persistent coaxing can the caloric intake be made sufficient. In addition, it is desirable that fluids be forced to about ten glasses (2,000 c.c.) during twenty-four hours. The bowels are usually in-

active, but can be controlled by mild catharsis or enemata.

Many of the symptoms of encephalitis give rise to intricate nursing problems and determine largely the detailed care of the case. Patients with coma are especially helpless and require most careful attention. Feeding is impossible except with a stomach tube. Fluids can be supplied by clysis or by rectal administration. The jaw often hangs relaxed, and sordes and dried food quickly collect in the mouth unless it is kept moistened and scrupulously clean. Bed sores are prone to develop over the bony prominences of these incontinent, motionless patients. Pneumonia is also common, if they are permitted to lie on the back undisturbed. They are incapable of registering pain or expressing their wants; consequently skin lesions, abscesses, a distended bladder, or difficulties in breathing may develop into serious complications unless the nurse is constantly on the lookout for such abnormalities.

Restless patients present even greater difficulties. For days they may toss about singing, yelling and muttering incoherently. Sometimes they form organized delusions and attempt acts of violence. Sedatives, even in full doses, do not always effectively quiet this excitement. If there is fever, ice bags to the head and cool sponges are valuable measures for delirium. The most soothing effect is obtained with continuous tubs kept at about 97 deg. Fahr. An attendant must always be present to regulate the temperature and to prevent submersion of the face. Maniacal patients should be restrained in bed by force if necessary. Missiles and sharp implements must be kept well out of

reach to prevent their harming themselves or others. Even when encephalitis patients are mentally clear, their muscles are often in constant, violent agitation. As they toss about, the friction of their bedding causes extensive, painful excoriations of the skin. If a bath is unobtainable, the exposed areas should be protected by secure bandages.

Little besides rest can benefit cases showing paralysis. Braces and splints may prevent deforming contractures of a helpless limb. Later, massage and electrical treatments tone up weakened muscles while the injured nervous system is gradually recovering.

Headaches are usually relieved by phenacetin and ice bags. The neuralgic pains are best treated with local hot applications, but they often are very distressing in spite of all forms of therapy.

Rapid, irregular or faltering respirations in this disease should be regarded with alarm, for complete respiratory paralysis may quickly follow. Other symptoms that often forecast a fatal outcome are: high fever, rapid or feeble

pulse, generalized convulsions, hallucinations and cyanosis. Should any of these unexpectedly develop, the physician must be promptly notified.

Convalescence is often long and tedious. Patients have relapses and develop distressing symptoms even after the acute stages of the disease have passed. They become discouraged and impatient as they wait months and even years for signs of returning health. The duty of the nurse is to minimize this great ordeal. Little points that add to the comfort of the invalid may improve his whole outlook on life, and cheerfulness and gentle understanding will often inspire him with a fortitude that will not be downed.

Many never regain complete health. Recovery is usually sufficient for the patients to resume their occupational pursuits, but even in them, residual stigmata usually are discernible. Others, unfortunately, remain mental or physical invalids. Economically they are helpless and constitute, with other incurables, a serious problem for their families and for charitable organizations.

The Children's Bureau, Washington, states that \$1,688,047.12 has been expended by Federal and State governments to promote the welfare of mothers and babies under the Federal Maternity and Infancy Act during the first fifteen months following its passage. The Act has already demonstrated its value in that it has:

1. Stimulated State activities in maternal and infant hygiene;
2. Maintained the principle of local initiative and responsibility;
3. Improved the quality of the work being done for mothers and babies by disseminating through a central source—the Federal Government—the results of scientific research and methods of work which have been found to operate successfully.
4. Increased state appropriations with the passage of the act. From the appropriation for the fiscal year 1922, 15 states were able to accept only the \$5,000 unmatched funds. Six states were able to accept only the \$5,000 unmatched from the Federal appropriation for the fiscal year 1923. All of the states cooperating under the act either have already accepted more than the \$5,000 unmatched allotment from the 1924 Federal appropriation, or will be able to do so. Moreover, since the Maternity and Infancy Act became effective, 33 states accepting it have made definite increases in their own appropriations for the welfare of mothers and babies.

THE SCHOOL OF NURSING COMMITTEE¹

BY ELIZABETH UPHAM DAVIS

THE nursing school is accepted as a part of the hospital scheme. From the hospital point of view it is the means of securing the nursing service at minimum cost and providing such training as will enable the nurses to be proficient in their work. If the hospital selected its nursing employees in the way an industry picks its labor, it would engage nurses already trained, pay them trained nurse salaries, realizing that nursing is a "skilled trade" and that the best labor is the cheapest in the end, or in the absence of trained nurses, the hospital, like many another industry, would engage promising material, "train it on the job," and pay such wages as are commensurate with the service rendered. The nurse, thus being trained, would be fitted for a particular job and unless promoted, or shifted at the hospital's convenience, would remain at that post as long as she is in the institution's employ. Supervisors would be in the capacity of foremen or forewomen. But the hospital has no funds to pay trained nurses' salaries, nor even funds to pay apprentice or journeymen nurses. Rather, it sees in its clinical material the opportunity for nursing education, and promises the prospective nurse training for her life's profession in exchange for service rendered the hospital during her period of training. Thus education, and not wages, is the remuneration of the nurse.

The moment the hospital enters into this relationship with the nurse, the

nursing service becomes not only a labor but an educational problem as well. Thus the training school has the two-fold function of supplying the quality of service desired by the medical men together with the quantity demanded by the labor needs of the institution, and at the same time providing an education which will compete in attractiveness with the lure of college, university, and the multitude of new professional openings to the young woman of today. The training school must be conducted as an educational institution. Students are choosing to enter those hospitals which afford the best educational opportunities. They demand that they be not kept at the hospital task in which they are proficient, but that they be instructed in all the departments, even going to affiliated hospitals for those services not included at the hospital school. The supervisors must be practical teachers as well as intelligent supervisors. Theoretical work must be correlated with practical experience. The Superintendent of Nurses must also be the Principal or administrative head of the school.

The Board of Directors understand the economic phase of the nursing problem for the Board is constantly dealing with the knotty subjects of budget and service. The Board, by its very nature, is experienced in economic problems, for it is usually the men and women of affairs, held in the public's confidence, who are asked to serve on Boards. It is, not infrequently, the busiest men, who carry the heaviest financial and executive responsibilities who unselfishly

¹ Read at the Nursing Section of the American Hospital Association, Buffalo, N. Y., October 8, 1924.

find the time to serve on hospital Boards. They combine sound business judgment with a splendid ideal. Hospital decisions are not made alone in terms of costs, production and efficiency, but also with the vision of the hospital's service to the community. This involves equipment and staff which can in no way bring financial returns. Charity increases the hospital's usefulness but not its returns. Laboratory and research indirectly benefit the community, but very directly add to the hospital's "overhead." The Board is expert in business administration, alive to economic problems and animated by a philanthropic spirit. In no sense is its personnel made up of educators or men and women interested in the administration of an educational institution, and yet the hospital finds itself confronted by the educational demands of its pupil nurses, by the requirements of standard nursing schools, and by its own contract with its nursing employees to give training instead of remuneration. Thus the Board, quite unprepared, is having to take seriously its responsibility for an educational program to its students. The School is, however, but one of the manifold problems which come before the Board, and its solution, like that of other interests, such as purchasing, equipment, financing, building, etc., must be left to special committees to study and report. To the Nursing School Committee is therefore delegated the duty of learning the needs and safeguarding the interests of the school.

THE NURSING SCHOOL COMMITTEE

The personnel of the Nursing School Committee must include those members of the Board who are interested in edu-

cation and willing to study the curriculum and requirements of nursing educational standards and who have a sympathetic understanding of young people and their point of view. The medical staff should be represented on the committee by a doctor who not only knows the qualifications desired by the profession for the nurse, but who also realizes the demands the profession and patient make upon the nurse. The Principal of the School and Hospital Superintendent are, of course, members of the committee. In addition to this group, representing the Board, the Medical Staff and hospital officers, the alumnae association of the school might like to be represented on the committee, and the nurse herself would undoubtedly have a real contribution to make. There might also be professional educators in the community who, while not especially interested in hospital details, would have valuable suggestions to offer along broad educational lines. The alumnae representative and members selected from the community at large suggest the possibility of going outside the hospital Board and staff for committee members. To be sure, these outside members would be chosen for the particular service they could render the Committee, and it is probable they would prove more valuable members than the Board representatives themselves. On the other hand, confidential matters, not desirable to be discussed outside of the hospital, must come before the committee. For example, such subjects as change in the administrative head of the school, the fitness of members of the graduate staff and student morale are all advantageously confined to the Board and hospital authorities. The

question is therefore raised whether the committee enlarged to take in very desirable members outside of the Board is not in the end handicapped by a committee too large to be workable and embarrassed in the discussion of certain subjects by the presence of those not authorized to act. The size and interests of each hospital Board will suggest whether it is advisable to confine the Nursing School Committee to Board members or to add an outside group. If the latter seems the better way, the overcoming of the difficulty of size may be obviated by dividing the committee into sub-committees such as committees on curriculum, school budget, the nurses' home, social life, etc. The embarrassment, too, of the presence of outside members may be lessened by selecting the chairmen of the sub-committees from the Board and only calling the chairmen and those members who sit in at the Board meetings into a conference devoted to confidential hospital subjects. In this way the disadvantages are eliminated and the training school may have a workable committee of persons particularly fitted to further its interests.

The committee and sub-committees should have a regular time to meet, such as once a month. Less frequent meetings would fail to keep the Board in touch with the activities of the school. Unusual circumstances may justify more frequent meetings and the Principal should be at liberty to call special meetings in emergency.

THE NURSING SCHOOL COMMITTEE AND THE HOSPITAL BOARD

The Nursing School Committee is a feasible way of insuring the continued

interest of a group of Board members in the nursing school and the means of keeping the Board as a whole informed of the general school and nursing situation. Its chief purpose is to represent the interests of the School on the Board. While the details of the school may be left to the committee, the Board should determine the policy of the school, support it by an adequate budget, and be informed from time to time of the school's progress and activities.

The kind of nursing the hospital intends to give its patients necessarily shapes the policy of the school. For example, an institution dealing largely with chronic and convalescent patients needs reliable and faithful attendants rather than the more highly skilled nurse required in the hospitals caring for acute and surgical cases where technic, observation, judgment and ability to meet an emergency are essential qualifications of the nurses.

Not only the kind of nursing, but the type of nurses the hospital desires to attract also determines the policy of the school. The girl of grammar school education may make as faithful an attendant and as willing a worker as the high school or college graduate but she cannot be expected to have the same background or the same intelligent grasp of the subject as the student of advanced attainments. The college woman has a command of theory which should enable her to assume greater responsibility and to go farther in the teaching fields of nursing than the high school graduate.

Of all the professions open to women today, nursing will always have an especial appeal. It attracts the fine womanly qualities, it trains the hand,

the heart and the mind. The opportunities for service which inspired Florence Nightingale are as great as ever before. The background, the education, and the ambitions of the student may lead her into the fields of the nurse attendant, or into those of the graduate nurse, with such specialities as public health, visiting, hourly or industrial nursing, private duty, or institutional and executive work. Certain it is, the prospective nurse will select that hospital training school which offers her the richest opportunities for preparation for her career. This is evidenced by the fact that some schools have to offer a small remuneration to entice students to it, while others can demand a small tuition fee and still keep a waiting list of students. Needless to say, the hospital which offers fine training, claims the more ambitious students and the hospital which has a waiting list has the tremendous advantage of picking and choosing its pupils which lessens the later sifting out of poor material, and builds up a superior nursing service and morale.

In determining the policy of the school, the cost is the final consideration. The teaching demands of the various types of students are very different. A subject admirably presented to the high school student will be a distinct failure if offered in the same way to the college graduate. The better qualified the nurse on entering, the greater will be the necessity of fine teaching to hold her. Not only must the theoretical work be given in a scholarly way, but the graduate staff must be practical teachers as well as competent supervisors to hold the respect of the critical and ambitious student. The cost of

proper equipment and able faculty is a part of the school budget and must be understood by the Board. An ideal situation is endowment of the training school just as other professional schools operate under endowed funds. The affiliation with college and university is a happy solution of the problem of financing the unendowed school, as it insures good academic instruction in institutions where professors are experienced and equipment adequate. Moreover, the student receives the dignity and impetus of the college credit. The hospital, as its part of the affiliation, may easily be expected to furnish the student with clinical material and a practical teaching staff of high order. The students benefit by this arrangement, as they receive an instruction which it would be impossible to give without large endowment, and the hospital benefits by being relieved of the burden and overhead of attempting theoretical instruction and receives its nurses partially prepared and selected, so that there is less "turn over" and the nurses are ready to give intelligent service. Whether the school operates under endowment, affiliation or gives all training through its own teaching resources, the Board must take the responsibility of the cost of the training in setting the standard and outlining the policy of the school.

The Nursing School Committee may change its personnel, but it outlives changes of administration. This committee is particularly important to the Board during changes of the school head, as it safeguards the standards and the policy of the school. It sees that the new Principal is capable of carrying on the ideals and traditions of the

school. This way of perpetuating and developing a school through the interest and protection of the Nursing School Committee is in contrast to the method so often employed of engaging a school Principal without the Board appreciating her ideas on nursing education or themselves understanding the standard and measure of their own school. The policy of the school is thus left to the dictation of each head and too late the hospital may find the school has dropped in its rating and an inferior nursing service is felt throughout the institution in both faculty and students.

The busy members of the Board should not be burdened with the details which are the duty of the Committee, but they should know their Superintendent of Nurses and she should appear at Board meetings when matters relating to the training school or nursing service are discussed. In addition she should report from time to time to the Board the progress and general development of the school and nursing service.

THE NURSING SCHOOL COMMITTEE AND SUPERINTENDENT OF NURSES

The Superintendent of Nurses may consult with the Board on matters of policy and budget and with the hospital Superintendent on details of administration, but it is only with the Nursing School Committee that she may discuss her particular school problems. A Nursing School Committee which is functioning effectively acts as an advisory group to the Principal. The committee members should know the faculty, something of their ability and personality, as well as the type of students enrolled. They should know that students are having the right amount of

theoretical work correlated with the practical, that they are receiving the proper assignments to the various services and night duty, and that overwork or too long hours are not breaking down efficiency as well as health and morale. Too great a "turn over" in faculty or student body, due to illness or dropping out suggests a study of living as well as working conditions. Illness may mean strain, unwholesome conditions and lack of proper preventive measures and safeguards of health, while dropping out may indicate dissatisfaction in the hospital school or home, overcrowding, unhappy atmosphere, or unfortunate social and recreational life. The dropping of too large a proportion of probationers, while not as serious as the falling off of advanced students, does suggest laxness in selection and entrance requirements or dissatisfaction on the part of the students. Discipline is a more serious problem in a nurses' school than in any other educational institution, as a slip on the part of a nurse may involve the suffering and life of human beings. The student may justify "another chance" as far as her offense goes, but the risk may be too great to the hospital. The error, which may be due to nothing more than fatigue or rush on the part of the student, may have serious consequences for the patient and the student must be heavily penalized. All that may be said for self-government in colleges holds true in nursing schools. The students must become coöperative and responsible of their own initiative, yet the conduct of the students is not alone for their own benefit, as in a college, but for the protection of the patients as well. The Principal of the school, with such

assistance as she may desire from her faculty or student government, must be held responsible for the discipline of the pupil nurses. In cases of severe discipline, the Principal is often most eager to share responsibility or to have the backing of the Committee. In some cases she may even prefer to have the Committee assume the duty of a court of appeals where the student is given the opportunity to state her case before an impartial committee. Such a court acts as a protection to the student, the Principal and the hospital. Thus the accusation of haste, harshness, clash of personality, and unfairness are ruled out in punishment.

The special nurse service is one which does not come under the nursing school proper, but is nevertheless the responsibility of the Superintendent of Nurses. She cannot maintain the discipline nor dictate to the graduate nurse as she can to the student nurses, yet the special nurse must be under some regulation which insures loyalty and coöperation to the hospital as well as service to the patient. She must meet certain qualifications in order to nurse in the institution. The management of the special nurse service involves the policy of the institution and school. Shall the hospital attempt to provide a nursing service so adequate that the special nurse is only needed in extreme cases, or shall the school merely maintain a floor service to cover necessities, and so encourage the special nurse whenever the patient's finances permit? Undoubtedly the institution which gives adequate floor nursing to all but the extreme cases, offers the best training to the student body, but the hospital pays the expense of this extra service in addi-

tional floor nurses and supervisors, while under the special-nurse scheme the expense falls upon the patient. Thus the policy and budget of the school have a bearing on the special nurse service and must be considered by the Nursing School Committee. Whether the special nurse is encouraged for all cases in the hospital or only recommended for a few, there will always be a group of special nurses for whom the committee is responsible to provide their proper comforts, privileges and consideration.

The Nursing School Committee may assist the Superintendent of Nurses in another advisory way. The Committee is acquainted with the personnel of other Boards and institutions and knows something of their coöperation with one another and the civic and social life of the community. It is often a knowledge of these which makes one of two equally good plans especially advantageous and workable for the particular institution and it is just this information which the Committee is able to give the Superintendent of Nurses. The initiative of changes and policy in the school should come from the Principal, but she should consult the Nursing School Committee before radical measures are put into effect.

THE NURSING SCHOOL COMMITTEE AND THE PATIENT

The Nursing School Committee is a lay committee and herein lies its chief advantage to the patient as it sees the hospital and nursing service from the lay rather than professional viewpoint. The institutional workers cannot possibly have the detached view of the outsider for the very reason that they are

behind the scenes and are absorbed in the mechanism of making the wheels go around. The finer and better the professional workers the more they are a part of the institution. The patient, however, cares nothing for the institution. He takes the organization for granted. His particular comforts and interests are uppermost in his mind. Courteousness and graciousness on the part of the nurses and especially the little touches which give the patient the feeling that he, as an individual, is of special thought to some one, give him confidence and the happy impression of service. On the other hand, if he senses an institutional atmosphere and feels himself a part of the hospital routine, the hospital will always remain a cold and forbidding institution to him, no matter how perfect his care may have been, nor how faultless the equipment and nursing technic.

It logically comes to the Nursing School Committee to consider the details of the patient's comfort as the patient's satisfaction is so closely bound up with the nursing service. In fact, it is no exaggeration to say the patient judges the hospital by its nursing service. One slip in the nursing, and the patient is antagonistic and suspicious of the hospital as a whole. Quite justly he loses confidence in the institution when that part of the service fails with which he is most intimately concerned. It is always the policy of the Board to try to please the patients, but the Nursing School Committee knows that patients can only be satisfied as the school takes the responsibility for instructing the students in the fine points of service, and seeing that supervisors are women of tact and graciousness who are a con-

stant example to the pupil nurse. The student nurses will be quick to catch the spirit of a warm hearted human interest in the patients if they see it displayed in their supervisors. This spirit must be evident at the admission desk, in courtesy extended friends and relatives, in the consideration of the patient's psychology throughout his hospital experience and in a "reverence for his personality." Only too frequently in the past, the nursing force has been too small and nurses and supervisors have been so rushed, that getting through the necessities of routine was all that could be expected of them, with the result that nurses have been graduated who justify the ever recurring criticism of coldness and indifference. The Nursing School Committee which desires to give the patient the satisfaction of a pleasing, as well as an efficient nursing service, must not only supply enough nurses and supervisors to prevent rush, but select those in authority who, by example and demand, inspire the pupil nurse to consider the courtesy of an act as a part of its technic.

Hospitals have various ways of inviting constructive criticism. Whether it be by the personal visit to the patients of the Superintendent of Nurses, one of her staff, or request for written criticism on departure, the Principal should consider the trend of criticism most carefully with the Training School Committee.

The interests and activities outlined for the Nursing School Committee possibly suggest interference or dictation by the Committee. This is not the intention, as a competent Superintendent of Nurses should be in charge and

she should be given a free hand if she is to be held responsible for the school and nursing service. She should develop her own methods and not be hampered by a non-professional meddling committee. Moreover, the committee meets only once a month and so could hardly be more than in touch with the school. But, within its limits, the committee should function actively; first, representing the interests of the school on the Board, safeguarding the policy of the school during changes of administration and keeping

informed of progress in nursing education so that it may know that the standards of the school are being maintained; second, acting in an advisory capacity to the Principal on the curriculum, faculty and student life; and third, considering the hospital from the patient's point of view so that routine may be as mindful of his comfort as it is efficient to the institution, and that he may experience that courtesy and nicety in the nursing service which endear the hospital to the community.

THE BATH LIST

BY SALLY JOHNSON, R.N.

THIS chart provides for recording the condition of heads, the possession of tooth brushes, and the giving of baths. The initials of the person giving the bath appear in the first space.

In the wards, three baths a week are given and when this is accomplished, none is given on Sunday.

In the "head" space is placed a sign indicating the condition of the head (key at the upper right hand corner), and the initials of the person who cared for the head is in the same space. This is usually recorded once a week.

Every patient must have a tooth brush. A check indicates that this has been provided. The provision of a tooth brush is the responsibility of the head nurse, and it is not initialed.

The letters "Ad." for admission and "Dis." for discharge appear under the date on which the patient is admitted or discharged. This helps to explain vacant spaces. For instance, "Carr" was discharged on Tuesday and "Lane" was admitted on Saturday. This sheet is placed on the bulletin board of the Utility Room.

The American Nurses' Association has been accepted into membership in the National Council of Women, which will entertain the International Council of Women in Washington, D. C., in 1925, the first time that the International Council of Women has ever convened in the United States.

A DAY AT STANFORD SUMMER SCHOOL

BY RUTH A. WESCOTT, A.B., R.N.



MEMORIAL COURT, STANFORD UNIVERSITY

A GORGEOUS morning when you awake at 6:30 a. m. and go for a brisk walk about the "Quad," or up the hill before breakfast! You have only a week left, and back to the community from whence you came! Where may that be? Country or city or state, from the Atlantic to the Pacific Coast — Washington to Texas and Mississippi.

What are you going to take back to that community, to the hospital school of nursing through which you work? Not merely new zest and life, because of five weeks in a delightful climate on a charming campus, but much more, in a new interest and enthusiasm for the solving of nursing education problems in that community, and a definite conception of the phases of those problems which lie at your door. Beginning at eight o'clock in the morning, there are

a lecture and long conference with Miss Logan, who this year directed the summer course. Interesting discussions are held on the professional education of the young woman who desires to prepare for the field of nursing. Many problems brought by nurses from the various communities enliven the period with argument, question, criticism and suggestion. There are the problems of the dual function of the nursing school, the separation of the school from the hospital, the budget, the raising of the academic standard, the proper clinical facilities and adequate teaching equipment, the adequate faculty, the curriculum, the instruction itself, the catalogue, the life of the student in the "home," the preparation for her future in the profession and many more. Coming away from class, you know that the future of nursing education—whether it will grow

surely and steadily toward its ideal in giving young women a vital and growing interest in human service—depends largely upon you. Miss Logan's own enthusiasm has given you such vision as you have not yet had, and not only the vision, but a knowledge that it can and will become a reality through your efforts.

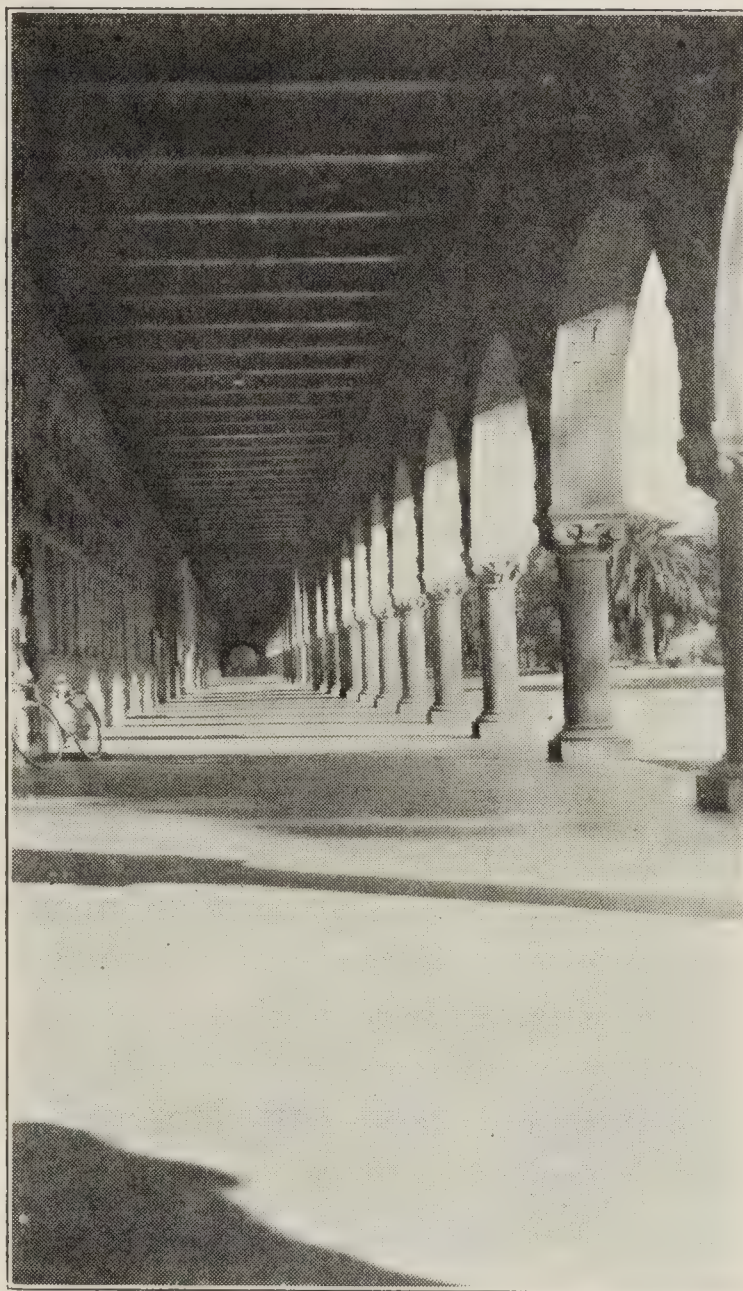
Other professors offer fascinating courses in sciences fundamental to nursing,—Psychology, English, History, etc., in which you may be an active member or an auditor.

The post office awaits you, and this is the day of the assembly, and Dr. David Starr Jordan, the honored President Emeritus, is the speaker of the day; his subject—"The Infinitely Great, the Infinitely Small, and the Infinitely Variable"—and you realize again what a wonderful privilege is yours in studying at this great University.

At 1:30 p.m., Miss White, instructor at Stanford School of Nursing, will be ready to conduct you through the mazes of teaching Drugs and Solutions and the other subjects in the curriculum. Do you know what aims you should have in teaching? Do you know how to accomplish them? Miss White will aid you in answering these questions and you will be eager to return to your school of nursing and try these methods.

Late afternoon, you must swim in the outdoor pool. Today, perhaps, there will be a visit to the Stanford Convalescent Home for Children. This is a delightful walk through the Arboretum, the cactus gardens, the farm, to Mrs. Stanford's home, which is now a most delightful home for children in need of much sunshine and air.

Another visit to the post office, dinner,



THE ARCHES OF INNER QUAD

a lecture or musicale in the Little Theatre, or study, and then perfect sleep and rest for the next day.

This is only a typical day spent by the group of nurses attending the five weeks' course in Nursing Education given at Stanford University during the summer quarter of 1924.

More and more are we in the profession realizing the need of a greater knowledge of all education, its growth and its purpose, of world betterment, to adequately provide in our schools of nursing the facilities for developing and accomplishing our own aim of health service. That is the reason for such a course. Stanford University offers to nurses a great opportunity to fit themselves in nursing education.

THE "COTTAGE SET ON A HILL"

BY AGNES D. RANDOLPH, R.N.

IT came at a time when the Graduate Nurses' Association of Virginia sat with folded hands, apparently waiting for the spirit to move them. There was no consciousness of our spiritual dearth in the mind of the philanthropic gentleman; he gave to us by giving to others. He offered a sum of money to Dr. Ennion G. Williams, State Health Commissioner, to be spent for the good of Catawba Sanatorium; he incidently set us a task which was to take many years to complete.

A thousand dollars was the gift made by Mr. S. P. Morgan, of Richmond, Virginia; and it was both big enough and little enough to cause discussion as to its spending. Doctor Williams had in mind no specific object,—and, besides, the gift was contingent upon its being matched. It happened that Doctor Williams met the writer on the street. "I hear you are president of the Nurses' Association," he said. "How would the nurses like to have a thousand dollars to build a cottage at Catawba for tuberculous nurses?—only they must first raise a thousand themselves." It was breathtaking. "We'd love it," I said.

The Graduate Nurses' Association had secured registration and were not definitely at work on any particular object; but through many sets of circumstances—the inevitable matrimony, for instance—there were not sufficient officers to sponsor such an undertaking, and we were too young to be able to handle called meetings and big debts. In such a predicament, it was necessary to collect a few chosen spirits to discuss possible methods. Nancy Minor,

Florence Black, Elizabeth Webb, Elizabeth Cocke, probably three or four more, came and we determined to wish the responsibility off on the Richmond Nurses' Club until the annual convention of the State Association.

The Club entered enthusiastically into the spirit of the affair, never dreaming that we had deliberately "put one over on them." They worked hard, and came with an offering of some two or three hundred dollars to the State convention. We were only to match the original thousand; a balance of seven hundred dollars looked small. The State nurses accepted Doctor Williams' offer, and the undertaking was officially launched.

That piece of work started us at the very nethermost foundation of organization. There was no card index of the State nurses, and I remember the evenings spent around the table in the dining room at the Nurses' Settlement at 223 South Cherry where we worked together to achieve this masterpiece! Alumnæ were approached, too, and asked to work as an association for the Cottage. It would be nice to remember all the people who responded,—Julia Mellichampe and Ethel Smith, of Norfolk; Celia Brian, of Danville; Virginia Thacker, of Roanoke; Mary Ewald, of Catawba itself—these are just a few of the many, and since there were so many, it is unfair to mention these. Those early efforts at organization and combined usefulness have borne good fruit in successful enterprises and enlarged membership.

At first the fruit they brought was in

the highly satisfactory form of dollars and cents. It came from many sources: from individual donations, to which we were already accustomed through the sick benefit fund; and from all forms of money-raising schemes, dances, concerts, card parties, lunches, moonlight excursions; it was in this latter that Richmond excelled. Florence Black was President of the Richmond Nurses' Club and is prominent in my mind, abetted by Elizabeth Webb, as the originator of the excursion scheme. Almanacs were consulted for moonlight nights, and in January we were all ready to pledge ourselves for a particular night of July or August, pledge ourselves to the tune of one hundred dollars of the Club's good money. They are fine money makers, moonlight excursions. Somehow the gods were good to us, and I remember no rain on our excursion nights during the two or three years we had them; always there was brilliant moonlight on the romantic banks of the James, rejoicing all except the poor committee. Our torment started with tickets, of which I remember we always sold some hundred more than the number of people the boat would hold; then we suffered torment over whether or not it would rain; more torment came over the marshalling of the crowd, and doubting whether they would behave; and final torment over selling them cold drinks and ice cream, we, ourselves, standing ankle deep in ice cold water while we did it; for what with the ice filled tubs for the ginger ale, and the wooden tubs for the ice cream freezers, one of which overflowed, while the other leaked, we always bade fair to go home to die of pneumonia!

Ah, the days of youth, with their

enthusiasms and their martyrdoms! They are glorious to live, and to relive in memory. Probably each generation will feel that its particular forms of play are the best the ages have given. I am, at least, certain that no nurses of today can have greater thrills than did our crowd while we worked and played for the Cottage at Catawba!

But the great thing is that we built it, and at a cost of about \$5,000, too. With the efforts of everyone in each city, the money came at last. In August, 1914, there was enough in hand to enable us to consider breaking ground. We were wise enough to let the Catawba group work over plans with the architect, and we combined the idea of a home and a sanatorium. It gave us a cottage with a living room and four bedrooms, and a porch big enough all by itself to care for the seven patients. The blue prints drawn and redrawn, the time had come to build. Doctor Williams allowed us to choose the location and I still recall the keen pleasure we took in viewing and discussing possible sites with Miss Ewald. Should we choose one where, in the spring, apple blossoms would shower themselves down in soft pink clouds upon the nurses? or select the one from which we caught glimpses of the "everlasting hills"? Should we go across the ravine into encircling green hills, because of the easy grade from the dining hall; or should we risk the up-hill walk, and build for a sight of the blue mountains? At last we chose the hillside, where the Cottage was to nestle close amid trees with the porch looking out upon distant mountains. Few, if any, have regretted that we yielded to the beauty of those distant hills.



NURSES' COTTAGE AT CATAWBA, VA.

Perhaps no building was ever done within its estimated cost; and, for the Cottage, expenses grew a bit. Everyone was interested, even thrilled, to have a hand in such a venture, and therefore, when the Chairman reported that additional money was needed, the decision was made to take to complete the build-

ing the amount which had been intended for furnishings, and to allow each city, or perhaps a single alumnae association to furnish an individual room. It was a pretty thought. Norfolk furnished a large double room and Roanoke followed suit, while the Old Virginia Hospital Alumnae and the Memorial Hospital



Alumnæ, both of Richmond, and the Danville nurses, took each a single room; leaving the living room for the Richmond Nurses' Club. I think love went into every stick of furniture and into every stitch in the pretty hangings!

At last it was done! The State Board of Health, in accepting it, made the agreement that if there were a vacancy on the Cottage a nurse need not go on the waiting list. In the days when the waiting list was as long as the capacity, prompt admission was of immense benefit. Again, a nurse might remain indefinitely at the Cottage; the six months' period of stay which was the rule for other patients was set aside for these, our own beds. The cost of care was the same, and of course the nurses were to conform to the rules of the Sanatorium. Prompt admission and indefinite stay were concrete benefits, and the sense of being in a place of her own building let the nurse thrive under a feeling of homelike proprietorship.

The thought that the sick nurses must pay always hurt us. There had been a tiny balance, \$13.33, to be exact, when the work was done. At the first annual convention after the opening of the Cottage, in the spring of 1915, it was determined to raise a fund to endow at

least one bed. We would need \$6,000 for this purpose, and even then as long as the present rate of \$1 a day was maintained, there would be a small deficit whenever a nurse was cared for continuously throughout the year. With the \$13.33 we went to work. Thus, the Cottage gave us the creative impulse, made us grow! We were older in the ways of organization by this time, and yet the second fund grew more slowly than the first; for the Cottage was finished four years after Doctor Williams' proposal had been made, and the second fund was not finally in hand until the spring of 1922. Perhaps the War retarded us. The fund was put into a trust in 1922, and had already maintained a nurse for six months before the trust papers were ready for signature.

Thus our Cottage came to be set upon a hill. Intended at first for seven nurses, ten beds soon found their way there, since the porch was wide and the need great. Unhappily it is almost always filled by nurses and can but rarely offer its hospitality to women outside the profession. Of the nurses who apply for admission, it asks no questions; pupil or graduate, members of our association or visitors within our gates,—to all alike it gives welcome.

THE WARD MANUAL

BY HARRIET L. P. FRIEND, R.N.

THE Ward Manual or ward standard book, as it is sometimes called, has gradually evolved in connection with the movement for increased efficiency and standardization in hospital management, including care of patients. The growing complexity of these problems is constantly spoken of, and any device

which assists in the working out of such problems is of great service. The Ward Manual has been widely enough tried to prove itself to be such a device.

In short, the Ward Manual is a gathering together of all helpful information which will assist in the running of a hospital ward. The most convenient

form seems to be loose leaf, typed sheets in the ordinary note book cover. The medium size cover seems to me to be the type most easily handled, but smaller or larger sizes might fit certain situations better. It is hardly necessary to say that the loose leaf form makes it possible to add new sheets at any time and also to remove sheets, as orders and instructions are changed. The sheets should be indexed in some form for ready reference. I might also say that the side opening note book cover is the more convenient form.

To introduce the Ward Manual, the purpose should be discussed in conference and each addition or subtraction of the contents should be worked out there.

To make a beginning, as many note book covers of the desired size should be obtained as there are wards in the hospital. The individual ward number or letter should be stenciled or stamped on the cover destined for such ward. A good supply of the proper size paper should be laid in also.

First, all standing orders of physicians may be typed in duplicate and a copy placed in the appropriate cover. In different departments, in charge of different physicians, there would probably be differences in standing orders.

Next, the routine orders for admission and dismissal of patients might be typed and added in the same manner. Samples of all forms that are used in the management of the ward should be added with such directions as are necessary for the correct use of these forms.

The standard ward equipment should be listed and included, as for instance the equipment of utensils to be found

in each ward and, if possible, where it is to be located, similarly, rubber goods, instruments, contents of the medicine closet, etc. With a central linen closet, the standard for linen would not be included, otherwise this standard would be included in the Ward Manual. Formulæ for solutions to be made up on the ward should also be included.

My experience has been that the weekly dish count and the monthly and weekly inventories of various equipment should be made in separate books. These have to be carried from place to place for checking and to the supervisor's office for approval. Subject to more or less hard usage, they are best kept in inexpensive scribblers. The standards for such counts however should be in the Ward Manual. The provision for the above mentioned separate books does away with the necessity of taking the Ward Manual from the wards, as it is in more or less constant use there.

As the duties of each of the ward personnel are outlined, such should be typed and added to the Ward Manual. One can easily see how valuable this is for the new head nurse or in the instruction of new members in the ward personnel. It also tends to prevent lapses in routine. I remember once in my own experience, when all instructions were transmitted by word of mouth, that I faced a shortage of dish towels and dusters, because my predecessor had omitted to tell me in the press of much more important information to be transmitted, that such exchanges were made on the fourth Monday of each month.

Most important in the Ward Manual is a condensed outline of each ward procedure in the care of patients. Such

an outline would contain a list of all articles needed in each case with a summary of the method to be used. Such outlines, after approval in conference, are a means of standardization, also an economy of time and effort as well as review for the student nurse. When treatments not so frequently used are ordered, the student can consult the necessary outline, find out just what equipment to assemble and a summary of the method. In an emergency it also gives her assistance. The "special nurse" might also find these outlines of use.

In relation to changes in the content of the Ward Manual, some care will be needed to see that the new material is added and that the obsolete pages are

removed. Probably the best way to be sure of this is to have one person responsible, who will add the new pages, taking out those out of date. Changes can be noted on the bulletin board.

It does not seem that any argument is needed for an agency which provides for preservation and centralization of necessary information. This can truly be said for the Ward Manual and the installation is so simple and inexpensive that the use of it should be widely extended. With such use, each institution will find increased uses over those that have been indicated in this paper and in addition a further step in efficiency in the care of the patient, which is after all our final goal.

THE DELANO RED CROSS NURSES

BY CLARA D. NOYES, R.N.

ISOLATION, primitive conditions and extreme poverty are characteristic of localities to which a Delano Red Cross nurse is assigned. Though every public health nurse at times knows what arduous work, strain and discomfort are—no one better—the position of their counties or towns does not generally accentuate the difficult side of the work and add to the tension and trials. But this is the case with the Delano Red Cross nursing service.

It was established through the will of Jane A. Delano, for ten years Chairman of the National Committee on Red Cross Nursing Service. Thirty-six years ago she worked among the wives and children of the Copper Mining Company employes, Bisbee, Arizona, when she realized what a public health nurse

meant to rough and ready localities. Recollections of that time caused her to lay aside a sum of \$25,000, the income from which, plus any royalties from her textbook, *Home Hygiene and Care of the Sick*, was to go to the support of one or more visiting nurses who, in memory of her father and mother, should serve communities of themselves unable to afford a nurse. To be chosen a Delano Red Cross nurse means to be in possession of outstanding characteristics among which are courage, grit, determination, perseverance, persistence, finesse, diplomacy. The profession produces no finer type of woman than these who pledge themselves to serve from three to five years so that health principles may be laid on a firm foundation in communities where before they have



MISS STELLA FULLER IN A BIDARKA OFF THE COAST OF ALASKA.

been utterly unknown. Exactly what this means and what is involved may be gathered from the stories of their work which follow.

Today, Delano Red Cross nurses number five. Stella Fuller was appointed on October 1, 1922, to fifteen hundred miles of the terrible wind-ridden islands and coast of shut-off Alaska; Margaret Harry, also in October, 1922, went to the high mountainous district and primitive folk of Macon County, North Carolina, in area 400 miles square and all of the roads bad; Edith M. Spiers, on September 5, 1922, was chosen for the islands of Penobscot Bay, Maine, at times inaccessible in winter; Emily Thornhill on January 1, 1924, took up her position among the serried hills and valleys of Buchanan County, Virginia, an area of 514 miles with not a mile of surfaced road in the county and but

three wagon bridges for the many rivers and creeks; and Janet Worden was selected on February 18, 1924, for the sparsely populated, wonderful mountain district of the central counties of Idaho.

An idea of Alaskan isolation may be gained from the fact that to the people in the settlements, canneries and salt-eries which Miss Fuller visits, the monthly call of the steamer is an event. They come in from neighboring islands or fox ranches in motor boats and dories. Stores and eating places make preparation. Every one gets up early. Even if it be night before the vessel makes port, they wait up for it and men, women and children, as well as all the dogs, go down to the wharf to welcome her in. At one place the ten white women prepare for "boat day" as for a special social affair, for they are generally invited to dine on board.

Desolation is left behind when the boat leaves—until it is time to make preparation for her next call.

Living conditions are appalling and health conditions deplorable in many places but especially among the natives, owing to the absence of doctors, dentists, clinics, dispensaries. On some of the islands the housewives are clean but have no knowledge of sanitation. They line their walls and ceilings with oilcloth which they wash regularly; they cover their floors with white sail cloths and the cleanest of hand made rugs; they insist on the whole family taking a Russian bath; but they cannot comprehend how disease is spread through common utensils, coughing, careless living.

Obstetrical work is carried on amid difficulties. This February on an icy ship at one time wind-bound for four days, Miss Fuller set out to attend a would-be mother from Perryville who had to come out to the steamer in an open boat at night time. She climbed up the rope ladder and over the ice-covered decks, finally falling into the nurse's arms, weeping with nervous fright. On the way to Unalaska the steamer struck a sand bar at the time the woman announced herself in labor. Fortunately it was a case of false pains and the child was not born until the mother was in safety at Unalaska. On another occasion, at Unalaska, Miss Fuller attended one woman in childbirth, took care of the mother and baby, sterilized and demonstrated the arrangement of the delivery room in the homes of three prenatal cases, had one case of appendicitis in the hotel, called on a chronic case, and answered one emergency request.

As elsewhere there are the "ups" as

well as the "downs." Volunteer service is cheerfully forthcoming. The A.R.C. chapter headquarters at Seward is rapidly reaching the dignity of a health center. And its rent at their own request is partly defrayed by the men of the steamer "Starr" on which the Delano Red Cross nurse makes her trips.

Around Highlands, which is Miss Harry's headquarters, a village twenty-five miles from a railway station, dwell mountain folk more than a hundred years behind the times. Many of the people believe in conjuring disease away and use the most extraordinary remedies possible. Before arrangements were made for a horse, this nurse tramped great distances to reach patients and found herself often alone in the forest at nightfall because of the length of the walks. No wonder Tolstoi's words occurred to her, "I live like a tramp to teach tramps to live like men." A loan closet has been established, and as there is a great deal of sickness at times, hitherto unknown comforts like bed pans, urinals, syringes, rubber operating pads, blankets, hot water bottles and ice bags are all in great demand. Last year, too, a health center with four beds came into being to which are brought patients so far away that they cannot be visited by the village physician.

The A.R.C. classes in Home Hygiene and Care of the Sick are taught and the pupils scatter out over the county to places many miles from a doctor where their knowledge is most useful in emergencies.

Effie, a girl of seventeen, has determined to become a Red Cross nurse. Miss Harry met her in an outlying settlement where she looked after her



MISS MARGARET HARRY WITH ONE OF THE BABIES SHE HAS USHERED INTO THE WORLD NEAR HIGHLANDS SOUTH CAROLINA.

grandfather and grandmother, the latter minus a hand which she lost in a cane mill years ago. The girl so wanted to go to school that Miss Harry made arrangements for the care of the aged couple so that Effie would be free to leave her mountain home. A piece of work was found for her where she earned \$15 per month, enough to defray certain incidentals towards boarding school and now she is on the way to realizing her ambition. "Highlands was more foreign to her," wrote Miss Harry, "than Egypt would be to you."

An old lady of eighty was another of

her mountain patients, Aunt Temperance, called "Temp" for short. She was suffering from a recent paralysis and was in a pitiable condition, the bed terribly soiled, back reddened from continued pressure, as she could move but slightly only one side of her body, and she was unable to speak. After a bath, bed made, linen all changed, back rubbed, a rubber draw sheet on the bed and a few other things arranged for her comfort, while three women stood around learning the procedure, she motioned to Miss Harry to come to her. Then she raised her hand as best she could and by touch attempted to convey the gratitude her tongue could not speak.

In winter, on the Maine islands, the steamers are frequently unable to make their daily calls. Sometimes two or three weeks go by with no word from the outer world or from other islands. Even then, when the boat can come, it has often to anchor outside the harbor because of the ice near shore. If this is broken, the people who volunteer to go out to the ship to carry mail, etc., are pushed out in a punt over the broken floes and then they can walk in safety to the boat, half-a-mile or so out. Once seventy-eight bags of mail and provisions—the lighter freight—were dragged over the ice to the shore. Heavier freight cannot be landed in such conditions. Each person carries something and Miss Spiers found herself with a gallon of milk and nearly two weeks' papers which she dragged ashore. When freight cannot be landed, diet for people and horses is curtailed and they go on short rations.

On another occasion Miss Spiers crossed the harbor on the ice to see a

patient. When returning she found the high tide had broken up the ice around the shore, leaving a few feet of water. She was alarmed, as she does not swim, but by dint of climbing over a boat and up a broken ladder, she managed to reach an old wharf ten feet above the sea.

During an epidemic of "flu" when pneumonia was prevalent, she found one of her patients, a man of fifty, alone in a camp by the side of the water. His two-room shack was appallingly dirty and he was very ill. How a human being could exist in such conditions surpassed understanding. No one could or would stay with him until the place was cleaned up a little. The president of the local ladies' aid, three other women and a man volunteered to help the nurse. Wood was first chopped, a fire built, and water was heated to wash dishes that had not been washed for ages. While Miss Spiers worked in the dark, dismal bedroom reached by a ladder, amid odds and ends usually found in a cellar, with the wooden bed reeking with kerosene and alive with bed bugs, the five people cleaned downstairs. They wondered how Miss Spiers endured working upstairs. It took them the whole of Saturday before it was fit for a person to remain in it for a short time.

After all the trouble, the patient did not improve. Miss Spiers told the doctor that she thought the man was getting up when alone and taking more cold. On the Monday his brother was notified, he walked across the island to stay and watch the patient Monday night. As a last resort the brother agreed to have him at his home if the nurse would get him moved across the island. This

was done. Next day, as it happened, a terrible storm came which made Miss Spiers glad that the man "was not in the shack by the sea where the wind and snow would have been his only companions."



MISS EDITH SPIERS PREPARED FOR ROUGH
WEATHER ON AN ISLAND OFF THE
COAST OF MAINE

Cleaning up houses like this, where middle-aged or old people live alone, has not been an uncommon experience for this Delano Red Cross nurse.

To carry out her work, Miss Thornhill has much riding to do over the steep Virginian mountains and ridges, which



PUPILS OF A ONE-ROOM SCHOOL IN BUCHANAN COUNTY, VIRGINIA, INSPECTED BY
MISS EMILY THORNHILL.

often means a week's journey visiting patients and schools for inspection of pupils away from Grundy, her headquarters. Just after her arrival Miss Thornhill wrote, "I find that I shall be called upon to do everything from praying in public to cleaning the jail for my office." An early experience was very quaint. She met one of the rural postal men, who was very old, riding along apparently in perfect indifference to the bitterly cold weather. When talking to him Miss Thornhill noticed his sock had slipped down over his shoe. In response to her question, "Aren't your feet cold?" he replied, "Yes, marm, my sock has slipped down but I can't get it up." She pulled it up over his pants and fastened it. He looked at her in bewilderment, then said, "The

Lord will bless you and you must come to see us when you are in our neighborhood."

Life in these mountain communities is full of incongruous incidents. Once, Miss Thornhill accompanied home the body of a man (he had been kicked by a mule and died in hospital) in case her services might be needed,—there is no undertaker in this county. The distance was eight miles, five of which they traveled on a log train. The twenty men took the body and "packed" it across the river and three miles up the mountain. The relatives screamed at sight of the cortege and went on screaming for twenty minutes. In the excitement no one thought of supper. At 7 o'clock it fell to the nurse and an aunt to prepare a meal. Miss Thornhill made the

bread, using a gallon and a half of flour. Three women stood by and watched her, one commenting: "We never seed anybody make bread like that before. She has sho teached us how to make bread."

On the way home they were startled by more screaming. Investigation showed it came from a home where a baby was in convulsions. Miss Thornhill asked the grandmother for hot water and mustard to give the child a hot bath. At that moment the mother who had never ceased screaming, intervened to shout, "No, I don't want my baby bathed. Hit would kill hit. Hit is ten months old and hit haint never had a bath yit." The baby was not bathed. That is true of many babies in that county. Miss Thornhill had been trying for three months to bathe one, the mother holding the opinion that she did not believe in bathing. She was not bathed when she was a baby and her child could get on without it, too. Eventually, though, this mother bathed her baby to stop the nurse's visits.

When talking one day to the clerk at the soda fountain, there was the sound of an explosion and the blast shook the building. One of Grundy's most prominent citizens was in the basement charging the gas tank for carbonated water. Miss Thornhill and the clerk ran there and found him unconscious with his head in a puddle of blood and water, the top of the tank at one side of him. The clerk lost his head. Fortunately, someone else came in to help the nurse. The man was alive but his arm was crushed to the elbow. Later, the doctor asked Miss Thornhill to accompany them to Hurley where the arm was to be amputated. She flew home, grabbed a bag, drank a cup of coffee, took a slice

of bread in her hand and arrived at the station just as they were bringing the injured man. It took an hour on a flat car, drawn by an engine with no headlights, to negotiate the hair-pin curves of the nine miles to Matney at the foot of the mountain. The patient was bleeding profusely. Here the tourniquet was adjusted. Then they set off up the mountain around a series of curves forming complete horseshoes. At the top of the mountain an engine with headlights and a flat car met them. They were coupled on.

By this time there was a perceptible change in the patient due to shock, pain, loss of blood and the rough trip, though Miss Thornhill in the light of a lantern had tried to steady the cot. As the engineer was told to make Hurley as fast as he could, the curves on the downward journey were taken at break-neck speed. At every turn the patient and cot were thrown backward and forward so that Miss Thornhill got on the floor, propped the end of the cot with one foot, the middle with the other knee, supported the patient's arm with one hand and held ammonia to his nose with the other. The climax came when, just as she was leaving the patient in the operating room, thinking her services no longer required and utterly shattered by that nightmare journey, she was called back by one of the doctors.

In the central counties of Idaho, marvellous for grandeur of scenery, with canyons five thousand feet in depth and eternal snow on the jagged peaks of Sawtooth Mountains, the great range which divides Valley County in two, so much beauty is ironically mocked by the condition of the people. There is extreme poverty. Lack of



THE KIND OF ROAD MISS JANET WORDEN
TRAVERSES IN CENTRAL IDAHO IN HER
TRUSTY FORD

water and money have caused many farms to be abandoned and from seven to ten men a day ask in vain for work. The few saw mills are only employing just the number they need to keep going. Fresh fruit and vegetables are non-existent and fresh meat comes up from Boise about twice a week, the train taking over nine hours to do the journey, as it stops for freight along the way.

Miss Worden finds the people most coöperative, unselfish and loyal, ready to profit by all they are taught. Children sadly need attention for teeth, throat, nose and eyes. As their parents cannot afford the time nor money to have them go to Boise, it was settled

that several medical men should come up in the summer and the doctor and nurse arranged a general repair.

Many classes in Home Hygiene and Care of the Sick have been taught. First Aid classes have also been held, a doctor taking the final lessons, and the Boy Scouts go home every night to bandage some member or other of the family and insist on subjects for practice, while the girls also practice the simple nursing procedure learned in the Home Hygiene classes, meeting in homes whenever a special practical demonstration demands a place for such work. In a very humorous manner Miss Worden describes how she overcame the lack of equipment for her Home Hygiene classes:

Nurse created a full-sized patient by taking a fourteen-year union suit, white stockings and long white gloves. The face was painted by the wife of the physician; the head was stuffed by another member of the class; and all parts connected—result, a very fair specimen. If any part is out of proportion, we demonstrate the neglect of proper posture, diseased tonsils, imperfect nasal development, etc. Truly, our creation looks like a flapper. Her neck is inclined to rotate at the wrong time, but we put that down to lack of calcium which really exists in Central Idaho. She has as yet no teeth, though full grown, due in part to this deficiency in the water up here. It has been necessary to take her on the train several times. The conductor does not charge her fare and handles her very gently, which is very generous of him, as she occupies a whole seat each time.

Only the barest indication of the work these five nurses are doing can be given. In her peculiarly isolated locality, far from creature comforts and the amenities of civilization, amid difficulties which might well daunt any but the bravest and most steadfast hearts, each is working for the life and health and

happiness of others. The present generation benefits and, even greater reward, generations of Americans yet unborn will come to finer manhood and womanhood in a vastly improved environment in these out-of-the-way-

corners of the nation. No one can live to herself alone but, of all the members of the nursing profession who eternally serve, surely these Delano Red Cross nurses live for others in a superlative fashion.

LOSS AND GAIN: AN ARMISTICE DAY MEDITATION

BY A NURSE

SEVEN years ago this summer all the usual and familiar motives of life were overwhelmed by a tidal wave of patriotism, and everywhere men and women prepared to "go into service."

The nurses, knowing the need for their skill and knowledge, reported for duty in all earnestness and sincerity. The months of waiting, the struggle to maintain morale, the strenuous days and nights of nursing, the impatient days following the armistice, all these seem far away and unreal, detached from other living,—an interlude of amazing discord.

But it was a wonderful experience, and now it seems time to think whether we have gained wisdom or lost faith as a result. We now know that we acted under the influence of some magnificent lies; we know that a war to end war is impossible, for age-old suspicions and hates cannot be annihilated by rousing peoples to desperate fighting. We now know that our seeming patriotism was made up of many motives beside pure loyalty to our country. We know justice between men and nations is yet hindered and mocked by selfish scheming at every step, so that progress seems impossible.

There is no question that it has brought us sadness and disillusion. We

have lost the exaltation of going forth believing our mission was to save the world immediately, perhaps by sacrificing our lives, but

Life may be given in many ways,

And loyalty to Truth be sealed

As bravely in the closet as the field.

and we have the opportunity to make as sacred an offering as our brothers and sisters who died. But, rather than improve our opportunity, are we turning with restless cynicism from the world as we see it today? Are we fretting because things are not as we hoped, grasping at superficial pleasures and believing that a selfish lust for power is unconquerable? The homely saying, that a chain is no stronger than its weakest link, is true; and if we can be brave enough to be thankful some of our illusions have perished, because thus a better vision of truth is revealed, each may as one individual—one link in the chain of national life—serve to advance the day when peace shall reign because men everywhere are striving sincerely for light and truth, and the blind struggle for power is at an end. If we have a grain of this high faith, it will grow into an abundant life, rich in the blessing of service, full of patient sympathy with suffering humanity, rejoicing in sincerity, and abounding in freedom.

WHO'S WHO IN THE NURSING WORLD



XL. J. BEATRICE BOWMAN

BIRTHPLACE: Des Moines, Iowa. PARENTAGE: American. PRELIMINARY EDUCATION: Public and high school. PROFESSIONAL EDUCATION: Medico-Chirurgical Hospital, Philadelphia. POSITIONS HELD: Private duty nurse for 5 years; Red Cross work in 1908; entered Navy fall of 1908; appointed Chief

Nurse, 1911; Supervisor Unit D. (England) in Red Cross Ship, 1914; appointed Superintendent Navy Nurse Corps, Dec. 1, 1922. PRESENT POSITION: Superintendent Navy Nurse Corps. ADDRESS: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

EDITORIALS

THE AMERICAN HOSPITAL ASSOCIATION CONFERENCE

“THIS conference has been an astounding revelation to me. The exposition of hospital supplies has been particularly striking since it is so far superior to what we have at our British Hospital Association meetings,” said J. Courtenay Buchanan of London, one of the honor guests of the American Hospital Association at Buffalo. Mr. Buchanan undoubtedly voiced the feeling of all who were attending their first conference. Since the Association is in constant competition with itself, the program and the exposition had much of information and of stimulation to offer those who habitually attend, year after year, for the true spirit of service was implicit in most of the programs and the exposition was not only the largest but also the best yet held, whether rated on educational or commercial values.

The importance of the Association in relation to the whole field of nursing and of health cannot be overestimated. It is encouraging to those dealing with special phases of these subjects to note the increasing appreciation on the part of the membership of the educational functions and responsibility for research in their institutions if they are to fulfill the modern conception of the hospital as a community health center.

The international trend given the meeting by the presence of many of our Canadian friends and by distinguished guests from England, New Zealand and China added a spicy and stimulating flavor not heretofore noted.

Nursing naturally occupied an im-

portant place on the program and nurses made important contributions to general programs. Miss Eldredge, President of the American Nurses' Association, held one of the largest meetings in complete and sympathetic silence, with her discussion of the “unwritten” curriculum of the school of nursing, the influences that make or mar the professional character of the student nurse. Miss Goodrich, fresh from the dedication of the James Whitcomb Riley Children's Hospital in Indianapolis, thrilled her audience with her discussion of Hospital Organization from the Point of View of Community Relations.

One of the most lasting effects of the meeting and one that should influence those who dwell in hospitals by choice as workers, or by the compulsion of illness, was the adoption by the Association of the very beautiful, dignified “My Pledge and Creed” prepared by *The Modern Hospital* and published in their September issue.

The membership drive of the Association is being prosecuted with vigor for, although the three thousand persons in attendance represent a mighty force, they by no means represent the aggregate social force of the hospitals of the country. With the close of the meeting the guidance of the Association passed from Dr. Malcolm C. MacEachren to the new president, Mr. E. S. Gilmore of Chicago and Dr. A. C. Bachmeyer of Cincinnati became president-elect.

THAT TRIP ABROAD

BREATHES there a nurse who has not at some time said, “When I go abroad,” or, “When I cross again?” We know of none, for every nurse

wants to know more about the European countries which are so closely akin to us.

The meeting of the International Council of Nurses at Helsingfors next July makes an excellent focus for the thinking of those who have never quite come to the point of making a plan. The Cunard Company is prepared to give excellent rates and special service if a sufficient number of nurses early indicate their desire to attend. The cost of chartering even a small ship is absolutely prohibitive, but it is possible for the company to limit to nurses the reservations for the sailing of July 9 until we have really indicated our wishes in the matter.

The ship selected is one of the new "cabin ships," some five hundred and fifty feet in length. Our "land lubber" friends will be interested to know that a cabin ship is one that carries only two classes of passengers, cabin and third-class or steerage. If such a ship is chosen, there is therefore no temptation to be unduly extravagant by traveling first class nor of developing an inferiority complex by thriftily traveling second class as might be the case on very large ships.

The members of the Transportation Committee and others have inspected the *Aurania*, one of these new ships. Comfort, English charm, and simplicity in decoration and furnishings have been achieved in drawing room, lounge and winter garden. State rooms vary in size and therefore in comfort. It is possible to economize to the utmost by sharing a stateroom with three friends or to be less sociable but more comfortable with one companion in a two berth room. This is a matter of purse and temperament!

No favoritism will be shown in the assignment of accommodations. Officials say definitely that reservations will be dated and filled in chronological order: in other words, it will be a case of first come, first served. The ship will accommodate six hundred cabin passengers and it is expected that she will sail with an "all nurse" passenger list!

To facilitate matters, state associations are sending out return postals. If you are interested in the plan, we urge you to fill out and forward the card promptly. There are plenty of other sailings to choose from but no other will offer special inducements. It is important that no time be lost. Rates will be based on the number going; furthermore, if a sufficient number desire it, the ship will go on from Liverpool, its usual stopping-place, to Helsingfors, and will remain there for the five days of the meetings. Passengers desiring it could then use the ship as a hotel for the five days and, if need be, return on her via Hamburg and Liverpool. It is expected, however, that practically all will remain abroad for some of the innumerable trips that imagination conjures up! There are those among us who have quoted "See Rome and die!" There are others who long for the beauty of Naples, the majesty of the Alps, the picturesqueness of Prague or Nuremberg, the witchery of Paris that loveliest of cities, the historical interest and gripping fascination of old London, the gentle beauty of the English or the Scotch Lakes, or the more austere charm of the Scandinavian countries. We know that thousands of nurses want to visit the battlefields and the scenes of their own heroic nursing service.

Innumerable are the reasons for going abroad. Marshal your thoughts. Count your pennies. Talk it over with your friends. Decide to meet representative nurses from the world around at Helsingfors, and then seek pleasure and profit in other parts of Europe, the historic, the many-hued, the ever-luring ancestral home of most of us.

INSTITUTES AND EXTENSION COURSES

A GNAWING intellectual hunger leads to healthy mental and professional growth. Hundreds of nurses each year carry university extension courses, usually in such subjects as Psychology, Sociology, or English. Many who are not so fortunately situated as to live in university or college towns find certain types of correspondence extension courses profitable. Few of these, however, satisfy the craving for professional subject matter. Hence the growing popularity of Institutes.

Nurses from twelve states flocked in August to that held in Chicago, because of the proven worth of the course given in other years. The series of lectures and demonstrations on prenatal care recently offered by the Children's Welfare Federation and participated in by the Lying-In Hospital and a number of other organizations in New York, was presented to "sold out houses!" Indeed, all tickets were taken well in advance of the event. Only rarely does a month go by without a report of worthwhile work in some state.

Most gratifying of all, perhaps, are the results reported from the Private Duty Extension Course given in Detroit in September, by the University of Michigan, for this was offered for nurses who, by the irregularity of their hours

of duty, find it difficult to keep up with usual class room schedules. We congratulate the private duty nurses who had the enterprise to pioneer in this field. We predict speedy emulation by other private duty nurses.

THE RED CROSS ROLL-CALL

NOVEMBER, the month of Thanksgiving, is a fitting time for the annual Red Cross Roll-Call. Despite financial depression and disaster in various localities during the past year, the vast majority of us have much to be thankful for. The nurses who so promptly and efficiently responded to the calls for relief in Georgia, in Ohio, and many other places, well know the remarkable speed and efficiency with which the Red Cross functions in times of storm and stress.

The organization—the machinery, if you will,—which makes such marvellous assistance possible, is maintained through the loyal support of the thousands who annually renew their interest and their membership. There has been so much confusion on the point in the past that we again remind our readers that enrollment in the Red Cross Nursing Service does not confer membership in the American Red Cross. Nurses are proud of their Red Cross pins. Let us also be proud of the little Red Cross buttons that will shortly adorn thousands of lapels of professional and lay people alike—for the humanitarian principle it expresses knows no distinction of vocation or race, or color, or creed. Let us not fail to swell the number who make possible the finest expression of practical idealism, of unquenchable altruism the world has ever seen.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

ADJUSTMENTS IN THE EDUCATIONAL PROGRAM FOR NURSING¹

BY BLANCHE PFEFFERKORN, R.N.

MUCH has been written in recent years upon adjustments in the educational program for nursing; much more will be written in the future. Granting this fact, and further granting that some of this expression has been fruitful of results, others, perhaps, too impractical and too visionary for immediate profit, I believe that within this discussion are certain potential elements which, because they are peculiar not only to nursing education but are inherently a part of any scheme of education, represent current living issues, which, whether we will or not, command discussion and re-discussion. Tonight I propose in the main to discuss such elements, and our responsibility in their realization.

As an approach to our specific problem, may I present for your consideration certain general laws relating to institutions belonging to the body educational, which partly from word derivation, and partly from custom, we are pleased to call "schools." If you look in the dictionary for a definition of school you will find a variety of explanations such as "a place of instruction," "an establishment with facilities for imparting information." I invite your attention to an analysis of this latter definition — "an establishment with facilities for imparting information."

If a school, any school, and not a

particular one, from the kindergarten through the university graduate school, be examined, there are evident certain constant common factors, in dictionary terms called facilities, namely:

1. A budget
2. A building or buildings with the necessary units for lectures, conferences and laboratory use
3. Teaching equipment
4. Libraries
5. Teachers

Before applying this definition of school and the factors that go with this definition to institutions purporting to offer the preparation necessary for nurse practice, in the year 1924, I am constrained to ask you to review, not lengthily, but very briefly the history of "nurse training." You will please observe that I have said "nurse training" and not "nurse education" and have so termed it deliberately and purposely. For education and training are not identical processes. Animals are trained; man has the right to be educated, to be taught to think for himself and to understand those things in which he is trained and while education may include training, too often training exists without education.

You and I know that the "training school," although an intensely real and living project, rich in potential educational resources, is today unique in that it is still largely conducted on the apprenticeship training method and that nursing as a profession has still to emerge from this stage of learning and

¹ Address presented before the Michigan State League of Nursing Education, Flint, Michigan, February 13, 1924.

take its place with other professions, as a vocation built more on education and less on training. The explanation of this anachronous situation is an old, old story; training schools have sprung up in response to hospital needs, not in response to the need for a special type of education and as an educational institution for the sake of education. This statement has been made so often that it has taken on the quality of a platitude. But platitudinous and trite though it may sound, it is an inescapable fact in any discussion of our present system of nurse preparation. Historically it serves to interpret this system. It explains largely why, in this era, believing as we do that no organized movement can go forward without definite, preconceived financial arrangement, the training school in the large is still in the anomalous position of an educational organization, indeterminate and without positive form, and lacking in the physical and teaching necessities of a school. So any analysis of a training school, as a *School of Nursing* complying with the implications of the term school, should be entered into sympathetically and with a sound understanding of the history of the past.

To return then to our factors making up any school.

Standing first on the list is Budget. Heretofore budgets have been practically unknown in schools of nursing. Try to find out in dollars and cents the cost to the institution of training or educating a nurse (for there are hospitals today maintaining schools of nursing despite the lack of actual dollar budget) and you will receive vague, various and indifferent answers. How then can a budget be compiled when the cost of

maintaining a nursing school has as yet had little time for consideration? What has been contributed to the schools in the way of physical necessities and teaching resources has come usually through the efforts and persistence of the principals or some other individuals interested in the schools and has been acquired through the grace of persuasion rather than through the legitimate channel of rightful belonging.

But "the old order changeth" and to-day there is stirring evidence that an awakening has come in connection with the budget question. If you are a member of the National League of Nursing Education and have thereby received that very valuable red book, the official annual report of the League, you will know that within this organization is a Committee whose particular function is a study of Budgets for Schools of Nursing.

All of this does not mean that in the 1,700 schools of nursing in the United States the budget has been entirely nonexistent to date. You will recall that the newspaper announcement of the Yale School of Nursing included the statement that the new school was to have "its own Dean, Faculty and Budget." The same conditions apply to the School of Nursing of Western Reserve University for this school, too, has "its own Dean, Faculty and Budget." At the School of Nursing and Health of the University of Cincinnati the director submits annually for the approval of the University Board of Directors a statement of moneys indicated for the coming year. Here and there other schools of nursing have made out budgets. But in the great bulk of nursing schools a school budget for the

school as such is still lacking. Just think of that and you will agree with Walter Lipman in his book on "Public Opinion," in which he states again and again that the majority of people do not live in the actual world about them, but from their impressions, opinions and needs create their own particular kind of a world. The same holds true of institutions.

Let us pass on. Budgets we do not have; let us see what we do have. Do we have number 2 on the list?—"a building or buildings with the necessary units for lectures, conferences and laboratory use." Yes, in a way we do.

For teaching purposes, a profession such as nursing, concerned with the every day realities of living pre-supposes two types of buildings:

(1) The building with its so-called formal school rooms for lectures, discussion and laboratory use; and (2) a second type of building or laboratory, the field for carrying over and applying that instruction taught in the school rooms. Nursing education has been fortunate in possessing, through its hospitals, number 2. To this classification public health nursing agencies are now being added. Without doubt the richness of our educational possibilities is closely interwoven with this very fact, that in the history of nursing, as a profession, there has been available, at all times, a laboratory field abounding in the actual problems which go to make up nursing. This is our heritage from the past, a rich and precious one, examined in terms of modern educational principles and beliefs. Therefore let us remember this fact in the swinging of the pendulum; that the hospital is an indispensable factor in the program

of nursing education; that we have in the hospital and through public health nursing agencies a field of opportunity that other practical professions are striving for today.

To return to number 1: school rooms for lectures, discussions and laboratory use. At this point enters the budget. Logically the class rooms should exist. But they do not—entirely. Generally the story is this, ancient in repetition, modern enough in point of time. A hospital is established, a training school is begun. Eventually, not always in the beginning, a nurses' residence is built. When the plans for the residence are drafted, several things may happen, the most important of which is, that the principal of the school may or may not be invited to take part in the conference. If she is, the prospect for the future educational capital of the school goes up; if she is not, it may go alarmingly down.

For the interests back of erecting that building are not primarily directed toward making a model school construction or even a fractional part of such a construction. In the end, one room or two or perhaps even three are put aside somewhere in the building for classroom use; it may be that all the elements which go toward planning a classroom, according to modern sanitary science and modern laws of health have been considered; it may be they have not, and the end product is a basement room, or a class room next to the elevator, or a class room with poor ventilation facilities or a class room with poor light or eight or ten other poor factors, too numerous and sickening to mention when we reflect that we are living in 1924.

Some disputatious person may say,

"Well, you have your class rooms without a budget." Yes, we have, squeezed out as it were both in dollars and cents, and square feet floor space and cubic feet air space, from a building constructed for residential purposes. But, and here enters one of those controversial "buts," if there had been a definite appropriation, scientifically managed and scientifically dispensed, it would be only the occasional, the rarely occasional school of nursing, with class rooms inadequately built and inadequate in number.

All of which brings us to equipment. Defined in terms of equipment common to all class rooms, equipment implies the right kind of chairs with the right kind of arms, a screen for films, plenty of blackboard space and one or two other things that we all know. Defined in terms of a nursing education program it means charts, skeletons, disarticulated bones, slides, staining dishes and still a lengthy list. Enters the budget again, for this material does indeed represent dollars and cents value, and not until a carefully estimated statement of just what such supplies cost, of the quantity needed, of the amount of money needed for such quantity will the nursing school laboratory have ten microscopes when ten are needed, and not a lonely, much used and sadly in need of repair, one.

And so we come to Libraries. We must have libraries in our schools of nursing, well ordered libraries, in construction, content and administration. Our nurse students lose the treasures of the past, the opportunities of the present and the golden promise of the future without a certain richness of well chosen magazines and books easily accessible. Class room instruction at best can con-

tribute only a fractional part to learning. An intimate acquaintance with the great poets, philosophers, scientists, teachers, with those who have gone before and those who are making priceless contributions today comes largely through library resources.

For the last time I speak of the budget. Good books are expensive. Librarians call for salaries. How then, unless there is an external benefactor, can we build up our nursing school libraries without definite appropriation to this end?

The last named factor in the list of fundamentals making up a school unit is the teachers. Search the history of education, and in no instance will you find a more curiously anomalous situation than the nursing school,—a school without teachers, frankly labelled as such and declared as such. There have been men who denied the necessity of class rooms, of text books and other accessories, which we have come to look upon as important tributary adjuncts to teaching, but never an institution purporting to be a school, training or otherwise, without its recognized body of teachers.

And yet schools of nursing for over half a generation have existed and functioned with results, surprising in excellence, without including on their staff teachers as teachers! The situation is unique and doubtless the explanation lies in the fact that those early leaders of modern nursing were women of exceptional ability, many of whom had been teachers before they were nurses. To this body of women the nurses of today and the public at large owe an immeasurable debt. It is safe to believe that each of that early group had visions of the time when there would be

in schools of nursing teachers as teachers.

The beginning of that time came little more than a decade ago. The instructor entered upon the stage where nursing education was played, made her bow and declared her intention first and last to teach, with all the implications and obligations that go therewith. Her reception had in it one curious element. Her need was indisputable. She was cordially welcomed, but having entered her particular kingdom of duty, controversy forthwith waged concerning her place in the nursing school faculty line. As though it mattered, in the realities of the educational scheme, whether she were classified as A. or X. Y. Z. First and foremost, her place was that of teacher, a place abounding in golden opportunity.

But problems far greater and graver than those of position confronted the instructor. By her presence she injected into a professional education, still lingering in the apprenticeship period, a conformity to modern accepted educational methods. Her task has been and is still a tremendous one, and small wonder that in her efforts to meet this task she suffers at times growing pains. But growing pains are after all transitory and biologically within the order of life, no matter what that particular life may be. Eventually the organism reaches its richest and fullest development. So shall the teacher in schools of nursing!

But, another but, that time is still in the future. Partly, this is because of the great multiplication of schools of nursing and the demands in large numbers for nurse teachers. Here are some facts, plain, unadorned facts, supported by nothing more beautiful than figures.

You know that a Placement Bureau, jointly supported by the American Nurses' Association and the National League of Nursing Education is conducted by the League at National Nursing Headquarters and is concerned mainly with school-of-nursing and hospital positions.

During the year 1923 there were registered with this Bureau, requests from nursing schools for 175 instructors; whereas, the number of nurses who filed their names for the position of Instructor was 53. Think of it, numerically with this agency alone, the supply was less than one-third of the demand and think what this means to the life of nursing schools.

I believe that this particular problem is largely within the nursing profession, that it is ours to face and to solve. We can arrange for class rooms if there are four walls, and equipment can be improvised. For these, after all is said and done, are mere tools. But there can be no schools without the teachers, and whether we will or no, times and conditions are such that if nursing is to keep step in the march of other professional educations, it must have its teachers, not by accident and circumstance, but by deliberate choice and preparation.

These are great and glorious rewards in teaching. Not material perhaps, but those which are infinitely more satisfying and lasting. As books, so are teachers, links between what has been, what is and what may be. Teachers save their generations from the darkness of the past, they spread the light of the present and the soft glow of the future; they are the single greatest human factor making for the intellectual and spiritual

growth of man. It is a great privilege indeed to be a teacher.

Why then do not more nurses engage in this specialization? Why then do we have this overwhelming shortage of nurse teachers? Nursing is a practical living issue and has within itself singular opportunities for teaching. If this question of shortage were thrown open for discussion, many and various would be the arguments presented. We have heard them, we know them. I believe most of them are momentary, totally lacking of the lasting essence of truth. There will be schools of nursing and there will be teachers forthcoming for these schools. Henry Van Loon in his delightful book, "The History of Mankind," says the things of the world which need to be done always get done.

I return again briefly to my statement that all nurses have a very immediate responsibility in this matter of teachers. The responsibility cannot be placed with three or four universities offering courses for the special preparation of teachers. More nurses must go to these universities and prepare themselves for teaching. We must and we will, if not today, then in the near tomorrow bring home to every nurse that the very core of progress in nursing education lies with its teachers.

So far I have said little on specific adjustments in the educational program of nursing schools. Some schools, especially those which have been so fortunate as to establish organic university relationship, have revised and reinforced their curricula with exceptionally well-thought-out readjustments. But these schools have in the main by virtue of such relation acquired those school fundamentals necessary to make

these adjustments, such as class rooms, laboratories, and other teaching resources. Having gained these facilities, they proceeded to include in their curricula sound courses in science, a just balance between class room instruction and laboratory ward practice, good teaching and such other rearrangement of their programs as would permit in the Senior year, an introductory knowledge to the various fields of usefulness open to graduate nurses. Given this fundamental preparation and the nurse upon graduation is equipped to add to and broaden her undergraduate course for whichever specialization she is pleased to adopt.

But the schools of nursing which have gone so far are overwhelmingly in the minority. The great body of nursing schools, the so-called hospital schools, have still the problem of definite appropriation and all its concomitant problems. Can you build bricks without straw? Can you plan a program of adjustment without the fundamentals necessary for that adjustment?

On paper perhaps, but not in practice.

The National League of Nursing Education when it published the Standard Curriculum in 1917, prepared by its Education Committee, pointed the way to adjustments in the nursing school program. More recently the report of the findings and recommendations of the Rockefeller Foundation Committee on Nursing and Nursing Education indicated further with a searching truth the direction for readjustments. It is the implements we need. We have the way.

In this exposition I have not aimed at the sky, not even the tree tops. I

have kept close to the ground. I have sought with you to look into the very heart of the situation, and to call an ace an ace and a spade a spade. Nursing as a part of the work of the world will go on as it has gone on for ages; looking

back we can well wonder at its long strides in the past short fifty years. But as a living vital project it must, organically and functionally, develop in accordance with universal laws. This is inescapable. It is life.

PSYCHOTHERAPY IN TUBERCULOSIS

BY RUBY WILEY AND ALICE SCHOWALTER

Students, School of Nursing and Health, University of Cincinnati

THE interest in the campaign against Tuberculosis is growing; a campaign for the prevention as well as the detection and cure. The intelligent and successful treatment is dependent on the understanding of the relations between the patient's mental life and his physical condition. In no disease is the mental attitude so closely related to the condition of the body. The treatment should include psychotherapy as well as physiotherapy if favorable results are to be obtained.

Before a patient can enter into the true spirit of the treatment he must have complete confidence in his doctor and feel the necessity for whole hearted coöperation between himself and his physician. Worry, caused by some private grief and they are legion, and concealed from the doctor, will prevent his proper understanding and treatment of the case. He must realize that his doctor is his friend and big brother who will try to teach him and help him in any difficulty. On the other hand, the doctor must be tactful to give the impression of sympathetic helpfulness rather than inquisitive prying. Absolute obedience to the doctor must be understood before he will undertake the

case. He must be earnest and firm, at all times commanding undeviating loyalty and obedience to his wishes and rules.

It would seem that nature desires to make some compensation for privileges withdrawn by giving to these people a brave and hopeful outlook often out of proportion to their physical condition. This energy can be easily directed for good or for bad. They can become just as enthusiastic over feeling sorry for themselves as they can in contributing to a necessary *esprit de corps*. When the patient is a member of a group it should be early impressed on him that he must do his share toward keeping up the morale of the body in which he lives. It is this unselfish give and take which strengthens character and patients will emerge into better men and women by reason of their self discipline.

Unless a patient be treated in a sanatorium there are often harmful psychic influences in the home. The moods and solicitations of his relatives often have quite the opposite effect desired. Sometimes a member or members of his family will have a deadly fear of tuberculosis which will be evident despite their best efforts to conceal it. This adds

much to the patient's sorrow and erases the impression left by the doctor that it is not such a deadly disease after all. The patient gets lonely in the home and is deprived of the companionship and example of fellow patients who offer him more of a novelty than his own family. Their sympathy is of a tactful and uplifting nature rather than too solicitous and fussing. He must not be allowed to fall in the habit of recounting to others all his symptoms and sorrows, but must be told and helped to take an interest in others and to do his share in maintaining a cheerful atmosphere. On the other hand, he will grow homesick if in a sanatorium, miss the privacy of his home, and long for congenial friends. If the cottages are run with the view of making the patients happy they will keep patients of the same social position in one unit. The medical condition of the patient is to be considered in that the advanced cases have the most depressing effect on the convalescents and incipients, while the sicker ones will be discouraged in seeing the things which the lighter cases can do and which they cannot do themselves. It is interesting to note that of all classes those who do the most and are most cheerful, are the business and professional people. They believe in social distinctions without being snobs. They have an active interest in troubles and conditions other than their own and do much to spread cheer—the keystone in the cure of tuberculosis. In marked contrast to his bright outlook there is the uneven balance of judgment which gives the patient alternations of cheerfulness and depression. On the darkest days he may be quite sure that he will recover, or, on the day that he is making im-

provement, he will let such a trivial thing as a wrinkle in the sheet upset him to the point of losing his temper. He will be quite sure that such will be the death of him and work himself into a state of excitement producing accompanying physical accelerations. Such moments as these offset results gained by weeks of mental content and consequent physical improvement. This is easily explained by the fact that their whole plan of life and ambition has been disorganized. It takes all of their courage and all of the moral help others can give to adjust their life.

The critical attitude which accompanies this disease makes the patients doubly hard to care for. It requires all the tact and ingenuity of the doctors and nurses to secure mental and physical rest. Quiet is secured by the satisfaction of their material desires. It is not always easy to find out just what they want, for they themselves do not know. They feel a vague desire for something which changes as it materializes. Cynicism and anger are often aroused by the mechanical way in which the doctor or nurse will say, "Do you want anything?" to each patient, as they progress down the ward. All patients do not respond in the same manner to a cut and dried formula, but they do react in much the same manner to sympathy. Sympathy, like optimism, should be of a rational and helpful nature rather than of blind assurance. Too evidently expressed, sympathy is interpreted as pity, allowing the patients introspection and self-pity. A question like "How are you?" would only suggest a more critical analysis of their feelings with

magnification of the slightest symptoms. It would seem better to say, "You are looking better today," giving them a positive suggestion. But too cheerful and blind optimism has its eventual disillusionment. With disillusionment comes loss of confidence in that person. Too bright hope extended where there is no hope causes sorrow. A sympathetic discussion of the hard fight ahead helps them to muster courage to face the long ordeal, when all the medicine at the doctor's command will not do one-

tenth the work of courage. The patient who will recover is not the only one who has need of our best efforts. The patient who is fighting the losing fight needs all the cheer and assurance to make the long journey, constantly keeping up courage to the end of a noble battle. To do this, an assured cheerful attitude cannot be imitated, we must believe in them and in ourselves and cultivate a serene and happy disposition which transfers itself to the patient, lending him courage.

THE 1925 CALENDAR

These are the facts you will want to know about the 1925 Calendar published by the National League of Nursing Education.

THEME

"Early Schools of Nursing in America" is the theme of this Calendar.

HISTORICAL SKETCHES

The Calendar presents historical sketches of twelve schools of nursing, all established before 1883. Each sketch was prepared especially for the Calendar and contains intimate, interesting bits of history which cannot be found elsewhere.

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Exceedingly attractive are the illustrations. They include rare old etchings and quaint figures of nurses in the early days.

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The cover design, composed for the Calendar, is reproduced in many colors from the original water color painting. It is warm and rich in tones and symbolizes in beautiful fashion the beginning of professional nursing in America.

Send orders to National Nursing Headquarters, 370 Seventh Avenue, New York, N. Y. Price, \$1.00 per single copy; 75 cents per copy on all orders of fifty or over, delivered in one shipment.

Copies of the Proceedings of the American Nurses' Association, 1924, may be obtained at 35 cents each from the American Nurses' Association, 370 Seventh Avenue, New York.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

EIGHTH ANNUAL ROLL CALL

IN that section of public opinion by common consent popularly termed the mind of the man in the street, the Red Cross nurse stands for the American Red Cross. She is its symbol. But though a part of the American Red Cross Nursing Service, the nurse is not necessarily a member of the American Red Cross itself. Every nurse should be, of course, and the Eighth Annual Roll Call, November 11 to 27, gives her the opportunity of joining.

There are countless reasons why American nurses everywhere in the Service and out of it should become a living part of the great organization which for magnitude of work for humanity is unequalled on the face of the earth. So close is the relation between the one and the other that without nurses much of the work is impossible. Red Cross nurses then should welcome the opportunity of linking up with their colleagues through membership in the institution they serve and other nurses should want to stand back of members of their own profession true to the spirit of the great Founder of modern nursing. Even in the popular mind the nurse is the embodiment of the Red Cross and its ideals,—shall the conception be less in the mind of our own profession? If she is indeed the symbol of the Red Cross, the large proportion of nurse members to the general membership should be a sign that all realize it.

Look at the significance of the opening date set aside. On November 11,



1918, not a nurse who was not a member but would have become one as a method of showing her appreciation of the great redemptive part played by the American Red Cross in that colossal tragedy of many nations. Does not an equally great peace-time program deserve similar support? November 11, 1924, should elicit as big a response,—communities need proportionately more help than individuals.

It is suggested to Red Cross Nursing Committees that they can help immeasurably in recruiting members by spreading knowledge of the work that is being done to save life for, and to promote the health and well-being of, the nation. There are three sections of the Nursing

Service, general nursing, public health nursing, and instruction in home hygiene and care of the sick, doing a work that need not be greatly elaborated to other nurses who will readily grasp its importance. The Nutrition Service spreads a knowledge of sound nutrition which means good health. The Junior Red Cross helps to educate the school boys and girls of the country in a spirit of service that will bring about greater citizenship tomorrow. The First Aid Service preserves life through life-saving and first aid. What the Disaster Relief Service means, terror-stricken sufferers all over the United States know well, for scarcely a State but has called for Red Cross relief some time or another in this year of unparalleled disaster when localities never before in danger zones have suffered. This may be said: No enrolled Red Cross nurse who understands what the Red Cross stands for, what it is striving to do and what membership in it implies, but would want to become a member and would not rest content until every other nurse she knew were a member, too, enrolled in the Eighth Annual Roll Call, November 11 to 27.

DEFENSE DAY—A GREAT RESPONSE

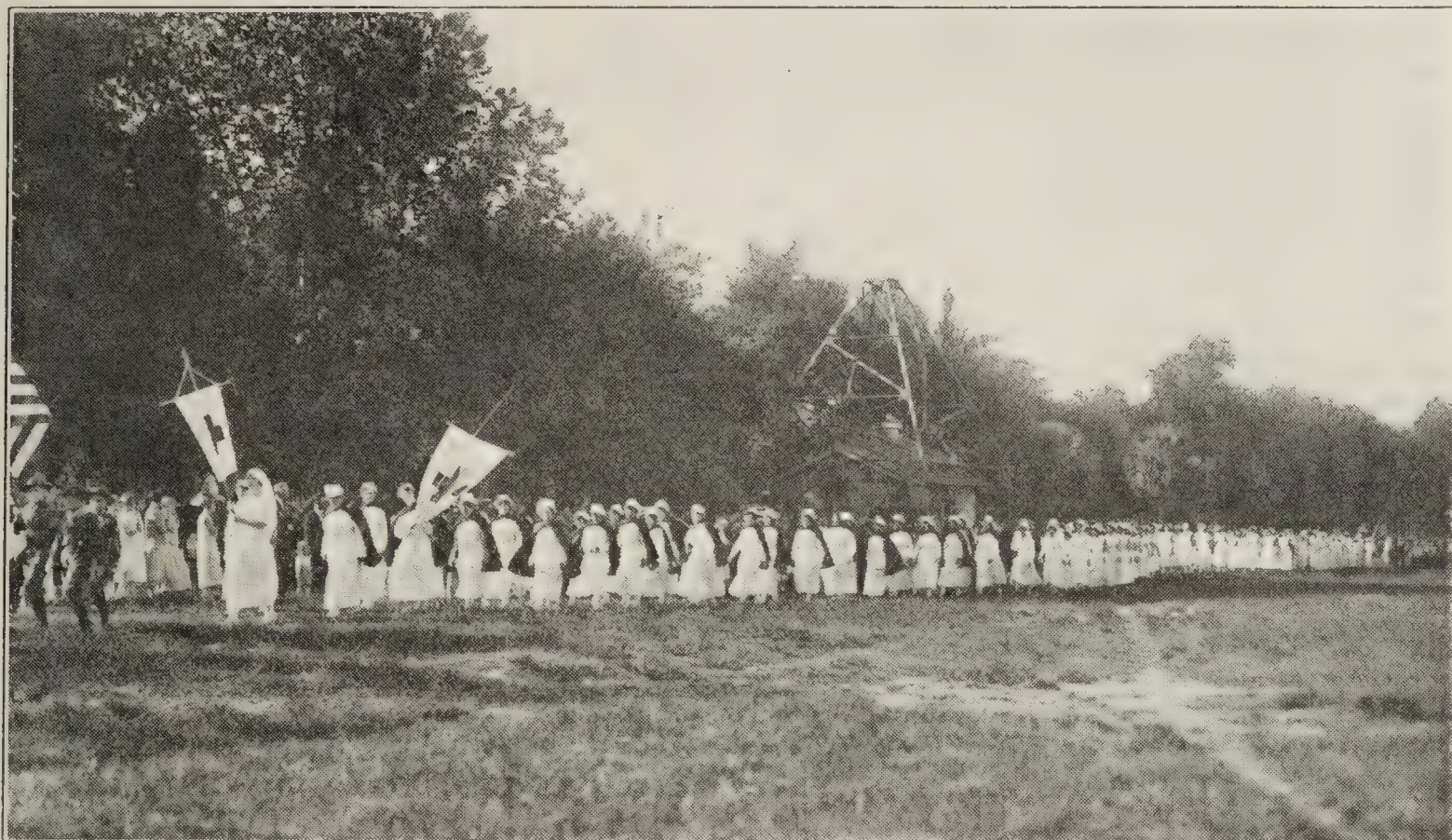
On Defense Day, dreams were realized and hopes justified, for there was tangible proof that the spirit of service of Red Cross nurses stands firm and true. Whatever may be believed in the secret places of the heart, it is infinitely more satisfactory to be shown that such faith is actually founded on fact. And it was so on September 12. Long before noon that day, cable responses from far distant lands, telegrams from all parts of the country and

letters poured into National Headquarters indicating the fact that all over the world, wherever they were, Red Cross nurses could be relied upon. For what was true of Washington was true to a far greater extent of Division Headquarters and Nursing Committee officers in every part of the United States, to which the bulk of individual replies went. Of the 41,000 enrolled Red Cross nurses, about 28,000 are on the active status list and 24,916 answered, that is, a return of approximately ninety per cent. In addition to this number, there reported through the Red Cross Nursing Service 6,217 nurses not enrolled; 1,902 student nurses; 463 practical nurses; 141 home defense nurses; 59 nurses' aides; 50 male nurses and three dietitians, making the total response through National Headquarters the splendid figure of 33,751.

Not only was the spirit of Red Cross nurses demonstrated beyond shadow of gainsaying, but the efficiency of the Nursing Service was proved as great a fact. In this connection the Surgeon-General's words as expressed by Major Julia C. Stimson, Superintendent of the Army Nurse Corps, will interest all nurses:

The Surgeon-General has asked me to express to you his very great gratification and delight at the splendid response to the Defense Day test that was made by the reserve nurse force of the country. He took particular pains to tell General Pershing in person of the remarkable result of the roll call of Red Cross nurses. Once more the Army has been shown the preparedness and loyal patriotism of the nursing profession. We have had one more demonstration that when the need comes nurses can be depended upon, and our great expectation and confidence has not been disappointed.

Just what the individual spirit was



RED CROSS NURSES AT SAVANNAH, GA., MADE A FINE PICTURE IN THE LOCAL DEFENSE DAY TEST PARADE, SEPTEMBER 12, 1924.

may be seen from these extracts of typical replies sent in by Red Cross nurses. Alice G. Carr, an American Red Cross nurse assigned to the Near East Relief, now in Corinth, Greece, wrote to Miss Noyes:

We overseas do not know the extent of the force of all these things, but our hearts are aching with the thought that we are not there to be with you on the great day that is to tell the story of our devotion and willingness to help in any way possible to make America all we would have it. Please let me send a message of congratulation to you and all the Red Cross workers for the standard of hope and blessing that this wonderful organization is bearing. I hasten to express the hope that Defense Day will by its message of strength and firm union implant in the heart of every individual the solemn spirit of our great congregation. * * * Be assured again of the great desire in my heart to further the cause of the mother organization we are all so proud of and love so dearly.

Clara G. Finnerty, American Red Cross Nurse, Simsbury, Connecticut, thought only verse would do justice to

the occasion and after beginning in delightful fashion, "My dear American Red Cross," went on:

Here I am as you will see
Ready for duty, in Simsbury
To serve the U. S. A. today
On this first National Defense Day.

To the Stars and Stripes, ever loyal and true,
Whatever you ask of me, I will do.
To defend "Our Country" and each "Human
Life"
Is the work of "Our Nurses" whatever the
strife.

The Red Cross Nursing Committees served nobly. Exact returns are not available for every Division, but the Washington Division Committees are in direct contact with National Headquarters and those are accessible. Here, of 67 Nursing Committees, but two failed to report. Miss Noyes has written the Division Directors asking them to express to the Committees in their territory:

my very deep appreciation of the work which they rendered in connection with this movement. We realized that we were calling upon a group of very busy women at an unfavorable time of the year to perform a piece of work, much of which must have seemed like repetition to them, and I am most anxious that they shall know not only the gratifying results of their effort but also how deeply we appreciate the fine work they accomplished.

Those Red Cross nurses who assembled at National Headquarters before leaving to take part in the great Defense Test Parade reviewed by the President, symbolized their colleagues everywhere participating in fact or in spirit. On a sunlit afternoon with shadows dappling the spectators beneath the spreading trees, a procession, taking an hour and three-quarters to wend its way, marched past the Zero Milestone of the United States, circled and wheeled on to the Ellipse before the White House grounds where the speeches were made. Among these, thousands and thousands of khaki-clad men of the Regular Army,—including the world fliers who had made air history and who had soared their globe-girdling way into Washington but two days or so before, the blue-garbed Marines, the dark-coated civilians, the white-clad corps of women from Government Departments and elsewhere, the band of Red Cross nurses with their distinctive red-lined blue cloaks over plain white uniforms stood out in colorful relief. A symbol indeed!

SERVICE IN LORAIN

Reference has been made to the fine work rendered by Red Cross and other nurses in the Lorain disaster last June, but it is only now that exact details of the splendid sacrifices they made are available,—sacrifices in time, money and the greater part of well-earned vaca-

tions. To tired professional women can anything mean more than giving up the rest they so greatly need, at the call of imperative duty for humanity? In all, 68 nurses came forward and they gave 307 days' work. This excludes, of course, the members of Division and Chapter Red Cross Nursing staffs and the work they did during many weeks. If it be merely looked at in terms of money, no other group gave a larger sum.

Thirty-four enrolled Red Cross nurses volunteered, giving 152 days; the Ohio State Board of Health and the City Departments of Health of Cleveland and Lakewood gave the services of seven nurses, 64 days; twenty-six unattached nurses (for the most part those who had relinquished nursing on marriage) contributed 87 days, and the National Tube Company gave four days' service from their nurse. The names of the Red Cross nurses and the days they gave follow:

Ethel Osborne, Geraldine Rang, Cora M. Templeton, 12; Grace Cook, 11; Georgia Hukill, 10; Mrs. Julia G. Proctor, 9; Norah D'Abbe, 8; Mrs. M. G. Ackerman, Louise Azallion, Magdalen Hertel, Eleanor Mueller, 7; Elsie Eberhardt, Elizabeth Koerber, 5; Elsie F. Brower, Olive Diederich, 4; Mrs. Pearl Puska, Clara Betzler, Hulda Cron, Rose Kliment, Beulah E. Setcer, Cassie Salisbury, Ella Foley Smith, 3; Esther Jamieson, Frances B. Latimer, Margaret Cavers, Sue McCracken, Nora O'Neil, Alice Squire, Emily P. Scholbm, 2.

The Cleveland Ohio Local Committee on Red Cross Nursing Service which called together the nurses is composed of Carolyn L. Ramer, Chairman; Clara R. Justice, Acting Secretary in the absence of Mrs. Georgianna T. Rhodes; Lenore Fischer, Elizabeth M. Folckemer, Calvin MacDonald, Mrs. Ellen D. Nicely,

Mary E. Place, Lois Spraker and Caroline Wuertz.

ENROLLMENT ANNULLED

Another list is issued this month giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Ethel A. Best, Martha W. Harris, Jessie Hutton, Esther Ruth Issel, Violet I. Jennings, Mrs. Helen Lulu Johnson (*nee Teller*), Ethel M. Johnson, Selma Lennea Johnson, Chestain Marcella Johnston, Frances Johnston, Mrs. Harry J. Kastings (*nee Kathleen E. Connell*), Alice Clare Keeley, Elsie Luella Keiser, Mary V. Kelly, Mildred Leona Kelly, Mrs. J. T. Kernan (*nee Elizabeth W. Schott*), Margaret E. Keusch, Anna Kincaid, Mabel Clair King, Mrs. T. J. King (*nee Rita Cynthia App*), Emma Bridella Kipp, Gertrude Mercedes Kipp, Louise A. Kircher, Mrs. R. L. Kneedler (*nee Agnes Crowe*), Fannie Lafferty, Edith M. Landon, Olga A. Lange, Cacel Mary LeRue, Mrs. Mabel Lathrop (*nee Layman*), Mrs. Verena LaZebnick (*nee Kiffmeyer*), Virginia Lewis, Portia Helen Lillie, Katherine Anita Logue, Cordelia Christine Look, Esther Helena Lundahl, Mrs. Jacob O. Lunn (*nee Ethel S. Williamson*),

Mrs. Julia Lyding (*nee Brandsema*), Mrs. William Lynch (*nee Florence A. Manley*).

ITEM

Virginia Gibbes who, until the end of January this year, was Director of the Nursing Service of the Philippines Chapter, Manila, has been appointed Director of Nursing, New England Division, filling the vacancy caused by the resignation of Mary K. Nelson to take up the Directorship of the American Hospital and School of Nursing in Constantinople. A native of Columbia, S. C., and educated at the local high school and College for Women, Miss Gibbes graduated in 1911 from the Roper Hospital Training School. She then took the special public health course at Columbia University. In 1914, she entered the Red Cross Town and County Service (as it was then called) doing public health nursing in Mt. Carmel, Ill., and New Bern, N. C., before she was appointed through the American Red Cross to the United States Public Health Service camp zone in Columbia, S. C., which work entitled her to the special service chevron exempting her from war service. After a year here, she spent eight months with the Victorian Order of Nurses in Ottawa, Canada, and then followed two years' work as Assistant Director of the Bureau of Public Health Nursing in the Southern Division. During this time she made a special study of the public health nursing service in the Chapters of the American Red Cross in reference to the relation of volunteer assistance with the service of public health nurses and in connection with other Red Cross activities. It was from this position she went to the Philippines in April, 1922.

MEDICAL ADVICE BY RADIO

For some years, the U. S. Public Health Service has maintained a free medical service to ships at sea having no physicians on board, and many stories of its usefulness in emergencies have been recounted.

This Service which has been established on the Atlantic and Pacific coasts and on the Gulf of Mexico is being extended to include shipping on the Great Lakes. Arrangements have been made for Marine Hospital No. 6 at Cleveland, Ohio, and Public Health Service Relief Station, No. 327, at Sault Ste. Marie to respond to requests from masters of lake vessels for medical advice when needed.

NAME AND ADDRESS NEEDED

A postal card with no signature, but having the postmark, Montrose, Pa., asks for the names of the publishers of five books. If the writer will send her name and address, the information will be supplied.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AFFILIATIONS FOR SCHOOLS OF NURSING WITH PUBLIC HEALTH NURSING ASSOCIATIONS¹

BY S. LILLIAN CLAYTON, R.N.

FOUR questions, if answered satisfactorily, may be used as a basis from which to consider the topic of this paper:

1. What is the meaning of "Public Health Nursing"?
2. Is it a fundamental part of nursing education?
3. If so, when and to what extent may it be given a place in the curriculum of the school of nursing?
4. Is it a legitimate responsibility for the hospital to assume?

To discuss these questions in detail, let us first consider what may be meant by the words "Public Health Nursing." The nursing profession believes that these words as here used should be an indication of the nurse's attitude of mind in any kind of nursing service which she gives to the community and should be illustrative of a phase of her responsibility to that community which should never be lost sight of. Regardless of the type of nursing in which she may be engaged, the nurse must have a sufficiently broad understanding of public health service, as related to all nursing service, to enable her to awaken in others a realization of the need of such service, even though they have but a limited knowledge as to its meaning or its possibilities. Having accepted the above as our interpretation of the words,

"Public Health Nursing," the answer to the question, "Is it a fundamental part of Nursing Education?" would be an unqualified "Yes." If it is believed to be as fundamental for the nurse to have a public health consciousness, as to have an aseptic consciousness, when and how, in her nursing education, may this be acquired?

The teaching and the administrative faculties of the schools of nursing should be the first to have this consciousness and understanding of the real meaning of public health. It should permeate every phase of the teaching, from the first hour spent with the new group of students, by the Superintendent of Nurses, to the bedside demonstrations, and to the practical care of the patients; to the nursing of the medical and surgical patients with their various community contacts and relationships. This attitude of mind may be given to the student body by a definite, systematic, continuous interpretation of the meaning of public health, in its literal aspect, rather than the former understanding,—that of a specialized type of work.

It may be further developed by affiliation with various Public Health Agencies. This affiliation should have as its purpose, Nursing Education in Public Health attitude of mind, and not a specialized nursing service, and it should begin in the first year of the student's course, and should be continued into the second and third years,

¹From the Round Table discussion of Affiliations for Schools of Nursing with Public Health Nursing Organizations at the Biennial Convention, Detroit, Mich., June, 1924.

just as we give graded experience in medical and surgical nursing. The student would then bring back to the school, and to her patients, that attitude, and as a result, within a comparatively short time, the whole aspect of nursing education would have changed as to its emphasis. Nursing education would then have health promotion the object of every nurse, rather than the function of a limited number of specialists. The object of the affiliation would be to supplement the general nursing education and to more fully prepare the student to meet modern nursing needs.

The available resources with respect to this type of affiliation would be:

- a. Public health organizations.
- b. Hospitals for mentally ill, equipped for social service.
- c. Hospitals for communicable diseases, also having social service emphasis.
- d. Social service departments in general hospitals, having a medical understanding of their function, and having a teaching attitude toward the education of the student nurse.
- e. Child welfare organizations or departments of preventive medicine in any special or general hospital.
- f. Research clinics and dispensaries.

The equipment of such organizations with reference to affiliations should be considered from the standpoint of:

- a. Their personnel, administrative and teaching.
- b. The service they have to offer.

The aims to be realized by these affiliations are:

1. To give the student the proper point of view with regard to public health work as related to any nursing service.
2. A stimulus for further study for special health service.
3. A socialized vision of the whole scheme of nursing.

How this may be accomplished is a

difficult problem for the organizations named. A schedule of nursing service must be fitted into the scheme of an organization that will admit short terms of service, and types of nursing service that may be graded according to the student's length of training. This means increased personnel and added burdens to the organizations. Experience in assigning only the Senior students to this service has proven that much is lost to the student, to the hospital, to the patient and to the community by not having introduced the experience earlier into the student's course. The reaction from the Senior student at the end of her affiliation is always, "It would have meant so much to me and to my work if I could have had it earlier in my course."

The extent of such a course should be such as to make possible the realization of the aims as previously outlined, and which are now being followed in some of our visiting nurse societies, but which are being given in the third year. The Education Committees of the National Organization for Public Health Nursing, and of the National League of Nursing Education would be the proper groups to work out the content of such a graded course. We now come to the last point, "Is it a legitimate responsibility for the hospital to assume?" To answer this, there must be considered other questions which have been asked over a period of years, but whose answers have not greatly changed up to the present time:

1. Is it the function of a hospital to give a complete nursing education?
2. What is a complete nursing education?
3. What is a hospital?

The second question will be answered first. Fundamental nursing education

has been outlined in the Winslow Report. This, briefly stated, includes a thorough, well-taught, preliminary course in sciences, which gives a foundation for the study of nursing, and a carefully planned course in the care of the sick, governing the same variety of services that our best medical schools have deemed necessary for the students of medicine. The student should be given an opportunity to consider the patient from the social and public health point of view, and all of her education should be given the trend toward preventive work and toward constructive promotion of health. The last question has been answered by one of the former presidents of the American Hospital Association in his discussion of the Aims of the Hospital.

The fundamental aim of the hospital is service to society. Hospitals may benefit and develop special groups of men and women as physicians, nurses, etc., but the fundamental aim will ever be of service to society, and all effort must justify itself in this light. Personal benefit to the individual or group is not to be considered, except as contributory.

In the light of the above interpretation of a function of a hospital, it is believed that, if a hospital voluntarily assumes a second responsibility, that of educating a nurse, it should find the means to meet that responsibility. To do this, the facilities which will enable

the student to obtain a sound scientific and practical foundation for her work must be provided. This will include opportunities for her to acquire an understanding of the literal meaning of public health.

If the student looks forward to following any one of the specialized topics of public health nursing, she should, of course, prepare herself for that service following her graduation from the course in general nursing.

Summing up the points which have been presented:

First—It is believed that every nurse should be taught the literal meaning of the words, "Public Health."

Second—That as such, it is a legitimate part of the fundamental education of the nurse.

Third—That as such it should be given during the nursing course, whether that course be two years and four months or three years.

Fourth—That it should be given by means of contact with teachers and administrators having a Public Health attitude of mind, and by affiliation with the organizations previously named in this paper.

Fifth—That it should find a place in each year of the nursing course, or certainly in the first and last.

Sixth—That the work thus given should in no sense be considered preparation for a special type of service, but fundamental to all nursing service.

Seventh—That it is a legitimate responsibility for the hospital to assume, inasmuch as the hospital has elected to be responsible for a department of general nursing education.

POISON GAS IN PEACE TIME

War has no monopoly on the devastation of poison gas. The U. S. Census reports show that within the registration area of the United States there were 1,778 deaths in 1921, and 2,039 in 1922, from the "absorption of irrespirable, irritating or poisonous gas." These deaths are in addition to the suicides by gas, which numbered 1,401 in 1921, and 1,448 in 1922. The most important gas involved in such poisoning is carbon monoxide, which is present in some kinds of illuminating gas, in the exhaust from automobiles, and in the fumes from gas stoves, oil heaters, coal furnaces or other fires.

Carbon monoxide acts as a "poison" in a peculiar way. It does not exert a direct destructive effect, but merely combines with the hemoglobin of the blood and prevents the blood from carrying oxygen to the tissues. The victims die of asphyxiation.—*Weekly Health Bulletin*, Connecticut State Board of Health.

STUDENT NURSES' PAGE

TUBERCULOSIS NURSING ¹

BY VERNA HARDIN

Franklin Hospital, San Francisco

TUBERCULOSIS nursing is a subject upon which most student nurses can only conjecture and use their own intelligence in handling, for the reason that at present few training schools provide for a more intensive education along that line other than the information which can be gleaned by the students from classes in communicable diseases.

A school curriculum should include a certain time to be spent with tubercular patients besides the class theory. This could be arranged either by affiliation with hospitals having wards for tubercular patients or in conjunction with sanatoria. The importance of this work to the student nurse is great, because, with the present prevalence of tuberculosis every nurse, especially social and industrial workers, are bound to come in contact with the disease every day and they should be in a position to give intelligent and effective nursing care as well as instructive and consistent advice to people suffering from the disease. This routine need not necessarily be compulsory, but for those nurses who intend to take up social service, public health, industrial work or school and district nursing some arrangement should be made. As it is, the classes in Public

Health and Social Service at the Universities are delayed and held back by having to give graduate nurses special instruction in tuberculosis nursing, which instruction should have been given during their course of training.

Nursing procedure consists mainly of the care and comfort of the patient with strict isolation precautions and every sanitary measure observed in the disposal of the patient's personal excreta, particularly sputum. This last cannot be stressed too emphatically on account of its vast importance, the chief mode of infection being from the dried sputum of consumptives, the modes of entrance being inhalation, ingestion or inoculation. Tuberculosis nursing should go farther than this; it should not be confined to the care of those who already have the disease, but should include the general education of the public regarding means of prevention and elimination of predisposing causes; in other words, personal and community prophylaxis.

The main thing is consistency of education. If everybody could be taught the one thing, care of sputum, then the rest of the work would practically take care of itself. So many people, either through ignorance or carelessness, constantly violate the laws of hygiene by spitting on the floor or ground and by coughing or sneezing in the faces of other people, thus disseminating the germs freely. It seems elemental to tell people to cover their mouths with a handkerchief when coughing or sneezing, but it is a precaution which is too

¹ This article received the first prize offered by the San Francisco Tuberculosis Association to student nurses who attended the Institute arranged by the Bureau of Nurse Registration and the Tuberculosis Association in San Francisco in December, 1923. The unique idea of an Institute for student nurses was most successfully carried out and proved tremendously stimulating to those in attendance.

commonly disregarded and we should try to thoroughly impress this matter upon every consumptive. That, of course, is for general information; but in our professional capacity as nurses we are in a position where we will be called upon to give more detailed information regarding individual precaution.

Clinics are a great factor in keeping down the disease, for through clinics a great many more people are reached than could be reached otherwise. Through the Board of Health there is a regular inspection of dairies and a great deal of publicity has been given to the subject of milk, it being a food in which the tubercle bacillus is very commonly found and by which the disease may be transmitted.

Compulsory segregation of active cases is an important factor in checking the spread of tuberculosis. School nurses have great opportunity in examining the school children to discover any tendency toward the disease and see that it is checked in its early stages. In some schools the children's diets are supervised, a glass of milk being provided at certain intervals during the day, and hot lunches instead of cold indigestible food which children sometimes bring from their homes.

The most frequent disease in industrial life from which members of various trades suffer is tuberculosis, it is some-

times called an industrial disease, therefore those nurses who take up industrial nursing after graduation should be on the alert and report all cases at once.

The question has been asked: "Is tuberculosis nursing dangerous to nurses?" This answer is generally accepted: "Adults are practically immune to tuberculosis; when children are exposed the danger is greater; strict observance of hygienic measures by the nurse obviates all possibility of danger or infection to herself." Student nurses should handle tubercular patients only under close supervision and after having had special class instruction. As graduates, nurses know the proper precautions to take in caring for contagious diseases and are therefore safe with tubercular cases. Special care should be taken regarding personal precautions such as hours of work, living conditions, kind of food provided, opportunity for out of door recreation, as well as protection of one's self against coughing, spitting and sneezing.

At a recent Tuberculosis Institute for Student Nurses the remark was made that the nurse's part in prevention of tuberculosis might be compared to the part of a private soldier in general welfare. Who ever heard of a battle being won with half the soldiers indifferently hanging back? So let the whole army of professional nurses wage the battle against the enemy—tuberculosis.

"FORGET-ME-NOT DAY"

The organization called The Disabled Veterans of the World War has sent a communication to the American Nurses' Association asking its members to help in the observance of Forget-me-not Day on Saturday, November 8, when forget-me-nots will be offered for sale, the proceeds to be used in carrying out the work of the organization.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A VARIETY OF DUTIES

DEAR EDITOR (Extracts from a personal letter): I have just got my work nicely started,—dispensary during the morning, and two classes daily in Physiology, Tropical Hygiene and Milwifery in the afternoon, with drill, Camp's Daily Dozen—five times a week. There are over 200 people in the compound to look after and I have the responsibility for the cleanliness of the compound, 108 acres, which is no small chore in itself. We have had four new babies this month. Saturday is our busy day as all the sick people from the villages come in then.

India

L. V. W.

THE JOURNAL IN BULGARIA

DEAR EDITOR: I have very much enjoyed the *Journal* these months as well as received much benefit from it—it is indeed a blessing to American nurses in a foreign land. We frequently have articles from it translated for reading by our students, and sometimes by members of our school committee, and the graduate nurses. The Bulgarian nurses have formed a Nurses' Association, "Florence Nightingale," with the aim to improve the standards of nursing in the country and to better acquaint the public with what nursing is. Their first publication will appear this next month. If I can get it translated to English I will send you a copy. The motto of the society is, "Serve with self-denial for the greatest human blessing—health." There are this year three Bulgarian nurses abroad studying, whom we expect back before next Fall—one in the International course in London, and two at Teachers' College, New York.

Sofia, Bulgaria

RACHEL C. TORRANCE.

A PRIVATE DUTY UNIVERSITY EXTENSION COURSE

DEAR EDITOR: The Private Duty Section of the Michigan State Nurses' Association may well be pleased with the result of its recent effort in arranging this

Private Duty University Extension Course, held in Detroit, September 15 to 19 inclusive. Dean Henderson of the University Extension Division in coöperation with the Nurses' Committee prepared a most helpful program. The subjects selected were most valuable as a refresher course for nurses. The enrollment reached 107, including nurses from Lower Michigan, two from Ontario, and one from Toledo, Ohio, who came to Detroit daily for the Course. We were especially fortunate in having experienced and acceptable lecturers who presented the subjects in a very clear manner. The technical subjects were just what was needed and these were supplemented by practical demonstrations in local hospitals. Prof. Dimmick gave a fine introduction and incited great interest in the study of Psychology. The nurses displayed unusual enthusiasm in both cultural and technical subjects, and were unanimous in expressing the desire for a similar course next year, when, we believe, a much larger attendance is assured. The course was open to all, and several public health nurses took advantage of it. One local superintendent of nurses who subscribed for the full course gives us her impression thus: "The private duty nurses have been very generous in sharing with us their premier production of the current year. It is gratifying to see the private duty section come to the front with such a helpful program. Its signal success already heralds its repetition next year; a potential milestone of marked achievement. The large enrollment and promptness with which the nurses attended the classes stamped well the evaluation of the subjects presented. The courtesy of the representative hospitals in supplementing theory with practice maintained that fine balance which characterizes true teaching. The fraternizing of kindred spirits helped to reaffirm our faith and establish us as fundamentalists in the common belief that nursing is a fine art, the finest of fine arts." The interest which the course has created in several states is gratifying in the extreme and signifies that great interest along educational lines

is being stimulated among private duty nurses everywhere.

Michigan

FRANCES S. DRAKE

UNPLEASANT PUBLICITY

DEAR EDITOR: I desire to bring before the nurses and the public the matter of my part in the alleged "cure" of a patient in East Orange, N. J. The public press has circulated a story through which the public has been led to think that the patient was cured of intestinal poisoning in a week by a trained nurse (mentioning my name as Miss A. Dennis), when forty doctors had failed; that it was accomplished through a new treatment originated and applied by me without the advice of any physician, and that he was giving the use of his \$100,000 home in East Orange to be used as a Sanitarium for the treatment of intestinal diseases, in which he proposed to install me in order that many others might have the benefit of my new treatment, and of my application of the same. The facts are as follows: I had the case for treatment, but the treatment was recommended by the patient's physician. The treatments were colonic irrigations, well known to all nurses and physicians, such as I have practiced on prescription of physicians for the past fifteen years. The patient claimed to be relieved of intense headaches after the third treatment. I disclaim any knowledge of "cure" in the case, and his physician has not made any statement that any cure was effected. I accept no such case except on

recommendation of a doctor. I shall in no way become associated with the proposed sanitarium.

N. J.

FRANCES A. DENNIS, R.N.

JOURNALS WANTED OR ON HAND

Subscriptions to the *Journal* are requested for fourteen foreign nurses, students at Bedford College, London, now scattered to their respective countries,—Esthonia, Latvia, etc. If any nurse would like to help in the work of nursing education in foreign lands by sending a subscription (\$3.50) to one of these, it will be much appreciated. Or some may like to forward their own copies of the *Journal* each month after reading it. For particulars, address the *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

Ruth E. Hemenway, Marlborough, N. H., has copies of the *Journal* which she will give away if postage is paid: 1920, March through December; 1921, complete; 1922, June through December; 1923, February through May.

Ida E. Shattuck, Pepperell, Mass., has twenty volumes of the *Journal* for sale at \$1 a volume and carriage, 1902-1922, with but two numbers missing (January, 1912, and December, 1917). This is an unusual opportunity for a school wishing to supply its library with a file of the *Journal*.

Almira E. Mackinnon, 5 Beckford Street, Salem, Mass., will give away any of the following list of *Journals* if postage is furnished: 1922, April through December; 1923, complete; 1924, January through September.

PUT YOUR WITS TO WORK

A \$100 liberty bonds is being offered as a prize for the best slogan for the Children's Welfare Federation, by Thomas S. McLane, its President. The present slogan is: "To save children by saving wasted effort," but this is no longer adequate.

Rules for the contest: 1.—The contest is open to all persons interested in children with the exception of the staff of the Children's Welfare Federation. 2.—Contest will open on November 15 and all entries must be in by or before December 15. They are to be mailed to the Extension Secretary, Children's Welfare Federation, at 505 Pearl Street, New York. 3.—No person may submit more than five slogans. 4.—No slogan may contain more than ten words and preferably no more than eight words. 5.—The judges reserve the right not to award in case none of the entries is of sufficient merit. The names of the judges will be announced later.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

31. For good teaching, how many hours should be spent daily in the class room?

Four hours is, in all probability, the maximum time which a teacher can spend daily in the class room and really "teach." Teaching and holding classes are different processes. It must be remembered that this statement, like all others, is subject to qualifications and these qualifications may be roughly classed as follows:

1. The teacher herself.
2. The number of subjects being taught in one day.
3. The type of subject,—whether lecture or discussion or laboratory.
4. The type of student.

32. Is a month with pay vacation given the instructor?

In many institutions, it is.

33. Are Saturday afternoon and Sunday considered free time?

To the best of our knowledge, it is, in some schools. In other schools, the instructor has administrative responsibilities which may occupy one of these days or both.

34. Should there be any ward demonstration? Should they not all be in the class room? Is the work not confined to the teaching of the curriculum and not overseeing ward work?

Very emphatically do we believe that the work of a teacher should not be confined to teaching in a class room. Demonstrating in the wards the principles taught in the class room and further demonstrating class room demonstrations is one of the richest opportunities for teaching in a nursing school. Teaching the curriculum in any of its parts means teaching in the wards, otherwise the teaching becomes lifeless. This need not necessarily imply responsibility for ward administration. It is making a teaching use of a rich field of observation and practice.

OUR CONTRIBUTORS

Franklin W. Hanger, Jr., M.D., is physician to the School of Nursing of the Presbyterian Hospital, New York.

Elizabeth Upham Davis (Mrs. Carl C.), is Chairman of the School of Nursing Committee of the Columbia Hospital, Milwaukee, Wisconsin.

Sally Johnson, R.N. (See "Our Contributors" for October, 1924).

Ruth A. Wescott, A.B., R.N., received her A.B. degree from Stanford University in 1921; she graduated from the School of Nursing of Stanford University in 1924. She was one of the students attending the summer course which she describes.

Agnes D. Randolph, R.N., has been identified with nursing work in Virginia for many years, though for a short time she was at work in a mining hospital in Arizona and while there helped to start the Arizona State Nurses' Association. She is now President of the Virginia State Nurses' Association.

Harriet L. P. Friend, R.N., is not a new contributor to the *Journal* and her articles on Inspection of Schools of Nursing were widely read. She is now an assistant instructor in the Department of Nursing Education at Teachers' College, Columbia University.

Clara D. Noyes, R.N., is too well known to require further mention. (See *Who's Who*, for December, 1921).

Blanche Pfefferkorn, R.N., B.S., is a graduate of Johns Hopkins Hospital and of Teachers' College, Columbia University. For some years she was Instructor and later Assistant Professor in Nursing and Health in the School of Nursing of the University of Cincinnati. Miss Pfefferkorn is now Executive Secretary of the National League of Nursing Education.

S. Lillian Clayton R.N., B.S., is director of the School of Nursing of the Philadelphia General Hospital and President of the Board of the *American Journal of Nursing*. (See *Who's Who* for February, 1924).

THE AMERICAN HOSPITAL ASSOCIATION

The annual meeting of the American Hospital Association, immediately preceded by that of the Protestant Hospital Association and with collateral meetings of the American Occupational Therapists Association, the American Association of Hospital Social Workers, and the Hospital Dietetic Council, is an exceedingly complex thing, as many-sided and with as many converging and sometimes jostling interests as the hospital itself. The meeting in Buffalo, October 6-10, was attended by some three thousand persons. It was teeming with interest from opening bugle note to the always poignant taps which ended the sessions.

We shall attempt here to summarize only those discussions of immediate interest to nurses. The small hospitals are included obviously because most small hospital superintendents are nurses.

SMALL HOSPITALS SECTION

The small hospitals have sometimes felt overlooked at national meetings. This year they were given the honor place and provided the theme of one of the Monday afternoon sessions, over which Charlotte Janes Garrison presided with charming poise and at which she brought out practical discussion of the papers read. The first of these, Tuberculosis and the Small Hospital, by T. B. Kidner, of the National Tuberculosis Association, emphasized the need for more teaching of the care of tuberculosis. Mr. Kidner believes the attitude of general hospitals toward the tuberculous is indefensible and that teaching hospitals should have wards for these patients and that every general hospital, regardless of size, should devote a definite number of beds to this purpose. Knowledge alone can drive out fear, and workable knowledge can only be obtained by actual observation of patients.

Dr. Denver M. Vickers' subject was "Bringing Metropolitan Services to Small Communities." He advocated the establishment of fifty-bed hospitals in villages so located that a relatively large area might be served, citing one in which the medical organization consists of three groups: (1) the local men who give medical and obstetrical care and do minor

surgery; (2) the consulting staff recruited from the nearest city and having a definite arrangement as to frequency of visits; and (3) younger men living in the hospital and giving full time on salary. The latter could develop the dispensary service that is now looked upon as an essential part of any hospital service.

At the Round Table conducted by Miss G. Gruver of Pine Bluff, Arkansas, Mrs. Blanche Hopper presented the matter of Securing Probationers. This, it was stated, should be done by setting and living up to a standard that will attract students and by the support of the community through suitable publicity. It was later suggested that state organizations might act as clearing houses for the surplus applicants of the more fortunate schools.

Educational Standards for Nurses was the theme of Elizabeth A. Greener's discussion during which she stressed the fact that no hospital has a right to a school unless it can educate the women who come to it. In Miss Greener's opinion, the boards of hospitals should be fully informed by the superintendent of the needs of the school and should expect to work with and to secure help from the State Board of Nurse Examiners.

Most small hospitals are 80 per cent. surgical, said Alice Shepard Gilman, of Albany, who followed Miss Greener; hence, the necessity for affiliation. In elaborating her theme, Miss Gilman contended that serious deficiencies in the service of most hospitals are in nutrition experience and in the care of medical children, statements which lead to the conclusion that special hospitals should be used for affiliations and should not attempt to organize schools of their own.

Miss Gowdy, of Sandusky, Ohio, enumerated the personnel of a sixty-bed hospital having a daily average of 45 patients, as follows: Superintendent of Nurses, 1 night supervisor, 2 floor and 1 operating room supervisors, 1 laboratory technician, and 30 student nurses, 5 of whom should constantly be away on affiliation—a total of 37 in the nursing department. In addition to these, there would be needed 2 persons in the

office and 18 in the housekeeping department, this number to include a dietitian.

"Purchasing" was most ably discussed by E. E. King, of Little Rock, Arkansas, under the familiar headings of "bargain or bid." He offered these suggestions as to the essentials of wise purchasing: (1) Common Sense, (2) Knowledge of stock on hand, of the quantity and durability of the last purchases and the ability of merchants to deliver as specified, (3) Use of tact, not only in dealing with salesmen, but also in filling requisitions.

Mrs. H. M. F. Bowman, of Toronto, has found that the larger the laboratory equipment the larger will have to be the fees. This cost may be met in two ways: by having a fee for each type of service or by making a flat rate for everyone. The latter plan is generous to the less fortunate patient, but there is danger of overworking the laboratory.

Case Records, as discussed by Margaret Rogers of Lafayette, are not a formidable problem, but do require perfect equipment and standardized routine procedure, in order that accurate and truthful records may be assured, and careful filing. A hospital of fifty beds, in Miss Rogers' opinion, requires one record clerk if proper facilities for research, one of the objects for which case records are made, are to be provided.

At a later session, The Future of the Small Hospital was the topic of Dr. B. W. Caldwell's address. Doctor Caldwell believes that although the small hospitals have been helped by the standards of the American College of Surgeons they deserve more help than they are now getting from the American Hospital Association, and that this can best be brought about by a sound program for the training of hospital executives.

THE NURSING SECTION

Jean I. Gunn of the Toronto General Hospital was Chairman of this section and the program was arranged by the Secretary, Shirley Titus, of Milwaukee. Dr. George O'Hanlon, Chairman of the Hospital Association Committee on Budgets, read the report prepared by Elizabeth A. Greener as chairman of a committee of the National League of Nursing Education. Doctor O'Hanlon

gave full credit to Miss Greener for this admirable study which has not only been accepted by the League but has been adopted by his committee. This report may be found in full in the September issue of the *Journal*.

Helen Wood, of Rochester, presented an excellent paper on "To What Extent Should a Hospital Depend on the Students of the School of Nursing for the Nursing Service of the Hospital?" This paper will appear in an early issue of the *Journal*.

The comprehensive discussion of the subject, "The Relationship of the Superintendent of Nurses to the Board of Trustees," appears elsewhere in this issue. It is hoped that this article may be placed in the hands of every member of every committee on schools of nursing.

Elizabeth A. Greener, in her paper on "Is the Preparation of the Student Nurse for Special Branches of Nursing the Responsibility of the Training School?" took the position that inasmuch as no nurse could make use of all the specialties, even though the school of nursing could provide them, it is inadvisable to attempt more than a two-year-and-four-months basic course with sufficient opportunity for putting into practice the theory taught. Miss Greener raised many questions, some of which she believes can not be answered until we reach that golden era in nursing when we shall have "real schools, independent, released from financial or physical obligation to the hospital yet having full opportunity for supervised practice and clinical work in the wards, schools having every educational opportunity and freed from the old die-hard traditions and restrictions that have impeded nursing progress and improvement for so many years."

OTHER NURSING PROBLEMS

There were very few meetings where some phase of nursing was not considered, and naturally so, since the nursing service impinges upon every other department in a hospital. At a Round Table, skilfully conducted by Dr. Joseph Doane, of Philadelphia, Helen Wood dealt with the question of "Ways and Means of Making the Nurse's Three Years of Training More Profitable to Her and to Her Hospital."

Miss Wood summarized her discussion as follows:

(1) Relieve the student of non-nursing work.

(2) Improve the teaching by correlating theory and practice.

(3) Make the word "service" and the care of the individual patient of more worth by teaching public health and community needs along with the care of the individual. This involves giving more social service and out-patient experience, in addition to a high order of bedside nursing.

(4) Develop the case method of nursing care instead of the factory method of piece work which has been developed in an effort to accomplish the work of the world in the shortest possible time.

At a General Session on Thursday morning, Adda Eldredge, President of the American Nurses Association, discussed "The Hospital as a Teaching Center for Nurses," and no paper was more thoughtfully received. Miss Eldredge emphasized the importance of the "unwritten curriculum"—the humanities which are the all important subject and which are taught consciously or unconsciously, by the administrator, his staff, the medical staff, the faculty of the school of nursing, indeed by all those persons with whom the student comes in contact. The subjects enumerated in this curriculum were loyalty, courtesy, kindness, and all those qualities one would wish to see in the ideal nurse. Said Miss Eldredge, "If the nurse of today is commercial, it is because she learned it in the hospital where meticulous care was given to charging the patient for supplies." The student nurse should have no occasion for knowing whether a patient is pay or free, in Miss Eldredge's judgment, and all should receive the same type of nursing. The hospital must remain the teaching center for the school of nursing. There alone can she learn the technic of finished nursing, the coördination of theory and practice, coöperation with other workers, practical sociology and practical psychology, and the prevention of disease. Miss Eldredge closed by saying that the only way to get and keep good women in the profession is by teaching them not only what they do but why they do it and by

preserving and developing the beauty of the life of the spirit.

At the Trustees' Section meeting, Miss Goodrich made a notable contribution by her flashing, versatile and inspirational interpretation of "Hospital Organization from the Point of View of Community Relations." Miss Goodrich conceded that we have the desire, even the will, to coöperate but that most communities have not found a *method of co-operating* and that this must be sought by an investigation of the knowledge which we have. Said Miss Goodrich, "Twenty-five years ago, we would have said that the outstanding contribution of democracy was the little red school house. Today, it is education, but we have not yet more than glimpsed the part hospitals may play in our educational program."

NURSES' LUNCHEONS

Two luncheons were arranged by the Committee on Nursing of which Mrs. Anne L. Hansen was Chairman. Both were "oversubscribed," as the speakers and subjects scheduled aroused much interest. Janet Geister gave a most admirable and comprehensive paper on "The Proper Relationships of Hospitals, Dispensary and Field Organizations."

At the Wednesday luncheon, Dr. Walter S. Goodale, of Buffalo, answered the question, "What is a General Hospital?" stating that if a general hospital is one that treats *all* diseases, there are not more than a half dozen general hospitals in the United States and Canada. Doctor Goodale made a strong plea for the utilization of all the facilities of any given community for the education of nurses as opposed to long-distance or out-of-state affiliations.

Alice S. Gilman, following Doctor Goodale, stated that failure to utilize potential local teaching material is usually due to lack of funds for proper teaching and supervision. Miss Gilman made some very significant statements about the enrollment of student nurses in the schools of New York State indicating an increase in the number of students entering schools of nursing (110 per cent. since 1920) and further stating that the greatest increase in enrollment is occurring among

students who have had more than one year of high school work.

SOCIAL ASPECTS OF THE CONVENTION

The banquet on the opening night was perhaps the most brilliant ever given by the Association. The Statler ballroom made a fitting background for the handsome gowns of the women, for the geniality of the men, for the atmosphere of good fellowship, that found wholesome expression in the singing of familiar old songs.

Many nurses availed themselves of the gracious hospitality of the New York State Nurses' Association which served tea every afternoon from three to five and there found opportunity for relaxation and for renewal of old acquaintanceships.

REPORTS

No association of which we have knowledge puts out a greater volume of practical ma-

terial in readily usable form. The careful studies made by special committees of such hospital problems as Per Capita Costs, Tentative Schedule of Essentials in a Hospital Approved for Internes, Foods and Food Service, Accounting and Records, Cleaning, Clinical and Scientific Equipment and Supplies, and many more are published by the Association and may be obtained from 22 East Ontario Street, Chicago.

ELECTION

President (Elected at Milwaukee, last year), Mr. E. L. Gilmore, Chicago, Ill.

President elect, Dr. A. C. Bachmeyer, Cincinnati, Ohio; 1st vice president, Robert Jolly, Houston, Tex.; 2nd vice president, Evelyn H. Hall, Seattle, Wash.; 3rd vice president, Dr. N. W. Faxon, Rochester, N. Y.; treasurer, Asa S. Bacon, Chicago, Ill.; trustees, Richard Borden, Fall River, Mass. and Daniel D. Test, Philadelphia, Pa.

MY PLEDGE AND CREED ¹

REVERENTLY *do I pledge myself to the whole-hearted service of those whose care is intrusted to this hospital.*

TO THAT END *I will ever strive for skill in the fulfillment of my duties holding secret whatsoever I may learn touching upon the lives of the sick.*

I ACKNOWLEDGE *the dignity of the cure of disease and the safeguarding of health in which no act is menial or inglorious.*

I WILL WALK *in upright faithfulness and obedience to those under whose guidance I am to work and I pray for patience, kindness and understanding in the holy ministry of broken bodies.*

¹ Prepared and published by the *Modern Hospital* and accepted by the American Hospital Association at the meeting in Buffalo, October 6-10.

TOO LATE FOR CLASSIFICATION

Delaware: THE DELAWARE STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES will hold the next examination at the Homeopathic Hospital on Monday, December 1, 1924, at 9 a. m. Refer all applications to Mary A. Moran, R.N., Secretary, 911 Delaware Avenue, Wilmington, Delaware, not later than November 20. Applications for nurses wishing to come in by reciprocity will also be considered on the above date.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and Shreveport, December 15, 16, 17, 1924. For further information, address Julie C. Tebo, Secretary, 27 Cusachs Building, New Orleans, La.

Wisconsin: THE STATE BOARD EXAMINATIONS FOR NURSES are to be held in Milwaukee and Marshfield, December 2, 3 and 4, 1924. In Milwaukee the examination will be held in City Civil Service Rooms, Seventh Floor, City Hall; in Marshfield at St. Joseph's Hospital. Adda Eldredge, Director Bureau of Nursing Education.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

The attention of the State Associations is called to Article VIII of the Constitution and By-laws of the American Nurses' Association; namely:

"Section 1. The annual dues from each State Association shall be fifty cents per capita.

"Sec. 2. All dues shall be paid in advance not later than January 31 for the current calendar year.

"Sec. 3. Each State Association shall pay dues on the basis of membership the first day of December.

"Sec. 4. State Associations whose dues have not been paid by January 31st shall be notified by the Treasurer and those not paying by March 1st shall forfeit membership.

"Sec. 5. State Associations having forfeited their membership may be reinstated upon the payment of dues for the fiscal year."

V. LOTA LORIMER, *Treasurer*.

DIRECTORS' MEETINGS

Seven sessions of the Board of Directors were held during the time of the Biennial Convention, the first on June 14 and the last June 23, following the close of the convention. The reports of the different committees were read, all of which were also presented to the delegates. The report of the Special Committee of the New York State Nurses' Association on Amalgamation (a copy of which was mailed to members by the New York State Committee) was carefully considered and it was recommended that any action on this should be deferred until later. At the first session of the Advisory Council, held on June 14, the President presented this question to the members present and the recommendation was endorsed by the Advisory Council. The consensus of opinion was that the three national nursing organizations should make a study of their particular organizations and their relation to each other and then meet with the Special Committee of the American Nurses' Association on Self Analysis, which is composed of the following members: Representing the American Nurses' Association, Adda Eldredge, Chairman; Susan C. Francis,

Carrie M. Hall, Agnes G. Deans; representing the National League of Nursing Education, M. Helena McMillan, Blanche Pfefferkorn, Laura R. Logan, Carolyn Gray; representing the National Organization for Public Health Nursing, Anne Stevens, Secretary, Elizabeth G. Fox, Mary G. Gardner, Gertrude W. Peabody.

The report of the Special Committee on Legislation will also be found in the copy of the Proceedings. The report of the Headquarters Committee is given in detail in the printed report of the Proceedings which was sent out as a supplement to the August number of the *American Journal of Nursing*.

On account of the expansion of the work of the A. N. A. and the transfer of all the mechanical work of the Treasurer in connection with both the Nurses' Relief Fund and the General Fund, the National League of Nursing Education was asked if it would be willing to exchange office space, as the space occupied by it is almost half as large again as that of the present office of the A. N. A. The League consented to this and the move was made the latter part of September.

In response to a request from Agnes D. Randolph of Richmond, Virginia, the President of the A. N. A. was placed on the list of patronesses of the campaign to raise the endowment for the School of Nursing in connection with the University of Virginia.

A letter from the National Council of Administrative Women in Education was read and the Board recommended that whenever possible nurses apply for membership in the organization.

Ballots for Sections of the A. N. A. were authorized printed and henceforth the election of officers for sections will be made in this form rather than by viva voce vote.

Miss Lorimer, the Treasurer, was authorized to proceed to Headquarters as soon as possible following the Convention to establish the new system of bookkeeping which was authorized by the Board of Directors and she, with the auditor and the bookkeeper at Headquarters, has completed this work.

It was also decided that the tenure of office

of all appointments to the office at Headquarters be for the fiscal year.

The names of the members of the standing committees appointed will be found in the proceedings of the 1924 convention.

As it was not possible to *print* the proceedings of the Advisory Council, these have been edited by the Publication Committee and are being mimeographed at the Headquarters office. A copy will be sent to the President of each State Association belonging to the A. N. A.

The special committees on Federal Legislation and International Affairs were retained.

In 1923, the Board of Directors made an effort to estimate what it might cost to print the proceedings of the 1924 convention to be distributed to each subscriber of the *American Journal of Nursing*, but it was not until the June meeting that the Board adopted a resolution to underwrite the cost of the proceedings. Although the cost exceeded the amount estimated, it was decided that this was advisable in order to supply the nurses with the reports. The report of the Secretary will also be found in the proceedings.

AGNES G. DEANS, *Secretary*.

NURSES' RELIEF FUND

REPORT FOR SEPTEMBER, 1924

Balance on hand, August 31, 1924--	\$11,369.62
Interest on bonds -----	339.63
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	\$11,709.25

Receipts

California: Dist. 1, \$9; Dist. 9, \$54.50; Dist. 12, \$7; Dist. 13, \$4; Dist. 18, \$170 -----	244.50
Connecticut: W. W. Backus Hosp. Alumnæ, Norwich -----	10.00
Illinois: Anonymous -----	10.00
Indiana: St. Anthony's Hosp. Alumnæ, Terre Haute, \$25; Good Samaritan Hosp. Alumnæ, Vincennes, \$15; Lutheran Hosp. Alumnæ, Ft. Wayne, \$61; 10 individual members, \$33; Dist. 4, 5 members, \$5 -----	139.00
Iowa: Dist. 2, \$94; Dist. 3, \$52; Dist. 4, \$34; Dist. 5, \$93; Dist. 6, \$94; Dist. 7, \$61; Dist. 8, \$32; Dist. 9, \$46; Dist. 10, \$15 -----	521.00

Missouri: State Nurses' Association, \$200; Dist 1, \$25 -----	225.00
Nebraska: Dist. 1 -----	18.50
New York: Dist. 2, individual member, \$2; Ithaca City Hosp. Nurses Alumnæ, \$25; 2 individual members, \$16 -----	43.00
Tennessee: Dist. 1 -----	126.00
Wisconsin: St. Mary's Hosp. Alumnæ, Green Bay -----	10.00
	<hr/>
Total receipts -----	\$12,056.25

Disbursements

Paid to fifty applicants--	\$778.00
Refunded ¹ -----	25.00
Stationery -----	28.75
Exchange on checks -----	.20
Miscellaneous expenditures -----	4.90
	<hr/>
Total disbursements -----	836.85
	<hr/>
	\$12,219.40
Invested funds ² -----	81,566.14
	<hr/>
	\$93,785.54

V. LOTA LORIMER, *Treasurer*.

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

¹ This represents an amount intended by a State Association for dues, but credited to the Relief Fund through misunderstanding.

² It may be noted that the amount of the invested Funds in the report for September, 1924, is less than the amount shown in the August, 1924, report. This is due to the fact that this item is now reported at the *cost price* instead of the *par value* as heretofore.

The 1924 edition of the Digest of Laws governing the registration of nurses in the United States is ready for distribution and may be procured for 50 cents per copy from the American Nurses' Association, 370 Seventh Avenue, New York. A few copies of the Proceedings of the Biennial Convention of the American Nurses' Association are still on hand and may be secured by sending 35 cents in postage to the Headquarters of the American Nurses' Association. The Board of Directors of the California State Nurses' Association wishes to withdraw the invitation to the American Nurses' Association to hold the 1928 Biennial Convention in California, in favor of Kentucky.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO OCTOBER 8, 1924

Previously acknowledged -----	\$28,886.84
Illinois: Fifth Dist. Assn. -----	5.00
Nebraska: Third Dist Assn. ----	10.00
New York: Vassar Brothers Hosp.	
Alumæ, Poughkeepsie -----	20.00
Total -----	\$28,921.84

(Scholarships are granted from this fund, on a competitive basis, once a year, in the spring. Application blanks may be secured from the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.)

THE MCISAAC LOAN FUND

REPORT TO OCTOBER 8, 1924

On hand at last report -----	\$58.68
Interest -----	.16
	<hr/>
	\$58.84

MARY M. RIDDLE, *Treasurer*.

No contributions have been received since the last report. The entire fund is loaned at the present time, except the small balance recorded. One student at Teachers College who applied for a loan of \$200 was granted \$100 in September with the promise of the remainder on January 1, if the Fund should be increased. At least \$45 is needed to redeem this promise and leave a small balance in the Loan Fund.

Checks to the two funds should be made out separately, payable to Mary M. Riddle,

Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of September, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Benning, Ga., 2nd Lieut. Ella Norris; to Station Hospital, Fort Bragg, 2nd Lieut. Minerva O'Neale; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Nancy King; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Isabel Berry, Eugenia Y. Bergstrom, Viva B. Brickley, M. Virginia Himes, Madolin E. Milheim; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Sarah Tilton; Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Eleanor L. Palmer, Isabel F. Kellman. Report of September 6, stating that 2nd Lieut. Maude Moore was under orders for separation from the service, was in error. Miss Moore is on duty at Station Hospital, Fort Sam Houston, Texas.

Orders have been issued for the separation from the service of the following named members of the Corps: Second Lieuts. Harriet E. Aronson, Eileen M. Byron, Irene M. Casper, Margaret Coffman, Mabel Cooper, Vera M. Fisher, Lynn C. Freeland, Marjorie M. Gentle, Zoe Golden, Alma R. Hagen, Lois Hughes, Della D. Jordan, Josephine Kimerer, Melicent E. King, Marie Lorenz, Margaret E. McClen-don, Dorothy F. C. Nason, Helena Swyny, Kathleen Swyny.

The response of the enrolled Red Cross nurses throughout the country as reserve nurses of the Army Nurse Corps to the Defense Day Test was truly magnificent. A report will be found elsewhere. The Surgeon General has expressed his great gratification with the result. He took particular pains to tell General Pershing of the way the nurses all over the country had answered the call.

ARMY SCHOOL OF NURSING

A class of fifty-five students was admitted to the school the first week in October.

The Army School has been greatly honored in having as its guest a distinguished nurse, Ruth E. Darbyshire, Matron of the University

College Hospital, London, who is making a two months' visit to this country at the request of the Rockefeller Foundation. Unfortunately Miss Darbyshire's stay at the Army Medical Center was brief, as she is endeavoring to see many forms of nursing activity and many schools of nursing during her short visit.

JULIA C. STIMSON,
*Major, Superintendent, Army Nurse Corps;
Dean, Army School of Nursing.*

NAVY NURSE CORPS

Transfers: To Boston, Mass., Miss Farmer's School of Cookery Course in Dietetics, Mary J. Miney, Roberta M. Page, Elsie Jarvis, Estelle Harding, Anna P. Smith, Theresea E. Wilkins, Chief Nurse; to Chelsea, Mass., Margaret B. Rooney; to Cleveland, Ohio, Lakeside Hospital, Course in Anesthesia, Marilla Berry, Caroline W. Spofford; to Norfolk, Va., Gertrude N. Campbell, Chief Nurse.

Honorable Discharge: Eva R. Dunlap.

Resignations: Frances V. P. Haines, L. Ethel Shanabarger, Carlanthia Parks.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Baltimore, Md., Julia Doyle, Julia Lumpkin; to Boston, Mass., Wilhelmina Hicks; to Fort Stanton, N. M., Martha Hill; to New Orleans, La., Mildred Watkins, Sallye Applewhite; to San Francisco, Cal., Susie Hancock; to Hudson St., N. Y., Ruth B. Chasey; to Gallups Island, Boston, Anna E. Walsh; to Norfolk, Va., Jennie Martell.

Reinstatements: Gertrude Camors, Lura Collins, Florence Knox, Esther Johnson.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS BUREAU

HOSPITAL SERVICE, *Transfers:* To Tupper Lake, N. Y., Belle McAtee, H.N., Theresa R. Sieber, Margaret A. Hickey; to Helena, Mont., Johnsie B. Hunter, Sylvia Montgomery; to Beacon, N. Y., Mary Koch, H.N.; to Portland, Ore., Mary Callicotte; to Legion, Tex., Celesta Smith, Alvina Miller, Ida Paisen, Lona Nelson; to Alexandria, La., Ella Barney,

Susan Shipley, Mary E. Townsend, Margaret F. McGibbon, Anna K. Connor; to Camp Kearny, Cal., Elizabeth B. Heinold, Julia Fitzgerald; to St. Paul, Minn., Alice M. Waters; to St. Cloud, Minn., Garcia B. Brown, Asst. C.N., Frances McKenna, Laura C. Spangler, Mary L. Cave, H.N.; to Tucson, Ariz., Ethel Peplinger, Mary Graham, H.N.; to American Lake, Wash., Ethel Carroll, Asst. C.N.; to Camp Custer, Mich., Alice E. Fidian, H.N., Olive Kernen, H.N., Ella Seth, Ruth Schott, Edna Garrett; to Excelsior Springs, Mo., Alice Blake, C.N., Allie Curran; to Oteen, N. C., Mary Joyce, Beatrice Joyce; to Jefferson Barracks, Mo., Anna R. Fisher.

Reinstatements: Carolyn Glickley, Mrs. Jean Hardenbrook, Celia M. Miller, Sarah G. White, Freda E. Becker, Anna P. Kelly, Lela K. Mays, Anna M. Furpass, Ruth Gesaman, Emma Cunningham, Elizabeth Annan, H.N., Mina Layfield, Matilda McCurdy, E. Elizabeth Kirby, Eileen Barrett, Kathryn Milmo, Lucy H. Burke, Bertha M. Bishop, Katherine Werner, Ruth Cottrell, Louise Chandler, Adele Keaton, Aasine M. Olson, Blanche Seay, Linnie Thompson.

DISTRICT MEDICAL SERVICE, *Transfers:* To Northampton, Mass., Mary Oland; to Rutland, Mass., Mary A. Keegan; to Camp Custer, Mich., Dorothy McDonnell; to Camp Kearny, Cal., Eleanor Olaison; to Perry Point, Md., John Flynn.

Reinstatement: Jessie Gustat.

U. S. Veterans' Hospital, No. 98, Beacon, New York, was opened for the reception of patients, September 15, 1924. It is expected that the hospital at Camp Custer, Michigan, and U. S. Veterans' Hospital, No. 99, Excelsior Springs, Missouri, will be opened for the reception of patients at an early date. Nurses will be needed to staff all of these hospitals.

The Superintendent of Nurses attended the convention of the Massachusetts State Nurses' Association in Northampton, Massachusetts, October 23-25, 1924.

MARY A. HICKEY,
Superintendent of Nurses.

SPANISH-AMERICAN WAR NURSES

By invitation of the Commander of the Department of Indiana, U.S.W.V., the twenty-third annual meeting of the Spanish-American

War Nurses was held in Michigan City, Ind., at the same time as that of the United Spanish War Veterans, Sept. 8-10, 1924. The opening session was a joint meeting of the United Spanish War Veterans, their Auxiliary and visitors. So many happy, earnest words were spoken that the entire morning was taken. As the first session of the Spanish-American War Nurses opened, there arrived, most happily, the Cuban Consul at Washington, Senor Quesada, with greetings from the people of Cuba and a message of gratitude to the nurses who had cared for their sick and needy and, too, had taken part in the organization of the National Department of Health, Cuba's pride today. It was an enthusiastic though not a large group of nurses that met at each day's session and as greetings were received from the veterans who wore the blue and the kahki and from their Auxiliary, it was apparent that the "spirit of '98" is unchanged. Officers chosen were: President, Cora G. Taylor; vice presidents, Rose M. Heavren, Dr. Anita N. McGee, Elizabeth Stack, Eliza B. Jones, Genevieve Wilson, Joana B. Casey, Anna H. Epps, Ella B. King, Yssabella G. Waters, Katherine J. Doxsee; secretary, Katherine B. Whitmore; treasurer, H. Josephine Shepherd; correspondent, Lena K. Fithian. Among the social features were: A tour of the famous Dunes, a fish dinner in the Peristyle, a military ball, a garden party in Memorial Park, a trip to Gary. Judging from the happy faces of all committeemen, they enjoyed being "in service" again. The Spanish-American War Nurses feel grateful for the courtesies extended to them.

FOREIGN NEWS

England: Olive Bagley of London has been sent to this country by St. Thomas Hospital, on the Fellowship established by Florence Nightingale, to study our method of teaching public health nursing. Miss Bagley will spend four months in Philadelphia before visiting some of our other important public health nursing centers. Her itinerary is being planned by the National Organization for Public Health Nursing.

France: The very great progress in nursing affairs in France since the War is evidenced by the fact that there now exists state regis-

tration for schools of nursing and for individual nurses in that country, with a state-appointed committee for the improvement of nursing, under the Ministry of Hygiene, on which there are such members as Doctor Anna Hamilton, of the Florence Nightingale School at Bordeaux, and Mademoiselle Jeanne de Joannis, of the Rue Amyot School of Nursing in Paris, of which the first nurse member and organizer was Mademoiselle Chaptal, of Paris. Moreover, there has recently been formed an association of graduate nurses (*Association des Infirmières diplômés de l' état Français*) and also an organization of the directrices of the schools of nursing of France.

Greece: Christine Nuno has returned from Greece, having spent six months in Red Cross service and the last year with Near East Relief. An interest in modern nursing is being roused through the work of American nurses and that of ten Greek nurses who were sent to this country for training. The orphanages conducted by the Near East Relief in Greece have been reduced from 11 to 4 and the graduate nurse staff from 20 to 8. The Greek and Armenian refugee children who were once the victims of trachoma, scabies, fevers and tuberculosis have improved wonderfully. One of the interesting developments of the work in the orphanages has been the organization of a school for nurses, the students being recruited from among the older orphans. This school is directed by Helen Churchill, of Boston, and is affiliated with a private hospital with a good general and a large dispensary service. It is hoped that the interest aroused in nursing through the demonstrations of good public health and institutional nursing by Red Cross and Near East Relief nurses may one day result in the organization of a school of nursing in the University of Athens.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION held its twelfth annual meeting at the Elks Home in Pine Bluff, October 9 and 10. Meeting was opened by a beautiful invocation given by Rev. R. E. Fry. The address of welcome was given by Mayor W. L. Toney, at which time he turned over the key of the city to the nurses for the next three days. The response was graciously made by Olive L. Ainsworth, of Little Rock.

Frances Brink of National Headquarters, New York, gave an interesting talk. The morning session adjourned to have luncheon at the Country Club, given by the Davis Hospital. During the luncheon hour, Dr. Wm. Brathwit of Pine Bluff gave an interesting and inspiring address. At 2 p. m., meeting was called to order at the Elks Home. The members were very fortunate in having with them Agnes Deans, Secretary of the American Nurses' Association. In her address she gave many valuable points as to Association work. Lula McCarver presided at the Private Duty Section, which was held later. An elaborate banquet was given at the Hotel Pines at 8 p. m. by District No. 6 A. On October 10, the morning session was called to order at Elks Home, invocation beautifully given by Rev. Father F. McCool, after which Sister M. DePazzi of Texarkana read with ease a paper, *The Value of the Nurse to an Organization, and Her Value of Coöperation*. Dr. J. S. Jenkins of Pine Bluff rendered an instructive paper, *Standards of Nursing and Nurses' Assistance in Standardization of Hospitals*. At 10:30 a business session, with reports of District presidents and committees, and election of officers. Result of election: President, Eva Atwood, Ft. Smith; vice presidents, Marie McKay, Little Rock and Bertha Hoffman, Hot Springs; secretary Blanche Tomaszewska, Pine Bluff; treasurer, Lillian Atwood, Little Rock. Adjourned to have luncheon at the Baptist Parlors, by the Baptist Ladies' Hospital Auxiliary of Pine Bluff. The afternoon session was called to order at 2:30, a Red Cross Section session, Mary C. Ledwidge presiding. Helen B. Fenton, of St. Louis, represented the Southwestern Division and gave an interesting talk. Board of Nurse Examiners' report given by Eva Atwood, Ft. Smith. After the adjournment of this session, all proceeded to the Business and Professional Women's Club Rooms, where a delightful tea was given by the Club, after which an auto ride over the city, and at 7:30 a theatre party given by District 6-A. This closed the meeting, those in attendance felt that the entire meeting was a success. THE ARKANSAS STATE PUBLIC HEALTH NURSES met October 11, in Pine Bluff, holding their sessions at the Elks Club and the Pine Bluff Health Center.

Meeting opened by the Chairman, Linnie Beauchamp, at 9:30 a. m. Invocation by Rev. H. A. Stowell. Helen Fenton, of St. Louis, gave an instructive address. Luncheon was given by the American Legion Auxiliary Unit, Allen Hearing Post No. 32, at the Trinity Hall, during which time Dr. C. W. Garrison, of Little Rock, gave an address, *The State Board of Health and Its Relation to Educational Workers*. At the afternoon session, Dr. A. M. Harding, of Fayetteville, gave an address on *Extension Work of the U. of A., Education and What the Correspondence Courses of the U. of A. Can Mean to Educational Workers*. At 3:30 a reception at the Health Center was given by the Federation of Women's Clubs of the City and County Social Workers. A very interesting address was given by Dr. E. C. McMullin of Pine Bluff on *Jefferson County and the Health Work*. This closed the Session.

California: Los Angeles.—THE LOS ANGELES CLUB HOUSE, 211 S. Lucas Street, was dedicated on July 31. DISTRICT ASSOCIATION No. 5 gave \$1,000 to furnish a living room in memory of Lila Pickhardt and Mrs. Pottenger.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 2, 3 and 4, 1924, to examine nurses for a license to practice in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colo. **Denver.**—Afternoon and evening mass meetings were held at the Children's Hospital on October 1st, to discuss the organization of a Nurses' Club and Central Directory. The plan was favorably received and a club will shortly be opened in quarters rented at 1436 Lafayette Street. THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL FOR NURSES held a farewell party on July 21, at the Denver General Hospital in honor of Louie Croft Boyd who has left Colorado for an indefinite stay. Speeches were made and a gift was bestowed to show the appreciation of the members for the hard and faithful work Miss Boyd has done for the school and for the nursing profession. At the meeting on September 9, negro melodies were sung which were much enjoyed. At the meeting held on October 14, a talk on the

training school was given by the Superintendent of Nurses, Mrs. Bessie Haskins, and there was inspection of the hospital, as the changes are now completed.

Connecticut: Meriden. — Forty-four mothers have been advised and assisted at childbirth and 68 babies started on the road to healthy living during the first three months' Red Cross Maternity Work directed by A. Elizabeth Bigelow of the Public Health and Visiting Nurse Association. This initial success offers good hope of a wide extension of the work.

Georgia: Savannah.—THE FOURTH DISTRICT NURSES' ASSOCIATION held its first meeting of the season at the Telfair Hospital. Effie Clifton presided. The reports showed that the Savannah nurses ranked second in the number taking part in the Defense Day program, in the Southern Division. Lucy M. Hall was presented with a silver tray by the nurses in appreciation of the work she has done for them.

Illinois: Aurora.—DISTRICT No. 2 held its September meeting at the Aurora Hospital Nurses' Home. Anna L. Davis, Superintendent of the Aurora Public Nursing Association, gave a very interesting talk. Mabel Shields, instructor of nurses at Aurora Hospital, gave a talk on the nurses' institute held each year in Chicago under the auspices of the Illinois League of Nursing Education. **Chicago.**—Mrs. Theodore B. Sachs, superintendent of the Chicago Tuberculosis Institute, states that the Institute now maintains seventeen health centers and twenty-three public health nurses, financed by the sale of Christmas seals. **Waukegan.**—THE VICTORY MEMORIAL HOSPITAL AND JANE MCALISTER SCHOOL OF NURSING held commencement exercises on September 23, at Memorial Hall, for a class of five.

Indiana: The seventeenth annual meeting of the INDIANA STATE LEAGUE OF NURSING EDUCATION and the twenty-second annual meeting of the INDIANA STATE NURSES' ASSOCIATION took place at the Claypool Hotel, Indianapolis on October 2 and 4. Most of the sessions were well attended. Frank C. Reilly of the Indianapolis Chamber of Commerce gave the address of welcome to the nurses of the State Association. Ina M. Gaskill,

President of the Association, in her address pointed out why all nurses should be pointed out what had been accomplished in the year. The executive secretary, Mrs. Alma Scott, gave a report of the membership campaign, which was one of the outstanding features of the year's accomplishments. Elizabeth G. Fox, President, National Organization for Public Health Nursing, and Director, Public Health Nursing, American Red Cross, Washington, D. C., in her splendid public health nurses. Agnes G. Deans, Secretary, American Nurses' Association, awakened and stimulated real interest by the presentation of the essential points in building an organization. V. Lota Lorimer, Director, Division Public Health Nursing, Ohio State Board of Health, Columbus, Ohio, gave an unusually fine address on The State Nurses' Association and its Responsibility for Public Health Nursing. Other speakers were Isabel Glover, County Nurse, Vermillion County, who in a very graphic and clear-cut way spoke on The Rural Doctor and the Rural Nurse. Two interesting papers were given on Ethical Problems of Private Duty Nurses, by Mrs. Clara Foerster, Fort Wayne, and on Private Duty Nursing, by Florence Fisher, Evansville. Three excellent reports of the meeting at Detroit were given. The report of the Private Duty Section was given by Frances M. Ott of Elkhart. The report of the Public Health Organization was given by Elizabeth Kurzdorfer of Evansville, and a summary of the entire convention was given by Lucy Lauman, who was delegate from the State. Edna Hamilton, Superintendent of Visiting Nurses' Association, directed a most interesting and instructive demonstration of the orthopedic work done by the nurses in their work with the crippled children of Indianapolis. While the business meetings were very full, not all time was given over to business. On Friday evening an unusually large group attended the dinner dance which was held in the Riley Room of the Claypool Hotel, and on Saturday the Fourth District entertained most beautifully with a luncheon and a delightful program which was given by the Metropolitan School of Music. The officers for the year are: President, Elizabeth Goeppinger, Crawfordsville; vice presidents,

Anna Holtman, Lutheran Hospital, Ft. Wayne, and Fannie Thomas, Rochester; secretary, Flora A. Kennedy, 1723 N. Meridian Street, Indianapolis; treasurer, Mary Elma Thompson, Indianapolis; directors, Ina M. Gaskill, Indianapolis, and Mable McCracken, Evansville. Private Duty Section, Frances Ott, Elkhart, Chairman; Public Health Section, Elizabeth Melville, New Castile, Chairman. **Bluffton.**—THE FIRST DISTRICT ASSOCIATION held its regular meeting on September 13 at the City Library. Rev. T. R. Allston gave an interesting talk on Heart Thinking. The next meeting will be the annual meeting and will be held on November 8 with a noon luncheon at Wolf & Dessauer Auditorium. Requests for reservation (\$1 per plate) should be sent to Mrs. Lottie B. Keller, Lutheran Hospital. Lay people interested in public health will be admitted. Edna L. Foley, of Chicago, will be the principal speaker.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting, November 18-20, in Des Moines, with a Red Cross meeting on November 17. **Davenport.**—Zenobia Tams, class of 1919, Mercy Hospital, is taking a course at Columbia University, New York; Mary Lawson, class of 1921, is taking a postgraduate course at the Woman's Hospital, New York; Clara Lange, class of 1921, having finished a course at the Lying-in Hospital, Chicago, has accepted a position in that institution. **Des Moines.**—Members of THE SEVENTH DISTRICT NURSES' ASSOCIATION were guests of the private duty nurses of the city at a dinner on October 2. The meeting, which was planned to coöperate with the get-out-the-vote campaign, was a very helpful and interesting one. Isabel McHarg acted as chairman.

Massachusetts: Lawrence.—Graduates of the LAWRENCE GENERAL HOSPITAL held a three-day reunion, beginning September 16. After a regular business meeting, on the first day, an address of welcome was given by the Alumnæ President, Ruby J. Gleason. A social hour and buffet supper followed. The reception and recreation rooms of the Nurses' North Home were brightly illuminated. The

bronze tablet in memory of 27 nurses who served overseas was draped with flags, as were the portraits of two members who have died, Jessie B. Mariner and Mary Bell Barton. Telegrams and greetings were received from absent members and from former superintendents. Guests of honor, former superintendents, were Ida A. Nutter and Jessie E. Catton. The following day an auto ride was enjoyed to places of interest in the city and to the plant of H. F. Hood and Sons Company which was inspected. A picnic was held near their dairy farm in Derry, N.H. In the evening a dinner-dance was held at the Merrimac Valley Country Club. On the third day, a lawn party was given by Mrs. Howe at Andover. Members came from states as distant as California and Georgia. The oldest graduate present was from the class of 1887, while the youngest had completed her training the day before. **Medfield.**—THE MEDFIELD STATE HOSPITAL held graduating exercises for five members of two classes, 1923 and 1924, on October 14, at the Hospital. The address was given by Dr. Walter E. Fernald; the diplomas were presented by Walter Rapp. A reception and dancing followed the exercises. **Pittsfield.**—THE HOUSE OF MERCY HOSPITAL celebrated its fiftieth anniversary in September. The hospital was open to visitors all day, many of whom attended the lectures and demonstrations given. The evening was given over to the nurses who were entertained in the Bishop Memorial Building. Many graduates were present, dating back to the second class, that of 1888. Dr. Henry Colt read a most interesting history of the hospital. He paid a fine tribute to Anna G. Clement, Superintendent of the hospital and the school for 25 years, speaking of the high ideals to which she held her students. Miss Clement was not able to be present, but many of the old graduates called upon her. A very enjoyable play was given by the students for the graduates. A reception followed during which the former graduates were happy to meet Miss Peck who has been with the hospital for six months. **Northampton.**—Ruth Colestock has resigned her position as Instructor at The Cooley Dickinson Hospital to take a similar position at the Colorado

General Hospital, Denver. She is succeeded by Helen Rafferty. Clara Dewey has resigned as Assistant Superintendent; Margaret Pederson has accepted the position.

Tewksbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held its annual meeting on October 3. The officers elected are: President, Catherine G. McKennedy; vice president, Rose G. Dowd; treasurer, Lillian Russell; recording secretary, Mary M. O'Hare; corresponding secretary, Mary H. Johnson. A hope chest was raffled for the benefit of the Alumnae Fund. THE MASSACHUSETTS STATE INFIRMARY graduated 18 nurses on September 24. The address was given by Hon. John Jacobs Rogers. The school pins were presented by Mrs. McDonald, Superintendent of Nurses, and the diplomas by Mrs. Talbot. A reception followed.

Michigan: Marquette.—St. Luke's HOSPITAL ALUMNAE ASSOCIATION recently entertained the class of 1924 at an over-night camping party at Camp Riley on Lake Superior. The entire student body attended the marshmallow roast held in the evening.

Minnesota: Minneapolis. — THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL SCHOOL OF NURSING gave a farewell reception for Esther Nelson, class of 1921, on September 18. Miss Nelson sailed for China on October 1; she is the seventh Swedish Hospital graduate to take up missionary work. The Association presented Miss Nelson with a steamer rug. Ida C. L. Isaacson, Superintendent of the School of Nursing, was entertained at a luncheon recently by the Alumnae Association. Miss Isaacson, who organized the training school, is returning as superintendent for the fourth time, after organizing work in hospitals in other parts of the United States. THE NEW ASBURY HOSPITAL admitted a class of twenty-four preliminary students recently bringing the number of the student body to fifty.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Hotel Muehlbach, Kansas City, October 1-3, with an attendance of 155,—delegates, 36; student nurses, 17. The Wednesday morning session was called to order

by the President, Mary E. Stebbins. The invocation by Dr. Robert Nelson Spencer, pastor of Grace and Holy Trinity Episcopal Churches, was followed by the address of welcome, Hon. Albert I. Beach, Mayor of Kansas City, to which Miss Stebbins responded. The remainder of the morning was taken up with the report of Secretary, Treasurer and chairmen of standing committees, all showing a marked improvement over the previous year's work, also reports from Mrs. Sadie Houseman, delegate to the State Council of Social Welfare, and Jannett G. Flanagan, Secretary of the State Board of Nurse Examiners. A short talk was given by Kate Morrow, of Warrensburg, the first woman candidate for State office in Missouri. John D. Kenderdine made a brief explanation of his presence as salesman for the *American Journal of Nursing* and the *Survey* in combination. This was most gratifying to the members of the Journal Committee as it permitted them to attend all sessions of the meeting, Mr. Kenderdine being present at the book table at all hours. The Advisory Council met at luncheon with an attendance of forty-two, with three past-presidents, thirty-six alumnae associations, and each of the seven Districts represented. The afternoon program included the following addresses: The Next Best, Carolyn Gray, formerly Dean of Nursing, Western Reserve University, Cleveland, Ohio; Some Orthopedic Knowledge for Nurses, Dr. Robert McE. Shaufler. Both of these splendid addresses were given from notes, the officers regret not having copy for the *Journal*. At 4 p. m., tea was served in the Dining Room of Hotel Muehlbach, the Kansas City Hospital Alumnae Association, hostesses. The evening session was held at Junior College, Anna White, presiding. The entire program was given by the student body of the schools of nursing of Kansas City. The film, History of Nursing was shown. Each group of slides representing a period was followed by a tableau given by a group of students, closing with a song to the Missouri Nurses, by all the students. On Thursday, October 2, after the general business was completed, came the Private Duty Section, Louise Wampler, St. Joseph, presiding. The following addresses were given: The Private Duty

Nurse, Dr. Lindsay S. Milne, Kansas City; Function of the Private Duty Nurse, Claribel Wheeler, Superintendent of Nurses, Barnes Hospital, St. Louis; Care of a Diabetic Patient on Insulin, Matilda Klein, St. Joseph. Interesting discussions followed the papers and Miss Klein's paper was discussed freely in the Private Duty Round Table later in the afternoon. The noon hour was spent in various luncheons and Round Table discussions. The afternoon session was in charge of the State League of Nursing Education. Gene Harrison, vice president, presiding. Officers and committee reports were given, also reports of local leagues of Kansas City and St. Louis. A detailed report was given of the Detroit convention by the Delegate. Discussion of Extra-curricula Activities in Schools of Nursing was led by Frances Warmer, St. Luke's Hospital, St. Louis. Paper, The Value of the Intelligence Test to Students, was given by Helen Farnsworth, Junior College, Kansas City. Election of League officers was as follows: President, Gene Harrison, St. Louis; vice president, Victoria Smith, Kansas City; secretary, Louise Yale, Kansas City; treasurer, Janet Bond, City Hospital, St. Louis. At 7 p. m. the Second District Association members were hostesses at a most delightful banquet in the ball room of Hotel Muehlbach, Miss Stebbins, presiding. There were 200 nurses present. A delightful musical program was given, followed by an address by D. J. Evans, D.D., of the First Baptist Church. Friday a. m., October 3, routine business was transacted. Mary Stebbins, delegate to the National Child Health Association in Detroit, in 1923, also to the American Nurses' Association, Detroit, 1924, gave a detailed account of both conventions, stressing many points of interest. The following officers were elected: President, Louise Brockman, St. Louis; vice presidents, Mance Taylor of Columbia and Esther H. Dersch of Kansas City; secretary, Esther M. Cousley, St. Louis; treasurer, Bertha Love, Columbia. The business session closed with an announcement that the Directors had voted that the State Association make two payments of \$25 to complete a scholarship of \$100 in the Phoebe J. Ess Educational Fund of the Federation of

Woman Clubs. The Organization paying \$100 for the Scholarship was privileged to name the Scholarship, which was named Cornelia E. Seeley for one of the pioneer nurses who has been active all the years of the Organization and at present is serving on a Committee writing the History of Nursing in Missouri. This was one of the happiest occasions of the entire meeting. Miss Seeley in her usual retiring modest way was so overcome, it was with effort that she expressed her appreciation. It was a great joy to every nurse present to feel she had a part in honoring one so very worthy and appreciative. Following was a most inspiring address, Relation of Nursing Organization to the Federated Clubs, Mrs. Henry Ess, President of the Missouri Federated Clubs. The motion was carried unanimously that the State Association become a Sustaining Member of the Isabel Hampton Robb Memorial Fund and of the McIsaac Loan Fund, paying \$25 a year to each, with the privilege of increasing the amount when financial conditions will permit. The afternoon session was in charge of the Public Health Nurses' Section, Mary Stephenson, Chairman, presiding. The following addresses were given: Nutrition and Its Relation to Health, Mrs. B. J. Shackelford, Assistant Superintendent of Schools, St. Louis; Red Cross Nursing Activities in Missouri, Olive Chapman, Director of Nursing Service, A. R. C., S. W. Division; reports of Organization of Branch of N. O. P. H. N., Frances V. Brink, Field Secretary, N. O. P. H. N. A business meeting followed with the election of Anna Heisler, Jefferson City, Chairman; Ethelyn Cockrell, Secretary, Trenton. Tea was served by the alumnae associations of Kansas City. In the evening a large audience listened to Edna L. Foley, of Chicago, on Why Education, and to Social Responsibilities of the Nurse, by Wm. A. Lewis, Professor of History, Junior College, Kansas City. Both subjects called forth a general discussion from the floor. Following the announcement that the 1925 meeting would be held in St. Joseph, the meeting adjourned.

St. Joseph. — THE FIRST DISTRICT ASSOCIATION held its annual meeting at the nurses' home of St. Joseph Hospital on October 16. The reports of the president,

Rose Hales, and of the secretary, Sallie Bryant, showed the work accomplished during the year which included a revision of the by-laws providing among other things for a central directory. Muriel Gates, chairman of the Eligibility Committee, reported a number of new members. The Noyes Hospital Alumnæ have 100 per cent., the Methodist and St. Joseph hospitals following closely. Miss Lackland, chairman of the Program Committee gave an outline of the programs that had been presented. Officers elected are: President, Leona Hales; vice presidents, Nannie J. Lackland, Muriel Gates; secretary, Sallie Bryant; treasurer, Lydia Evey, and three directors. The new Board met after the meeting and completed the committee appointments for the year, except those for the Legislative Committee. **St. Louis.**—Grace Lieurance has resigned as President of District 3, because of absence from the city. Mary Stephenson will act as President.

Montana: THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual convention on July 12 at the Commercial Club, Billings. The session was opened with prayer by Rev. Douglas Matthews of St. Luke's Church. J. A. Shoemaker gave the address of welcome. Mrs. Dahl, the President, responded. The morning was given to business, with reports from officers and committees. Districts 1, 2, 4, 5, 6, 8 reported; Districts 3, 7, 9, 11 are not organized; Districts 10 and 12 were not represented. A report by the Secretary showed the good work done in opposing the Reclassification Bill. Mrs. Leslie S. Clarke, President of District 5 and a member of the State Board of Examiners, talked on the present state Registration Law and suggested a revision raising the requirements of applicants to training schools and the inadequacy of the fund provided for the use of the state inspector of training schools. The present fund is \$250 and has its source in the registration fund. Mrs. Clarke suggested that we seek an appropriation from the State. A recommendation was adopted that the state law be amended to read that a two year high school preparation or the equivalent, as standardized by the University of Montana, be required of applicants for nurse's training.

Twelve-hour duty was discussed and a committee was appointed to draw up resolutions for a twelve-hour law, to be referred to the Legislative Committee. A report of the convention at Detroit was given by Miss Kerlee. It was voted to change the name of the Association to Montana State Association of *Registered* Nurses instead of Graduate. The question of State Headquarters was discussed, but it was considered impracticable at present. A Round Table discussion was held on the Encouragement of Students to Take up Nursing. Officers elected are: President, F. L. Kerlee, Helena; secretary, Miss Anderson, Billings (later replaced by Frances Vollmer, Helena); treasurer, Mrs. O'Connor, Billings; directors, Miss Friederichs, Helena, Mrs. Dahl, Great Falls, Miss Olson, Butte, Miss Meade, Kalispell, Miss Croteau, Missoula. An invitation to Helena for 1925 was accepted.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination November 6, 7 and 8 at the Medical College of the University of Nebraska, Omaha, and at the State House, Lincoln. For information and application address Dr. J. D. Case, Superintendent of the Department of Health and Welfare, State House, Lincoln, Nebraska. Florence Stein, secretary of the Nebraska State Nurses' Association, has accepted a position with the Child Health Demonstration at Mansfield, Ohio. Minne A. Ehrke, of Hastings, was appointed secretary.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its quarterly meeting at the Edward Josline Home for Nurses, Keene, September 10. The Association was welcomed to Keene by Hon. O. E. Cain, President of the Board of Trustees, Elliott Community Hospital. Dr. Walter H. Lacey of Keene read a paper on Cancer. Mabel Potter of Manchester gave an interesting report of the convention at Detroit. A communication was read, notifying the Association of its membership in the National Council of Women of the United States. The matter of sending a delegate to the International meeting in Finland was discussed. Mrs. Frank A. Wright gave an interesting talk on her recent world tour. After

adjournment of the meeting, the members enjoyed a social hour at the home of Mrs. Wright. **Concord.**—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE realized \$21 by an apron sale at the mid-summer meeting. It was decided to begin working for the Service. Plaque. Miss Liberty reported the State meeting held in Concord in June. A delegate was appointed to attend the September meeting in Keene. Two new members were admitted. THE NEW HAMPSHIRE MEMORIAL HOSPITAL ALUMNAE met in September. Plans were made for raising money to provide three blackboards for the class room in the new wing of the hospital. This wing, opened in the early summer, is used for maternity and orthopedic work. It has two delivery rooms, doctors' room, nursery, gymnasium, plaster and operating room. Twenty-five large convenient rooms are attractively furnished and have been well filled all summer. This addition also includes a central steam plant, a laundry, nurses' and maids' rooms, a diet kitchen and stock rooms. The Association gave \$300 toward the building fund in addition to individual gifts of graduates.

New Jersey: Fairview.—The municipal authorities have asked the State Department of Health to assign a child hygiene teacher to inaugurate the continuous child hygiene program in the borough. The program includes the supervision of childhood from the prenatal period through infancy and the pre-school and school periods to adolescence. This makes the 194th New Jersey community in which the child hygiene work has been initiated and developed under the Bureau of Child Hygiene of the State of New Jersey. **Hackensack.**—THE HACKENSACK HOSPITAL SCHOOL OF NURSING has an endowment of \$40,000, the gift of Hon. Wm. M. Johnson. **Orange.**—Maud Gegenheimer, a graduate of Orange Memorial Hospital, has been granted a \$200 scholarship by "The Trained Nurse and Hospital Review." She expects to take a course in Administration at Teachers College.

New York: Buffalo.—Members of the FIRST DISTRICT served tea every afternoon during the meetings of the American Hospital Association, October 6-10. They also

arranged luncheons for the nurses present, with interesting speakers. **Ithaca.**—THE ITHACA CITY HOSPITAL ALUMNAE held its first meeting on September 19 with a small number present, but just enough to transact business. A class of 22 entered the school of nursing in the fall. They were given a reception at the Delano Home. **New York.**—THE HOSPITAL FOR JOINT DISEASES opened its new eight-story building on October 5. Dr. Henry W. Frauenthal, the founder, was presented with a golden key. Speeches were made which outlined the history of the hospital, and pledges amounting to \$50,000 were made toward its support. THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL is holding a series of fall conferences open to all hospital people in the vicinity who are interested. Dates and subjects are: Oct. 17, Hospital Standardization, M. T. MacEachern, M.D.; Oct. 24, Public and Private Hospitals, Hon. Bird S. Coler; Oct. 31, Regional Hospital Organizations, John M. Smith; Nov. 7, Necessity for Closer Coöperation between Architects, Hospital Boards and the Nursing Profession, Alice Shepard Gilman, R.N.; Nov. 14, Establishing and Maintaining Proper Relations Between Hospitals and Medical Schools, Charles H. Young, M.D.; Nov. 21, Higher Education in the Nursing Profession, Annie W. Goodrich, R.N. A PRE-NATAL INSTITUTE was held, October 1-10, under the auspices of the Children's Welfare Federation, at which both lectures and demonstrations were given on subjects connected with the health of mother and child. All tickets were quickly sold and requests for a second institute are being received. THE ALUMNAE ASSOCIATION OF THE METROPOLITAN HOSPITAL SCHOOL OF NURSING, WELFARE ISLAND, held a very successful card party at the Central Club for Nurses, on the evening of October 9, forty tables playing. The first meeting of the season of the NEW YORK INDUSTRIAL NURSES' CLUB was held on October 9 at Henry Street Settlement, with Miss Nicols, President, in the chair. An interesting talk on the importance of voting was given by Miss Robinson of the League of Women Voters. The next meeting will be held on November 13. At the September meeting of the BELLEVUE ALUMNAE ASSOCIATION nine members, all of whom are

occupying executive positions, were appointed a committee to represent the Association "in the present crisis of our school." Every Bellevue nurse should stand loyally back of this Committee and of the Board which has done so much to make the school the power it has been since its inception, at this time when abolition of the Board is threatened.

Rochester.—THE GENESEE VALLEY NURSES' ASSOCIATION held its September meeting in Geneva, at the Nurses' Home of the Geneva Hospital. Bad weather kept many members away, but those who were present greatly enjoyed the interesting program and the hospitality of the Geneva members of the Association. **Saranac Lake.** — THE GRADUATE NURSES' ASSOCIATION held its regular meeting at the home of Mrs. J. Wood Price. Plans were made for Donation Day for the General Hospital. A delegate was chosen to the State meeting. A delightful social hour followed.

North Carolina: Asheville. — DISTRICT 1 held a meeting on August 13 at the Nurses' Club, when a report of the convention in Detroit was given by the delegate, Miss Batterham. The September meeting was devoted to discussions in relation to the Defense Day Test. The nurses went on record as favoring the measure, the members all being willing to have their names on the roll. The Chairman-secretary of the Red Cross NURSING SERVICE sent in the following report to the Atlanta Office: Red Cross nurses, 48; graduates, 218; practical nurses, 115; total, 381. A number of Red Cross nurses sent in their names directly to Atlanta. The October meeting was the anniversary of the founding of the State Nurses' Association and was celebrated in a very happy style, contributions being given to the Nurses' RELIEF FUND, amounting to nearly \$100. Two alumnae associations were admitted to membership, the Highland and Appalachian hospitals, making six in all. This district is one of the most active in the state, having twelve regular meetings each year. Asheville was the first to wire a report to the Southern division of the Red Cross, the number of nurses replying to the Defense Day test.

Ohio: THE EDUCATIONAL SECTION OF THE OHIO STATE ASSOCIATION OF GRADUATE NURSES

will hold an institute for principals and instructors in schools of nursing in Campbell Hall, Ohio State University, Columbus, November 12-15. THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held a public health institute in Cincinnati, October 29 and 30. **Cincinnati.**—THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL has organized a class in Parliamentary Law. Members of other alumnae associations and Senior classes in the Schools of Nursing were invited to join. **Mansfield.**—THE MANSFIELD GENERAL HOSPITAL graduated its first class at the First Congregational Church on September 22. A reception followed in the Margaret Ritter Sterner Home for Nurses. Commencement festivities included a dinner and theatre party given by the special duty nurses, a picnic by the staff doctors, a high tea by Doctor and Mrs. J. L. Stevens, a dancing party by the Staff nurses and a day of pleasure seeking in Cleveland through the kindness of the Board of Trustees.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination on December 4 and 5 at the State Capitol. Applications should be sent to the secretary, Bess Ross, U. S. Veterans Hospital, Muskogee.

Oregon: Portland. — THE MULTNOMAH COUNTY LEAGUE OF NURSING EDUCATION held a meeting on September 24, at the St. Vincent's Hospital School of Nursing with four Sisters as guests. Sister Gabriel, Supervisor of Schools of Nursing for the Sisters of Providence in the Northwest, spoke on The Place of the Study and Application of Psychology in the Training of the Nurse. A full discussion followed and a social hour concluded the meeting during which an entertainment was given by Senior students.

Pennsylvania: Allentown.—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held its annual meeting on October 6 at the Nurses' College. Annual reports were given and the following officers were elected: President, Edith Davis; vice president, Gertrude Kline; secretary, Elsie Whetstone; treasurer, Mrs. Alberta Kern Bress; treasurer Nurses' Room Fund, Mrs. Elsie Reinert Snyder; and three directors. A favorable

report was given by Anna Frankenfield from the Committee to arrange with the Hospital directors for setting aside a room for the use of nurses on special duty. A committee was appointed to arrange for the annual card party and dance in December. Three new members were admitted from the class of 1924. **Clearfield.**—THE CLEARFIELD HOSPITAL ALUMNAE has received the sum of \$65 for the endowment fund as a result of a food booth conducted by some of the faculty members during County Fair week. Seventy-four dollars was realized from a card party held at the Nurses' Home in September.

Philadelphia.—The opening exercises of the SCHOOL FOR TEACHING PRELIMINARY COURSES IN NURSING EDUCATION were held in the Auditorium of Drexel Institute on September 30. Arthur A. Fleisher, Chairman of the Executive Committee, presided. Dr. K. G. Matheson, President of Drexel Institute, gave a most cordial greeting to the students and Mabel F. Huntly, Director, gave a report of the work of the school. Mary M. Roberts, Editor of the *American Journal of Nursing*, addressed the class. One hundred and ten students from nine schools are enrolled. The students come from seven states. The school requires two years of high school, but seventy-two of the students presented full high school credit. The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL was held in the Nurses' Home, September 30. The attendance was large. Reports of committees showed an active interest in the work. Report of the Detroit Convention by Elizabeth Miller was very interesting. Five delegates were chosen to attend the State meeting. Officers elected are: President, Agnes D. Baumann; vice president, Edna L. Moore; secretary, Jessie M. Rowe; assistant secretary, Jeanette Walters; treasurer, Maud E. LeVan. Suggestions were made for the Annual Bazaar. The Association has 126 members in good standing, 94 being resident members. The average attendance at meetings has been 26. THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting, October 6, when Sarah Warmuth gave a most interesting report of the Detroit convention. The Association voted to send the President of

the Senior class and the President of the Student Government Association to the State convention at Reading. **Pittsburgh.**—STUDENT NURSES OF THE PRESBYTERIAN HOSPITAL have presented to the Chairman of the Training School Committee one year's subscription to the *American Journal of Nursing*. At the October meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, held at the Hospital, Miss McMichael, one of the representatives at the National Convention, Detroit, gave a very interesting report, and Miss Sacks gave a report from a student's point of view, of the same convention, which proves beyond any question of doubt, that conventions are helpful to both graduates and students; they made every member present feel that we must have representation at every convention in the future. Two delegates were chosen for the State meeting at Reading.

South Dakota: Chamberlain.—A class of five nurses graduated from the Chamberlain Sanitarium and Hospital Training School on September 7. The commencement address was delivered by Elder Charles Thompson of Minneapolis, Minnesota. Dr. R. A. Crawford presented the diplomas. On September 8, the Alumnae Association entertained the graduating class at a reception. After the program a social hour was enjoyed. The school was presented with a beautiful present by the graduating class.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Hotel Claridge, Memphis, October 6 and 7. The Monday morning session was opened with an invocation by Dr. C. H. Williamson. The address of welcome was given by Mayor Rowlett Paine. The rest of the morning was occupied by the President's address and by reports of officers and committees. At noon a luncheon was given by the alumnae associations of the Baptist, Memphis General, Methodist and St. Joseph's hospitals. The afternoon program was as follows: Some Essentials To Be Considered in Building an Association, Agnes G. Deans, Secretary of the American Nurses' Association; The Private Duty Nurse and What She Should Bring to Her Patient,

Hazel Goff; What Nursing Education Has Contributed to the Better Care of the Sick, John M. Maury, M.D.; The Contribution of Nursing to Public Health, Neuton Stearns, M.D.; The Relation of Diet to Preventive Dentistry, Dr. L. J. McRae, M.D.; Nurses as Anaesthetists, R. L. Sanders, M.D. In the evening a banquet was held at which more than 150 doctors, nurses and lay people were present. Addresses were given on The Present Nursing Law, Abbie Roberts, Peabody College, Nashville; What the Tennessee Legislature Has Tried To Do for the Nursing Profession, Walter Chandler; The Nursing Board under the Commissioner of Education, P. L. Harned, Commissioner of Education, Nashville. C. P. J. Mooney, Editor-in-chief of the *Commercial Appeal*, gave a toast, To the Nurses. On Tuesday morning the program included: The American Red Cross, Miss Myers; Tuberculosis, J. J. Durrett, M.D.; Toxin-Antitoxin, E. C. Mitchell, M.D.; Tuberculosis in Tennessee, Natalie Plews; Hospital Administration, Henry Hedden, M.D.; Service, Nell Taylor. Section meetings were held in the early afternoon. The members thoroughly enjoyed having Miss Deans and Miss Brink from National Headquarters with them. A State League was organized with Lena Lyons, of Memphis, chairman, and Mrs. C. E. Ferree, of Chattanooga, as secretary. Officers of the State Association are President, Mrs. George Blair, Knoxville; vice presidents, Mrs. C. E. Ferree, Chattanooga, and Fanny Walton, Nashville; secretary, Dixie Sample, Memphis; treasurer, Mrs. H. Hathcock, Knoxville. Committee chairmen are: Ways and Means, Abbie Roberts, Nashville; Nominating, Della Boylston, Nashville; Publicity, Marie Peterson, Memphis; Nurses' Relief Fund, Mrs. Ben Beall, Chattanooga; Revision, Elsie Russ, Nashville; Arrangements and Program, Mrs. S. I. Bolton, Nashville. **Knoxville.**—THE KNOXVILLE REGISTERED NURSES' ASSOCIATION recently entertained the senior nurses from the three training schools; Knoxville General, Fort Sanders and Riverside Hospitals. Tea was served at the Blue Triangle Tea Room. THE KNOXVILLE REGISTERED NURSES' ASSOCIATION held its annual meeting on September 13.

Virginia: Natalie Curtis, Sheltering Arms

Hospital, Richmond, has accepted the office of secretary of THE VIRGINIA STATE NURSES' ASSOCIATION to succeed Alice Dugger. **Leesburg.**—THE LOUDOUN COUNTY HOSPITAL held graduating exercises for a class of 2, on September 19 in the High School auditorium. The diplomas were presented by Dr. Joseph Rogers of Washington, D. C. The address was given by Mayor C. F. Harrison. On the 22d, a banquet was given by the Ladies' Board to the graduates, students and alumnae.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its eighteenth annual meeting Sept. 25-27 at the Kanawha Hotel, Charleston. It was the largest and most enthusiastic meeting of nurses ever held in West Virginia. The guests were: Helen F. Greaney, Private Duty section of the A. N. A.; Elizabeth G. Fox, National Organization for Public Health nursing; Frances Brink, Field Director of Public Health nursing; Malinde Havey, Director of Nursing, A. R. C.; Agnes D. Randolph, President, Virginia State Nurses' Association; Dr. June Hull, Director of Child Hygiene, of Washington, D. C.; Dr. W. S. Rankin, North Carolina State Health Commissioner. The social part of the program was one of the fullest—and very entertaining, with a luncheon Thursday, at the Hotel Ruffner, given by the Lion's Club of Charleston; a ride by the Charleston Automobile Club; a tea at the new Charleston General Hospital given by Doctor and Mrs. J. E. Cannaday; and a dinner dance at the Elks Club, with over 300 present. The following program was carried out: Thursday, September 25, Business Session. Afternoon, Superintendents' Session, Vesta V. Reid, presiding. Address by Dr. W. S. Robertson; The Future of Nursing, Oscar Biern, M.D.; Some Advantages of Training in a Small Hospital, Elizabeth W. White; Every-day Training Problems, Anna H. Bessler; The Preliminary Course, Nell Robinson; Borderline Pupil Nurses, Mrs. M. McIntosh Noel; Care of Pre-School Children, Lelah Haynes; Training School Problems, Eleanora D. Koch; Difficulties in Securing Pupil Nurses, Mary M. Hudson. Friday, September 26: Morning, Public Health Session, Julia Mellichampe presiding. Round Tables conducted by Miss



GROUP OF THOSE IN ATTENDANCE AT INSTITUTE FOR NURSES, MILWAUKEE, WISCONSIN,
AUGUST, 1924

Havey and Mrs. Burnham; invocation, Rev. Ernest Thompson; greeting, Dr. W. T. Henshaw; What Is a Full Time County Health Unit? M. V. Ziegler, M.D.; address by Dr. June Hull. Afternoon: Address by Dr. W. S. Rankin; Broad Horizons, Agnes D. Randolph; Round Tables on Publicity conducted by Calvert S. Estill and Herbert Pfahler. Saturday, September 27, Morning, Private Duty Session. Private Duty Round Table, conducted by Mrs. Madden; invocation, Rev. Father Ferdinand; Address by Miss Greaney; Care of Children, M. F. Peterson, M.D.; Address by Ex-Governor McCorkle. Afternoon: What Women Can Do by Coöperation, Mrs. H. D. Rummel; Obstetrics, Eva Morley; Basis of Professional Ethics, Sylvia Brake; The High Calling of the Trained Nurse, Ethel Giannini. Officers elected were: President, Mrs. Kathryn Trent, Charleston; vice presidents, Mrs. Jean T. Dillon, Charleston, Blanche Young, Martinsburg; secretary-treasurer, Mrs. Annie Magee Madden, 1411 Virginia Street, Charleston. The place of the next meeting will be Clarksburg. **Charleston.** THE CHARLESTON GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on October 7, and the following were elected officers: President, Mrs. Anna McGee Madden; vice

president, May Sydenstricker; secretary-treasurer, Helen Eggleston.

Wisconsin: THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION held an Institute for Nurses in Milwaukee, August 11-15, with the following program: August 11, Nursing Education as a Community Responsibility, Dr. G. C. Ruhland; Teaching Nursing Principles and Methods, Lenore Bradley, Ford Hospital, Detroit, Mich.; The Educational Aspect of Nursing, R. C. Cooley, Director Milwaukee Vocational School; Teaching and Learning, D. L. John; Teaching Nursing Principles and Methods, Miss Bradley. August 12, Teaching, two lectures, Miss Bradley; Psychiatric Nursing, Mae Kennedy, Chicago; Teaching and Learning, Mr. John. August 13, Psychiatric Nursing, two lectures, Miss Kennedy; Teaching, two lectures, Miss Bradley; Teaching and Learning, Mr. John. August 14, The Prospect of Central Schools in Wisconsin, Ethel Odegard; Psychiatric Nursing, two lectures, Miss Kennedy; Teaching and Learning, Mr. John; Drugs and Solutions, Stella Ackley. August 15, Head Nurse Conferences, Miss Odegard; Drugs and Solutions, Miss Ackley; Teaching and Learning, Mr. John; Pediatric Demonstrations at Milwaukee Children's Hospital.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination at Cheyenne, Wyo., December 1, 2, 3, 4, 1924. All applications to be filed with the Secretary ten days before examination. Mrs. M. C. Olsen, Secretary, 3122 Warren Avenue, Cheyenne.

MARRIAGES

Nelda Lou Bader (class of 1924, Wesley Hospital, Wichita, Kans.), to Floyd Quinlish, August 15. At home, Wichita.

Helen Virginia Bennett (class of 1922, Philadelphia General Hospital, Philadelphia), to Walter John Maloney, September 17.

Sue Whayland Carter (class of 1920, Peninsula General Hospital, Salisbury, Md.), to H. Merrill Murphy, V.M.D., August 27. At home, Salisbury.

Beatrice I. Day (class of 1922, Faulkner Hospital, Jamaica Plain, Mass.), to Elmer F. Fry (class of 1921, U.S.N.H.C.), September 28. At home, Signal Hill, Calif.

Dora Eldridge (class of 1924, Lutheran Hospital, Fort Wayne, Ind.), to Rabie D. Sliger, August 26. At home, Garrett, Ind.

Dora Eoffe (class of 1923, West Ellis Hospital, Chattanooga, Tenn.), to C. W. Baun, September 2.

Esther N. Erickson (class of 1916, McKeesport Hospital, McKeesport, Pa.), to Harry G. Fawcett, September 4. At home, Gary, Ind.

Hazel Gregarius (class of 1923, St. Luke's Hospital, Davenport, Iowa), to William Ehlers, August 15. At home, Davenport, Iowa.

Hannah H. Haddock (class of 1913, Protestant Episcopal Hospital, Philadelphia), to James Pollock, August 15. At home, Doylestown, Pa.

Adelaide M. Haehnle (class of 1915, St. Luke's Hospital, Bethlehem, Pa.), to Robert H. Schick, October 9. At home, Bethlehem.

Mary Ellen Heinrich (Superintendent of Toumey Hospital, Sumter, S. C.), to John William Jackson, August 4. At home, Darlington, S. C.

Rosalie Helble (class of 1923, St. Luke's Hospital, Davenport, Iowa), to W. A. McCul-

lough, September 11. At home, DeWitt, Iowa.

E. Alice Howell (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Malcolm Dailey, in September.

Fleta Jordan (class of 1923, Wesley Hospital, Wichita, Kans.), to Elmer McKay, August 15. At home, Wichita.

Margaret Kelley (class of 1912, Methodist Episcopal Hospital, Philadelphia), to Earl Ellis, in August.

Sophia Kleinsmith (class of 1914, Lutheran Hospital, Ft. Wayne, Ind.), to Marvin E. Meyers, August 29. At home, Olean, N. Y.

Mildred Knight (class of 1918, Allegheny General Hospital, Pittsburgh, Pa.), to Paul E. Hill, Sept. 2. At home, Meadville, Pa.

Gladys C. Lamarche (class of 1920, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to B. Richard Kelly, M.D., August 26. At home, Albany, N. Y.

Margaret McGrath (class of 1920, Wilmington, Homeopathic Hospital, Wilmington, Del.), to C. E. Longshore, August 30. At home, Kane, Pa.

Bertha E. A. Monsees (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to E. Rikert, in September.

Nan Nelson to Phil Kent, September 3. At home, Cody, Wyo.

Ruth Ohs (class of 1921, Clearfield Hospital, Clearfield, Pa.), to William Heck, October 4. At home, Clearfield, Pa.

Margaret Rudd (class of 1909, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to A. J. Alexander, September 24. At home, Los Angeles, Calif.

Sadie Sampson (class of 1923, Moe Hospital, Sioux Falls, S. D.), to Elmer Carlson, September 24. At home, Spencer, Iowa.

Margaret Stoskopf (class of 1918, Lutheran Hospital, Fort Wayne, Ind., to Homer Adams, September 1. At home, Kendallville, Ind.

Emma Sydleman (class of 1919, Worcester Memorial Hospital, Worcester, Mass.), to W. B. Hair, M.D., September 6.

Anna A. Thompson (class of 1922,

Methodist Episcopal Hospital, Brooklyn, N. Y.), to Otto E. Johnson, in August.

Mae Wilkinson (class of 1921, Clearfield Hospital, Clearfield, Pa.), to Percy Steinbeck, October 1. At home, Pittsburgh, Pa.

Pearl H. Zimmerman (class of 1918, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to George C. Britting, September 27. At home, Brooklyn, N. Y.

DEATHS

Alice E. Baird (class of 1916, Rutland Hospital Training School, Rutland, Vt.), on February 28. Miss Baird entered the Red Cross service in March, 1918. She sailed from New York in April and upon her arrival in France served at Blois and at Tours, where she remained for eighteen months. In August, 1919, she returned to the United States and remained in service. She was transferred to U. S. Marine Hospital, Ft. McHenry, Md., U. S. Veterans' Bureau Hospital, No. 10, Key West, Fla., and to Marine Hospital No. 82, where she remained until her death during an operation for general peritonitis. Burial was at Chittenden, Vt. Miss Baird was a member of Martin Rowe Post of the American Legion, of Rutland, Vt., and was the first Red Cross nurse to volunteer from Vermont.

Anna Dean, class of 1892, Allegheny General Hospital, Pittsburgh, Pa., at her home, St. Clairsville, Ohio, October 5. Miss Dean had been in poor health for a number of years and her death came as a relief to her suffering.

Mrs. Frank Cook (**Ruth I. Hadcock**, class of 1895, The Grace Hospital, Detroit, Mich.), on July 4, at Simcoe, Ontario, of typhoid fever.

A. Maud Haynes (class of 1905, Samaritan Hospital, Philadelphia), on September 8,

at Clearfield Hospital, Clearfield, Pa., following an operation for duodenal ulcers. Miss Haynes was a very successful private duty nurse, was very lovable and made friends wherever she went. She was an active worker in her alumnae association, having greatly helped in paying off the endowment and refurnishing the room, and in all enterprises for the hospital. Her death is a great loss to the profession as well as to her friends.

Lena Mae Johnson (class of 1916, Ithaca City Hospital, Ithaca, N. Y.), on August 19. Miss Johnson did institutional work after her graduation. She had been confined to a tuberculosis hospital at Oteen, N. C., for the past two years. She was a faithful and conscientious nurse and will be greatly missed by all who knew her.

Jessie E. Leach (class of 1914, Metropolitan School of Nursing, Welfare Island, New York), on August 3, at Samaritan Hospital, Brooklyn, N. Y. After her graduation Miss Leach did private nursing. She was charge nurse at the Metropolitan for a time and was Superintendent of Nurses at Samaritan Hospital at the time of her death. Miss Leach had made for herself an enviable reputation and her death is not only a loss to her friends, but to the profession as well.

Edna Mienke (class of 1920, Asbury Hospital, Minneapolis, Minn.), recently, at Glen Lake Sanitarium, Minnesota.

M. Elizabeth Taylor (class of 1902, Chicago Baptist Hospital, Chicago, Ill.), on June 13. Miss Taylor did private duty nursing and was an unusually well beloved and successful nurse. She was taken ill with pneumonia at Raleigh, N. D., while taking care of her sister and death occurred after a brief illness, at Mercy Hospital, Chicago. A host of warm friends mourn her loss.

"Only a sweet and virtuous soul,
Like seasoned timber never gives;
But though the whole world turn to coal,
Then chiefly lives."

—George Herbert

BOOK REVIEWS

FUNDAMENTALS OF CHEMISTRY. By L. Jean Bogert, Ph.D. 324 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price, \$2.75.

In *Fundamentals of Chemistry*, by Dr. L. Jean Bogert, we have certainly the most important and usable text in chemistry for nurses that has yet appeared in the field.

A recital of the general content would for the most part serve only as evidence that the usual and unavoidable fundamentals appear for discussion with only minimum departures from conventional selections for treatment in texts of this order and purpose. The outstanding differences, therefore, between this text and others in the field consist largely in the method of treatment of the various phases of the subject as well as in the general style of presentation and point of view.

Some entire chapters and parts of others are nothing short of masterly in content and style and almost lead one to an enthusiastic "Bravo" in the satisfaction over the fact that at last these subjects have found such splendid expression. In this connection might be mentioned the introductory chapter, the chapters on the chemical equation and energy, also the one on uses of inorganic salts in the body. Then there is the material on colloids,—a dangerous subject which lends itself with difficulty to simple treatment, but one of such fundamental importance as to dare the courageous to make an attempt at presenting some of its elementary aspects. Doctor Bogert has more than justified her excellent attempt.

On the other hand it must be ad-

mitted that there are some disappointments which are more outstanding because of their projection against so much that is so well done. For instance, there is something to be desired in the presentation of valence with its explanation in the electron theory; also, acids, bases, and salts are distinctly worthy of greater elaboration. It would likewise have been a gratification to watch a closer linking between the chapter on organic compounds and the one on metabolic changes in the body, by way of calling more attention to the expected changes in characteristic organic groupings in the oxidative processes leading to the results of partial and complete oxidation acts. However, these are disappointing in degree only, because, even so, the accomplishment in these directions is comparatively well done and decidedly in the right direction.

It is a noteworthy fact that the sequence followed in logical arrangement of subject matter is quite a departure from the usual conventional method. Just why the chapter on acids, bases and salts, for instance, should precede those on the discussion of chemical change, oxygen and hydrogen, is not clear. But this is of little consequence and has no effect on the value of the book.

The subject matter of the text has been planned for a course of sixty hours. However, as suggested by the author in the introduction, for a shorter course certain chapters (13, 14, 21 and 24) can be omitted. Chapters 12 and 22 can also be added to this list, inasmuch as the subjects involved are treated in courses in *Drugs and Solutions* and

Physiology. The chapter on Periodic Law seems entirely out of place in a text of this scope.

The point of view is gratifyingly of a maturity commensurate with that of the young women for whom it is intended. It is always unfortunate to have a text that is lacking in intellectual challenge.

CHARLOTTE ANN FRANCIS,
Teachers College, New York City.

BACTERIOLOGY FOR NURSES. By Mary A. Smeeton, B.Sc., R.N. Reviewed and rewritten. 324 pages. Illustrated. The Macmillan Company, New York. Price, \$2.60.

The first edition of Smeeton Bacteriology for Nurses appeared in 1920 and met with immediate success and popularity in the field of nursing education. The experience of the author as nurse, teacher, and practical bacteriologist has enabled her to produce a text which meets in every way the needs of the student of bacteriology during her hospital experience and furthermore provides the wider knowledge which is essential to her later work in Public Health and Preventive Medicine. The text is divided into three parts: the first is an introduction to the whole microscopic world, and shows bacteria in their relation to other micro-organisms; the second part portrays bacteria in the role of disease producers; the third deals with individual pathogenic organisms and the conditions they produce. Although the emphasis must necessarily be placed on the study of the pathogenic organisms with which the nurse is most concerned, an effort has been made to show that these organisms are comparatively few, and that by far the greater

number are working toward beneficent ends.

In the new edition, the scope and arrangement are essentially the same, but the whole book has been revised in accordance with the latest findings in bacteriological research. New material has been added on the subject of culture media, bacteriological examinations, certified milk, and on the streptococci, and the influenza bacillus. The chapter on anaphylaxis has been entirely rewritten. Laboratory procedures are described in detail and the entire subject matter is presented in a clear and interesting manner which makes this new edition one of the best text books in Bacteriology that have yet appeared.

EDITH P. BRODIE, R.N.,
*Washington University School
of Nursing, St. Louis.*

NURSING EDUCATION AND THE MENTAL HOSPITAL. By William L. Russell, M.D. National Committee for Mental Hygiene, 370 Seventh Avenue, New York. Price, \$10.

A thoughtful discussion from the medical point of view of the "Rockefeller" Report on Nursing and Nursing Education in the United States, insofar as it deals with the problem of nursing and preparing nurses for mental cases.

THE NATIONAL HEALTH SERIES. Twenty health books edited by the National Health Council. Funk & Wagnalls Company, New York. Price, \$6 for the series; 30 cents each.

The titles and authors of the books comprised in this series are: Man and the Microbe, C. E. A. Winslow; The Baby's Health, Richard A. Bolt, M.D.;

Personal Hygiene, Allan J. McLaughlin, M.D.; Community Health, D. B. Armstrong, M.D.; Cancer, Francis Carter Wood, M.D.; The Human Machine, W. H. Howell; The Young Child's Health, Henry L. K. Shaw, M.D.; The Child in School, Thomas D. Wood, M.D.; Tuberculosis, Linsly R. Williams, M.D.; The Quest for Health, James A. Tobey; Love and Marriage, T. W. Galloway; Food for Health's Sake, Lucy H. Gillett; Health of the Worker, Lee K. Frankel; Exercises for Health, Lenna L. Meanes, M.D.; Venereal Diseases, W. F. Snow, M.D.; Your Mind and You, George K. Pratt, M.D.; Taking Care of Your Heart, T. Stuart Hart, M.D.; The Expectant Mother, R. L. DeNormandie, M.D.; Home Care of the Sick, Clara D. Noyes; Adolescence, Maurice A. Bigelow.

Nurses will find these inexpensive little books exceedingly valuable aids. The information is accurate and up to date. In addition to supplementing, in many instances, the nurse's own knowledge, they may safely be put in the hands of parents and others who really "want to know."

BOOKS RECEIVED

- ACUTE CASES IN MORAL MEDICINE. By Edward A. Burke. The Macmillan Company, New York City. Price, \$1.25.
- BALLIERE'S POPULAR ATLAS OF THE ANATOMY AND PHYSIOLOGY OF THE MALE HUMAN BODY. By H. E. J. Biss, M.D. Third Edition. Illustrated. William Wood and Co., New York City. Price, \$2.
- THE COMMONWEALTH FUND PROGRAM FOR THE PREVENTION OF DELINQUENCY. The Joint Committee on Methods of Preventing Delinquency. 16 pages.
- A PRACTICAL MEDICAL DICTIONARY. By Thomas Lathrop Stedman, M.D. Eighth Edition. William Wood and Co., New York City. Price, \$7.50.
- HEALTH TRAINING IN SCHOOLS. A Handbook for Teachers and Health Workers. By Theresa Dansdill in consultation with Charles M. DeForest. 405 pages. National Tuberculosis Association. Price, \$1.
- THE HOSPITAL SITUATION IN GREATER NEW YORK. The Public Health Committee of the New York Academy of Medicine. 356 pages. Illustrated. G. P. Putnam's Sons, New York City. Price, \$5.
- A valuable compilation and interpretation of the statistics for New York.
- MATERNITY NURSING IN A NUTSHELL. By Elizabeth H. Wickham. 167 pages. Illustrated. F. A. Davis Co., Philadelphia. Price, \$1.50.
- MEDICAL AND SANITARY INSPECTION OF SCHOOLS. By A. W. Newmayer, M.D. 462 pages. Second Edition. Illustrated. Lea and Febiger, Philadelphia. Price, \$4.
- METHODS IN MEDICINE. The Manual of the Medical Service of George Dock, M.D. By George R. Herrmann, M.D. 521 pages. Illustrated. C. V. Mosby Co., St. Louis.
- MODERN METHODS OF TREATMENT. By Logan Clendenning, M.D. 692 pages. Illustrated. C. V. Mosby Co., St. Louis. Price, \$9.
- PHYSIOTHERAPY TECHNIC. By C. M. Sampson, M.D. 85 illustrations. C. V. Mosby Co., St. Louis. Price, \$6.50.
- PRACTICAL CHEMICAL ANALYSIS OF THE BLOOD. By Victor C. Myers. Second Edition. C. V. Mosby Co., St. Louis. Price, \$5.
- A TEXT-BOOK OF MATERIA MEDICA FOR NURSES. By George D. Paul, M.D. Fourth Edition. 350 pages. W. B. Saunders Co., Philadelphia. Price, \$1.75.
- THREE PROBLEM CHILDREN. Narratives from the Case Records of a Child Guidance Clinic. Publication No. 2. Joint Committee on Methods of Preventing Delinquency. New York City. 146 pages. Price, \$1.00. 50c each for 10 or more.
- TREATMENT OF THE COMMON DISORDERS OF DIGESTION. By John L. Kantor, M.D. 245 pages. Illustrated. C. V. Mosby Co., St. Louis. Price, \$4.75.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reimann, Whittier Hall, Teachers College, New York.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1074 Oak Street, Columbus, Ohio. Sections: **Private Duty**, Chairman, Helen F. Greaney, Chestnut Hill, Pa. **Mental Hygiene**, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation**, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. **Relief Fund Committee**, Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, 509 Honore St., Chicago, Ill. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treasurer, Marion Rottman, Mt. Sinai Hospital, Milwaukee, Wis. Executive Secretary, Blanche Pfefferkorn, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 2151 California Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

New England Division American Nurses' Association.—President, Mary M. Riddle 36 Fairfield Street, Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

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Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F, Birmingham. Secretary, Ida C. Inscor, Dothan. State League, President, Agnes V. Humphreys, Bryce Hospital, Tuscaloosa. Secretary, Helen MacLean, Walker County Hospital, Jasper. President examining board, Helen MacLean, Walker County Hospital, Jasper. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

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1925

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1925

THE AMERICAN JOURNAL OF NURSING

VOL. XXIV

DECEMBER, 1924

No. 15

THE PROBATIONER'S COURSE IN BACTERIOLOGY

BY KENNETH L. BURDON, SC.M., PH.D.

[*Note: The author has had two purposes in mind in preparing the following article. First, to describe what his experience has convinced him to be a satisfactory and practical course in Bacteriology for student nurses, and second, to stimulate comment and criticism of the ideas here set forth. Comment is therefore invited, especially from those whose opinions may differ widely from those expressed here. There is plenty of room for differences of opinion as to how Bacteriology should be presented to nurses and a frank discussion of this problem by those whose duty it is to teach the subject may well result in positive good for all concerned.*]

THE process of education has been described as merely the meeting of the immature, or empty mind with the mature, well stocked mind. Would it were in practice as simple as that! Actually, in order for such a meeting of minds to be effective for education, the teacher's mind must be not only more mature, and well stocked with information, but must be possessed of a clear notion of *who* is to be taught, what is to *aimed* at in the teaching, and *what*, therefore, *is to be the content* of the instruction.

It has gradually become apparent to physicians, health officers, and to all those interested in the training of nurses, that in teaching nurses we are dealing with persons of some consequence. The nurse has come into her

own. More and more fields of professional service open to her. Bedside nursing in the hospital or in the private home, not an unworthy field in itself, is not the only kind of activity our probationers may eventually have. Especially in the wide and varied field of public health nursing and in social service the nurse finds great usefulness. She it is who is able to carry, most directly, knowledge of the principles of personal hygiene, public health and preventive medicine to the people whom she serves in the school, the shop, or the clinic. So we now recognize that in special fields of health work, as well as at the bedside, the nurse plays an indispensable role in helping the sick to help themselves and the well to keep well.

In consideration, then, of the scope and importance of these services of the nurse, the fundamental courses she pursues as a probationer cannot be too well planned. And Bacteriology, of all subjects of the curriculum, demands adequate presentation. The importance of this subject is too obvious to require emphasis. Our knowledge of bacteria is the very corner stone of the whole structure of personal hygiene and public

health and is the basis of the technic which the nurse will follow every day of her professional life. But Bacteriology is a big subject to crowd into a maximum of forty-five hours. What shall we aim at in teaching it, and so what shall comprise the course?

Well, one thing, certainly, is clear,—we do not aim to make bacteriologists of the nurses. There is no occasion for that. Nor can we hope, in this course, to give special instruction in public health, though all we say will have a fundamental bearing on that subject. The aim ought to be to give as complete and thorough a course as possible and at the same time an eminently practical one. I think it well to admit that the student nurse has no interest in bacteria for their own sake. Possibly we may arouse this interest, and if so, all well and good. Her interest lies rather in the application of Bacteriology to her work, and this fact we must never lose sight of. What she really wants to know and what she needs to know are the facts which throw light on her own activities as a nurse, and which explain and rationalize them.

Bacteriology is nothing if not illuminating. It introduces to the student a strange and wonderful world, inhabited by creatures extremely minute, but amazingly powerful. Knowledge of the activities of members of this microscopic kingdom casts a flood of light over what is to the student the dark mystery of infectious disease and supplies an intelligible basis for what would otherwise seem a silly and useless technic. One very practicable aim is to make the student acutely conscious of the ubiquity of representatives of this microscopic world. She must learn

what asepsis is, and especially what it is not. Beyond this, we may aim to give a clear idea of the fundamental properties of bacteria, especially the physiological properties. This knowledge will furnish an understanding of the life of bacteria in and out of the living body, and the limitations and possibilities of their existence in any circumstances. Methods of controlling or destroying the life of bacteria may then find really intelligent use.

It is of great importance, further, that the student learn how a few of the great host of bacterial forms cause disease and how the body defends itself. What conditions are necessary that an infection may take place and how may the body react to the invading micro-organisms? What is the life of pathogenic bacteria outside of the living body and how are they carried from person to person?

Finally, we should aim to tell the story of each of the important infectious diseases with the bacteria involved as the heroes (or villains, if you choose) of the tale. If we make this narrative as vivid and illuminating as possible within the limits of positive knowledge and if the laboratory observations properly supplement it, the student may acquire an accurate mental moving picture of the infection from beginning to end. She becomes able, in short, to visualize the disease in terms of Bacteriology. She is able, for example, to trace in detail the organism of typhoid fever from case to case and through the body of the sick during the course of the disease. The visualization should add both interest and efficiency to her work and enable her to conduct herself and to teach others not from mere

knowledge of rules but from understanding.

With these aims in mind the course naturally divides itself into three main parts: first, the fundamentals of Bacteriology and bacteriological technic; second, bacteria as disease producers,—general factors of infection and resistance; third, the important infectious diseases individually considered.

The first part, concerning the fundamentals of Bacteriology, requires no less than a third of the time of the course, and there's no time for irrelevant topics. It has been traditional in courses for nurses, to approach the subject of Bacteriology in an absurdly round-about way. After consideration of various points of plant anatomy and physiology, almost entirely foreign to the subject of the course, the student was finally, and it seemed reluctantly, introduced to bacteria. Now since Bacteriology is the subject, I can see no reason for not discussing bacteria from the start. Why should time be wasted in studying the functions of the green leaf or the structure of the onion skin as was formerly so commonly done? I can see little sense in studying the green leaf here since the organisms with which we are chiefly concerned have no chlorophyll and are actually killed by sunlight. And why introduce the onion skin cell and spend the rest of the course explaining the difference between it and bacterial cells? No, these studies belong in another course.

Protozoa, yeasts, and molds do not deserve too great a prominence. These organisms are of interest because of their close biological relationship to bacteria and as the cause of relatively few, and for the most part, unimportant

human diseases. We are not teaching household bacteriology, and molds, especially, need to be kept in their place.

An extended discussion of the fundamental physiology of bacteria, with frequent reference to interesting and important practical illustrations seems to me to be the most vital teaching of this first part. There naturally follows a full treatment of the subject of sterilization and disinfection, given with as much practical emphasis as possible.

In the laboratory, the student becomes "bacteriologically conscious." She should actually handle personally as many cultures from as many different sources as possible. In making and in studying these cultures she learns the fundamentals of aseptic technic, she is trained in accurate observation and recording, and acquires, as well, some vivid mental pictures of the bacteria themselves. She is convinced by her own tests of the universal presence of bacteria on common objects outside the body and on the body surfaces. She learns the foods and conditions of environment necessary for their growth and she sees with her own eyes the action of agents destructive to their life.

In the lecture work of the second part we have to consider the various factors bringing about infections, the external and internal defences of the body, and the means by which infectious diseases are transmitted. These subjects need to be treated very broadly and briefly, but as thoroughly as the limited time (about six to eight lecture hours) will permit. The student should acquire a common-sense perspective on the whole matter of infectious disease. Theories

of immunity may perhaps help in the visualization we are striving for, but if they do not help they had better not be introduced at all. Student nurses seem to find the subject of immunity most difficult. It is difficult. Only an outline of this complex subject can profitably be given.

In the third part comes the story telling. Here I think experience shows the wisdom of gaining attention by approaching the particular diseases to be studied by way of a clinical condition already familiar or easily comprehended rather than according to artificial classifications of pathogenic bacteria. We cannot assume on the part of the students any great interest in strange bacterial forms for their own sake. If we announce the subject to be "Gram positive cocci," we do not secure a very lively response. Perhaps attention ought to be gained, but actually it is not. The student's interest *can* be aroused, however, by calling attention first to a clinical condition which can be readily understood. This condition may then be connected with the bacteria concerned. Thus, attention may be called to the common suppurative infections and so the pathogenic staphylococci and then streptococci introduced. The bacteriology of wounds may be discussed, which will cause mention of a variety of organisms. Then the infections of the mouth and throat, of the respiratory tract, of the digestive tract, of the genital tract, and of the meninges may come up in their turn for consideration. Of course, particular pathogenic species, once under discussion in connection with a typical infection of one part of the body, may have all their characteristic disease-producing activities described

wherein they commonly invade other parts of the body. The normal flora of various body areas would come in for description also. Not quite all the important infections will readily fall into a classification such as is above suggested, but most of them may be made to. Such diseases as plague, anthrax or tuberculosis may be more conveniently taken up as separate topics. Diphtheria, pneumonia, typhoid fever and tuberculosis may be given special attention, whereas many other infections, such as relapsing fever or glanders, may be very briefly treated. The acute exanthematous diseases and others due to filterable viruses or to unknown cause must not be neglected, even though we know so little concerning them, for included in this group are some of the most common and most severe of human ills. The bacteriology of water and milk deserves to be considered fully in lecture and demonstration, but laboratory work with water or milk may profitably be omitted.

In the laboratory the student should get acquainted with the typical appearance and most outstanding characteristics, at least, of the pathogenic bacteria under discussion and learn some of the means by which they are isolated or recognized. By putting herself, temporarily, in his place she may learn what sort of a specimen the bacteriologist requires for diagnosis. And she may tie to her mental moving picture of the course of particular diseases a memory of the very organism concerned. She may perhaps see in animals the effect of some pathogenic organism and the preventive or curative value of some serum or vaccines. Demonstrations may often be given with profit, but

nothing should be merely demonstrated which can possibly be done by the students themselves.

By some such course, according to some such plan, the student nurse may acquire some fundamental concepts and some illuminating insights with respect to bacteria and infectious disease which ought to be fundamental enough and illuminating enough to make her a more intelligent nurse. And that, after all, is the aim. She will not be a bacteriologist by any means. She could not be

trusted, without further practical training, to make a bacteriological diagnosis. But her eyes have been opened to the practical applications of Bacteriology to nursing, and to the fundamental properties and activities of bacteria and their connection with disease. Though she still has only a little knowledge it should be so broadly fundamental as to make her a more intelligent and fit associate to the physician, and a trustworthy mentor for the common people she will serve.

"THE HAPPIEST CHRISTMAS OF MY LIFE"

BY LUCIA FREEMAN, R.N.

CHRISTMAS a thousand miles from home and kin sounds rather dreary; Christmas in a boarding house, more lonesome still. And as one little back-country, twelve-year-old invalid said, "I hain't never a' looked at them folks to know who I was a' lookin' at," had been true a year before.

Late in November, going over my record file, I made note of the families I felt sure would have no Christmas, and at the December meeting of the Nursing Committee (Red Cross), producing the list, I asked, "What are we going to do for Christmas?" The response was, "What shall we do?"

I had found the church was planning a tree for the children, so I suggested that each class take a shut-in or a whole family and provide Christmas, doing for others instead of having others do for them.

This was new and it was very popular. One class took the blind man's family, —wife and four little ones—; another the crippled man's family,—wife and

four little ones;—a third took the little old blind lady, and yet another the crippled girl who lived twenty miles from town. The family of six where the father had tuberculosis, the little boy in a sanatorium, the cripple in the hospital, the fatherless children, the aged couples fighting to keep out of the county home, the wayward girl in a rescue home,—all were considered, and most of the people who had been helped by the Red Cross during the year, were remembered at Christmas.

So many calls! So many hurried conversations! So many times, as I'd start out on my drives, the young people would hail me, "Oh, Miss F., you know our class is going to send Christmas to the sixteen-year-old girl who hasn't walked for four years. What would she like?" "Young lady, how old are you?" "Sixteen years." "Don't you think she would enjoy the same things that you do?" "I've just read the best book. Do you think she would care for it?"



The goat supplies two quarts of milk daily for these children who live miles away from any cow. A Sunday School purchased the goat for them.

Three or four girls would be waiting for me every evening to talk over their plans and ask for suggestions. How many get-together meetings the school girls had, getting up the baskets, collecting jellies and delicacies, a project which was discussed in the class room by the happy pupils.

Next, word came to me from the principal, "The Sunday School classes are filled with the Christmas spirit. What can the city schools do for Christmas?" "There are many families in the county who for some reason or other are not self-supporting. I wonder if every school child will bring in something for a Christmas dinner. Every child can help if he brings only one potato. Tell them something which would be good for their own Christmas dinners, would be enjoyed by others."

The day of the Christmas exercises at school, the children marched into

chapel, filed by the platform, and laid their offerings upon it. Several farmers sent in bags of potatoes, pots of home-made butter, canned vegetables, canned fruits, celery, bread, but there were many bags containing just one small potato. Some of the classes requested the nurse to deliver their Christmas basket, some wanted the nurse to go with them, still others had a committee from the church to deliver the baskets from their classes!

One-half of the world does not know how the other half lives! One church committee was delivering the baskets their Sunday School had provided for the blind man and his family, and for the "T. B." patient and his six children. This was a city church. They had already helped generously by buying a cow for one family, providing a sleeping porch for another, and by paying for an attendant for a dying patient, but they had no real idea of rural

conditions, so they carried out their own plans.

Starting out at seven o'clock, the day before Christmas, I worked hard until late at night, delivering baskets and boxes and wishing people a "Merry Christmas" and when I got home there was a long distance call; the school ten miles away had failed to notify me that they wanted me to deliver the children's offering. So on Christmas morning I went to the school house and found ten sacks of potatoes and the stage piled high with good things to eat. The teachers had left in a great hurry and had neglected to make plans for the delivery. In fact, they had not promised any help and we had not counted on them. All day long, in a car with a driver loaned for the occasion, I visited chronics, aged, and dependent families and left the winter's supply of potatoes and a few delicacies. The roads were bad, but we had no accidents. The day was a happy one.

The next day one of my tuberculous patients came to town, and I asked him how the children enjoyed their Christmas. His smile was faint as he said, "We didn't even have an orange in the house yesterday, so I came today to get a few." Saying, "Don't you leave town until I see you again," I drove ten miles to the committee that had undertaken to provide Christmas for this family. It was a good thing the speed cop had the day off! The people who had started out to deliver the baskets had supplies for two families, but the conditions in the first house had wrung their hearts, so they emptied the touring car right there, forgetting entirely the second family. I wrung their hearts a little more and with one person at the

'phone and two cars busy, we collected a "Christmas" inside of two hours, which caused the little ones to say, "Why, the Red Cross has brought Christmas back to us."

Back in one forgotten end of the county, is a section called Scuffletown. Roads are poor, the school is tiny, and visitors are rare. Of the thirty-seven children of school age in the district only thirteen had registered; there are thirty-two adult illiterates. There was only one Bible in the district.



The scholars in this little school, far from a good road, were too much frightened to speak above a whisper the first time the nurse called. The picture includes the teacher and a visitor.

The nursing committee decided to have a Christmas for all of this district at the school house, so word was sent for children, parents and friends to meet at 2 o'clock. We carried books, toys, musical balloons, sparklers, oranges, apples and bags of candy and nuts, and decorations for the tree, and started out early in order to cut down a tree, and decorate the building before our guests should arrive. We arrived at the schoolhouse before twelve o'clock, having planned to have our luncheon at the school, but no sooner had our car stopped than people appeared from all sides. We divided our lunch and one member of the party took the children

out for some games while we decorated. We sang Christmas songs to an accompaniment on a folding organ. Sparklers were new, balloons were new. Such a noise when they had learned how to

blow them! And such appreciation of it all for, as one woman to whom little joy had come, said, "I knowed I was a-comin' if I had to make me a dress out of sack-cloth."

HIGH BLOOD PRESSURE: ITS CARE AND TREATMENT

BY LOUISE GLIEM, R.N., B.S.

WITHIN the past few years the layman's interest in high blood pressure has been greatly stimulated. The discussions which heretofore appeared only in medical journals are more and more finding their way into popular magazines and pamphlets, written in language readily understood by the general public.

For many years high blood pressure was by some held to be a disease in itself; but more recently that idea has been modified, and at the present time high blood pressure is considered rather as a symptom, although not a constant symptom of any one disease. This has made a knowledge of the subject imperative for every nurse, whether she be nursing at the bedside or doing public health work. She is asked almost daily about the treatment and nursing care of such cases. It is especially important for her to know something of rational types of treatment, with at least a working knowledge of the meaning of blood pressure readings and the factors which influence it.

Since nursing care is indicated only in cases where there are complications, such as those of the heart and the kidneys, I shall state the points in the care

of ordinary high blood pressure cases with which the nurse should be familiar, should she be called upon by the physician to assist a patient in lowering a beginning high blood pressure condition. I wish to emphasize the fact that since high blood pressure is a symptom, although not one which is constant in any one disease, it is therefore not to be confused with disease itself, such as arteriosclerosis. Unfortunately, as yet no definite, proven conclusion has been reached as to the fundamental cause of high blood pressure. Janeway,¹ in his extensive study and observation of many cases, found that the frequencies of the causes of death among such patients were in this order:

- (1) Gradual cardiac insufficiency
- (2) Uremic symptoms
- (3) Apoplexy
- (4) Some complicating acute infection
- (5) An attack of angina pectoris.

Bishop divides cases of cardio-vascular disorders into three classes; high pressure, low pressure and secondary low pressure, with many "border line" cases between these groups.

¹ Janeway, Theodore: *The Clinical Study of Blood Pressure*, New York, 1904. Appleton, p. 142.

According to Hunter,² it appears from investigations made in blood pressure cases that:

- (1) Both systolic and diastolic pressure increase with age.
- (2) The pulse pressure increases very slightly with age, but varies considerably in different individuals in good health.
- (3) The blood pressure is affected by build, increasing with the percentage over the average weight and decreasing with the percentage underweight. It increases very little with height.
- (4) In the younger age group, it is slightly lower (about 3mm), among women than among men. At the middle and older ages, there is little if any difference.
- (5) The higher the blood pressure is above the average, the greater the mortality.
- (6) Persons with a distinctly high pressure are prone to develop diseases of the heart, blood vessels and kidney, the mortality from heart disease, apoplexy and Bright's disease being very high among them.
- (7) A blood pressure slightly lower than the average is favorable to longevity, provided the general health is good.
- (8) A moderate use of tobacco does not seem to have much influence on the blood pressure.

Wiggers³ states: "Aside from sex and age, blood pressure readings are apparently directly related to stature, weight and race. Thus, statistical studies show that both in men and women there is a difference of about 10 mm. between heavy weight and light weight individuals of the same height and age (Burlage, Symonds, etc.). As

regards racial factors, recent observations indicate that the systolic blood pressure of native Occidental races is uniformly from 10 mm. to 30 mm. lower than in Caucasian races of Europe and North America (according to table compiled by Cadbury)."

It is generally agreed that blood pressure has a tendency to increase with age—at forty-five or fifty years—probably due to the changes taking place in the arteries. On the other hand, according to Wildt and Bores, there is a tendency for it to decrease after the age of sixty-five. This will be seen from a summary tabulated after Norris:⁴

WOMEN				
Age in years	Number examined	Systolic pressure	Diastolic pressure	Pulse pressure
65—69	21	154	83	71
70—74	29	158	83	72
75—79	24	170	88	81
80—84	16	183	85	91
85—89	7	170	90	77
90—94	3	137	80	53

MEN				
Age in years	Number examined	Systolic pressure	Diastolic pressure	Pulse pressure
65—69	11	145	81	63
70—74	10	166	91	75
75—79	14	159	89	77
80—84	11	163	84	80
85—89	0	0	0	0
90—94	4	145	81	65

Du Bray⁵ believes that the height of the blood pressure is of far less importance than the conditions which cause it and he emphasizes the importance of an intimate knowledge of the patient's daily life, the need for a very careful history, including the personal habits of

² Hunter, Arthur: Blood Pressure; What Affects It? Address delivered at the seventeenth annual meeting of the Association of Life Insurance Presidents, New York, Dec. 6, 1923, p. 4.

³ Wiggers, Carl John: Modern Aspects of Circulation in Health and Disease, Philadelphia, 1915, Lea & Febiger, p. 361.

⁴ Norris quoted by Wiggers, op. cit.

⁵ DuBray, Ernest: Practical Considerations in the Management of Patients Presenting Essential Hypertension, Am. J. M. Sc. clxviii, 716 (May) 1924.

the patient, his diet, the kind of work which he does, the kind and the amount of exercise which he takes, as well as his hours of sleep and rest. A knowledge of these details makes possible the establishment of a suitable regimen for the patient.

Mortensen⁶ states that the three most important factors in the treatment of high blood pressure cases are:

(1) A proper dietetic regime, (2) proper and adequate elimination by way of the skin and the bowels and (3) proper control of the amount of work and activity and the elimination of nervous tension and of fear.

Norris makes some desirable suggestions as to methods of guarding against errors in the reading which may be caused by psychological reactions:

(1) Discard the result of the first reading using it simply to demonstrate the harmless and painless character of the procedure, and, when possible, make subsequent readings after some little time has elapsed. (2) Avoid making blood pressure observations when the patient is excited, anxious or worried as a result of an examination, etc. (3) Make several consecutive readings and if they correspond more or less closely, take the arithmetic mean. (4) Make the observation as quickly as is consistent with accuracy; do not look at the monometer until the pulse is felt (or a certain phase of sound heard on auscultation)—at this point the air escapement should be tightly closed until the reading is made. (5) Allow the pressure to fall to zero between observations and permit sufficient time to elapse between readings for the venous pressure (stasis) to fall to the normal level.

It is important that the blood pressure should always be taken with the patient in the same position. It is very desirable to make the determination with dispatch in order to avoid discomfort and a reflex or a direct mechanical

effect on the general blood pressure. If the patient has been stimulated by eating, drinking, or smoking, the tendency to elevate the pressure should be taken into account. It is important also to note the psychic reaction of the patient.

There are those in the medical profession who believe that heredity may be a factor in causing high blood pressure. Recently the following appeared in *Time*:⁷

For some time physicians have been impressed with the belief that many of the factors causing high blood pressure are hereditary. In 1922, a physician reported a family in which ten of the twelve members had high blood pressure, and in another instance nine members in one family died of hemorrhage of the brain due to high blood pressure. Now, Doctors J. P. O'Hara, W. G. Walker and M. C. Vickers, of Boston, present figures for the Peter Bent Brigham Hospital of that city which indicate that in a large majority of cases the heredity factor may be demonstrated as important. The figures demonstrate conclusively, they believe, that a family history of heart, kidney and brain disease is twice as common in a patient with high blood pressure as in the ordinary patient who has not a high blood pressure.

It was also found that, from the ages of 10 to 20, patients who later have high blood pressure are likely to be nervous and temperamental; to have frequent nosebleeds, headaches, cold, sweaty hands, flushing, blushing and extreme sensitiveness. More than 42 per cent. of 300 patients with high blood pressure had had such symptoms. These facts seem to suggest that physicians and parents should watch carefully over younger members of families in which high blood pressure is common, and try to protect the growing child against the stresses and strains that seem to be important in producing hypertension.

An adequate slogan for the dietary in high blood pressure cases would be,

⁶ Mortensen, Martin A.: Private communication, 1924.

⁷ Editorial, High Blood Pressure, *Time*, iv, 2 (July 14), 1924.

"Eat simple foods, well prepared." This is of utmost importance to the patient. It is essential that the diet should be low in protein and decidedly laxative. In cases of chronic constipation the patient must be taught and trained to eat such foods as will give sufficient bulk and roughage to stimulate the evacuation of the bowels three times a day.

In many cases it is found that previous to treatment the diet of the patient has been too concentrated. It is well to arrange and plan a dietary which will contain plenty of fruit and fresh vegetables, avoiding, however, the gas producing foods such as cabbage, cucumbers, turnips, radishes, etc. Condiments, tea, coffee and alcohol should be avoided, and the salt content of the food should be kept low. The amounts of all fried and hot breads, as well as white breads, should be restricted. Cereals should be served with half bran. In cases of very high blood pressure physicians often eliminate liquids almost entirely. High blood pressure cases should always avoid over-eating or eating when fatigued. In the latter case it is best, if possible, to rest for half an hour before the meal. Hurried eating is always contra-indicated. Instead of eating too much, too hurriedly, the patient should be advised to eat less and to eat very slowly.

The amount of protein should be kept down to about 10 per cent., which is practically one-fourth of what the average man now eats. The protein can best be supplied by the use of egg yolks, milk, buttermilk and cottage cheese.

A satisfactory arrangement of meals is a good breakfast, a heavier mid-day meal, and a light evening meal.

The following are simple dietary regu-

lations, which could be easily followed in any home:⁸

This diet should be made very simple and laxative, with many fresh green vegetables and fruits. Protein should never constitute more than 10 per cent. of the daily ration. Cottage cheese, butter, one egg or two egg yolks may be used once a day in most cases. The yolks, even when hard boiled, are quickly and very completely digested. Hard boiled egg whites often pass through the alimentary canal without digestion. The greatest care should be taken to avoid the use of eggs which are not strictly fresh. Meat of all kinds, including fish, fowl, fresh and shell fish, together with many varieties of cheese, should be entirely discarded. Salt should be used sparingly.

The most laxative foods are those which contain the largest amount of cellulose. Cellulose is found exclusively in vegetable products, forming the framework and fiber of plants, the walls of vegetable cells, and the coverings of seeds. The foods in the following list are especially rich in cellulose and have precedence in the order named:

Wheat bran	Asparagus
Huckleberries	Blackberries
Oatmeal	Cranberries
Green peas	Carrots
Cabbage	Spinach
Beans	Currants
Brussels sprouts	Cauliflower
Kohl-rabi	Figs
Red raspberries	Lentils
Celery	Barley
Turnips	Lettuce
Pumpkin	Onions
Beets	

Avoid foods which are likely to give

⁸ Pegram, Anna McKinnon: Private communication from dietitians' office, Battle Creek Sanitarium, 1924.

discomfort either from the bulk of the food or from fermentation. In cases where there is much flatulence, the amount of liquid at meals must be cut down.

Drink no water with meals. One to two glasses of warm or cool water should be taken every morning one hour to one-half hour before breakfast. At least one glass of water should be taken between meals. Do not drink anything within one-half hour before meals.

Avoid condiments (pepper, mustard, vinegar, much salt), meat, soups or bouillons, rich gravies, heavy desserts, stimulants (alcohol, tea, and coffee).

Fat in the form of butter, cream, olive oil, etc., should be used in sufficient quantities to regulate body weight.

The use of vegetables and fruits in large amounts, especially oranges, grapefruit, cantaloupe, apples, and potatoes is of the greatest value in furnishing alkaline basic salts. Soups and gravies may be prepared from water in which potatoes have been cooked.

Foods to be included in the diet:

FRUITS—All fresh and cooked fruits, especially figs, dried and soaked prunes, raisins, berries, oranges, etc.

VEGETABLES—All vegetables: carrots, parsnips, beets, spinach, dandelions, all other greens, string beans, egg plant, celery, lettuce. Uncooked vegetables such as celery and lettuce are especially laxative.

SALADS—Prepared from uncooked materials, edible raw fruits and vegetables.

SOUPS—Vegetable soups, especially clear soups.

CEREALS—All cereals, especially those of coarse consistency: oatmeal, brose cooked from six to ten minutes, cracked wheat, whole wheat, cooked bran, bran mush, shredded wheat, wheat flakes. Bran may be used with

all cereals, one part bran to one part cereal.

BREADS—Bran, graham, corn, oatmeal, whole wheat and rye. Bran or graham rolls, buns, bran wafers, bran biscuit and muffins. Avoid white bread. Avoid fresh or hot breads of any kind.

BEVERAGES—Buttermilk, unsweetened fruit juices, apple juice, grape juice, orange juice and blueberry juice are especially laxative. Cereal coffee, malted milk, and malted nuts.

DESSERTS—Sherbets, ices, ice cream, simple puddings, plain cake, fruit, gelatins and tapiocas, especially those prepared with fruit.

MISCELLANEOUS—Cottage cheese, yogurt cheese, eggs in moderation, cream, butter, marmalades, fruit gelatin, malt honey, nuts, malted nuts, olive oil, macaroni, spaghetti.

ACCESSORIES—Bran, agar, paraffin oil preparations.

It must, of course, be understood that the management of complications in high blood pressure cases should always be left to the physician.

The consensus of opinion among the medical authorities seems to be that only in emergency cases are drugs indicated. Barker⁹ says that "the use of drugs to reduce high blood pressure directly, except in certain emergencies, is not rational and is rapidly falling into disuse and disrepute."

One of the important considerations in the treatment of high blood pressure cases, according to Mortensen,⁶ is the avoidance, in any form of treatment, of shock to the patient. Hydrotherapy has been used with good results. To employ this successfully a thorough

⁹ Barker, Lewellys F., and Cole, Norman B.: Blood Pressure—Cause, Effect and Remedy, New York, 1924, Appleton, pp. 90 and 143.

knowledge and a clear understanding of the principles underlying hydrotherapeutic measures are first essentials. The result to be brought about is the dilation of the capillaries, with a lessening of splanchnic congestion. In ordinary cases a warm bath is safe, as are hot fomentations to the abdomen or hot leg packs. The patient should not be subjected to a cold treatment, but may have a warm shower bath at 105°—80° Fahr. after a short electric light bath.

Kellogg¹⁰ states that "the cabinet electric light bath may be employed in cases in which the pressure is not high and the vascular changes are still in an incipient state; the arc light bath may be employed in the same way to excellent advantage. The sun bath, used with caution and repeated daily until the skin is thoroughly tanned, is one of the most effective means of combating

¹⁰ Kellogg, John Harvey: Hydrotherapy in Cardiovascular Disorders, Illinois, M. J., March, 1916.

degenerative changes in the cutaneous vessels. Moderate hydriatic measures of nearly every sort improve metabolism and thus check the degenerative processes which give rise to high blood pressure."

In summing up the important points in the treatment of high blood pressure cases it is evident that, first of all, a *rational* form of treatment is indicated, a proper hygienic regimen, including dietary restrictions, regulated exercise, and a careful observation of the patient's daily habits. The patient's readjustment to this new program should be made with care, much consideration and thought, so as to cause as little disturbance as possible to the patient, mentally or physically. A nurse who follows closely the orders given by the physician will undoubtedly have very little difficulty in helping the patient with high blood pressure to adjust himself satisfactorily to the indicated regime.

PLASTER BUCKET LINING

BY FAIRY SETTLE, R.N.

EVERY hospital has its particular overwhelming problems and most hospitals, not unlike individuals, have many common problems which, until solved, create a most disturbing element.

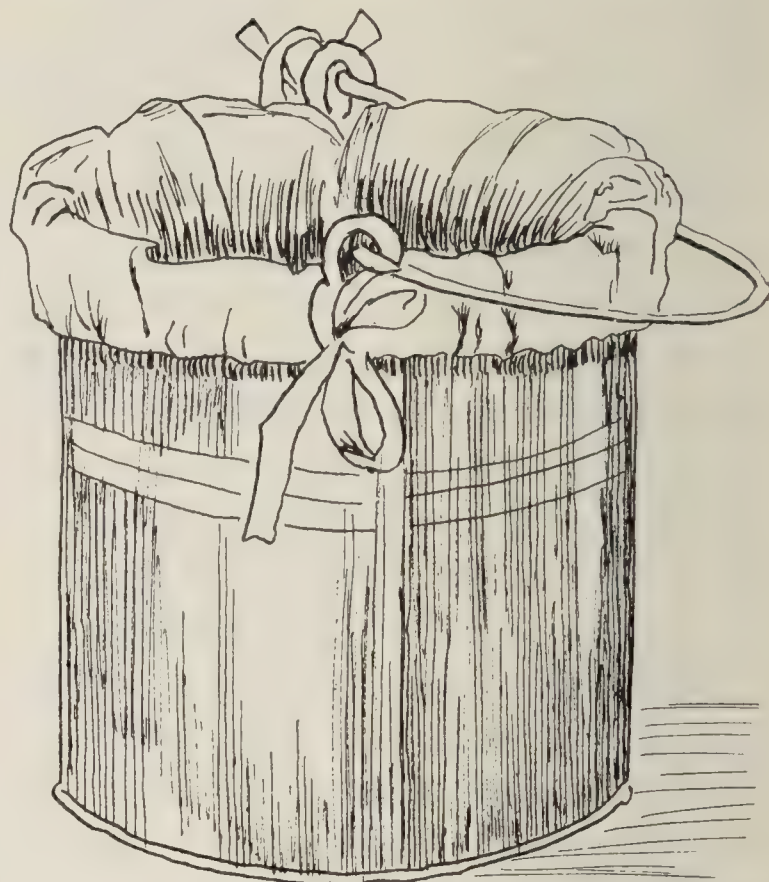
One of the many problems of an orthopedic hospital is the great difficulty of removing plaster from the bucket in which plaster bandages have been dipped for the purpose of applying plaster apparel. After a short time, the plaster adheres to the bucket and must be removed with a plaster knife, or as best one can remove it. This

requires times, and loss of time is an extreme disadvantage since much depends upon the rapidity and carefulness with which the plaster is applied. Unless there are several extra hands besides those for maintaining the correct position, making plaster splints rapidly, and applying plaster bandages, there is no spare time for scraping plaster from the bucket. One may have two, or even more buckets for dipping plaster bandages, but even this does not solve the problem of finally having to remove the plaster.

A simple lining of heavy canvas may

be cut, and fitted to a galvanized bucket, or any sort one may choose for that purpose. When finished, the lining should be of the same shape as the bucket to which it is attached. The canvas extends about 2 inches over the rim of the bucket, and is held securely at each side by means of a drawstring. A slit of about 2 inches at the sides allows for neat fitting over the handle of the bucket.

The plaster forms a solid cake in the canvas lining and may be hurriedly dashed into the garbage with little or no litter. The bucket is inverted, the lining is turned out of the bucket, and is thus peeled from around the plaster. This necessitates that the drawstring be strong, and firmly tied. The plaster bucket is left free of the usual disorder, and the lining may be turned inside out to dry for the next using.



Drawn by Betty Cooper

This simple lining may be easily made by anyone, and it does facilitate matters by saving time and eliminating much of the disorder so frequent in the use of plaster material.

NURSING SMALL HOSPITALS

BY SUSAN C. FRANCIS, R.N.

[Small hospitals frequently and rightly assume an importance out of all proportion to their size. This importance may be attributed to one of two reasons; the high quality of the special service rendered or because, as in rural communities, they provide the only hospital service available. In offering prizes for articles on Nursing Small Hospitals, the Journal hoped to dignify the subject by bringing it into prominence and to clarify the thinking of those responsible for such hospitals, in order that both patients and nurses may receive just treatment. The subject was approached from widely diverging angles by the various writers. This article received first prize because of the breadth of treatment accorded the subject. More detailed discussion was not possible because of the word limit imposed on the writers. The paper which won the second prize, to be published at a later date, deals more specifically with the problems of the rural hospital. The two papers, we believe, make a distinct con-

tribution to our thinking along these lines, but we know that the last word has not yet been said. The Journal will welcome correspondence and suggestions on the subject.]

THE title assigned limits the size of the hospital to be considered, to fifty beds or under, and the size determines to a certain extent the type, since seldom if ever does one find a public hospital, federal, state or city, with as few as fifty beds. The exception may be the county hospital for tubercular patients or perhaps for the county aged and infirm.

Types of hospitals to be considered therefore may be grouped, first, according to control as follows:

- A. Those under the direction of a Board of Trustees and supported in one of three ways: 1. By voluntary contributions supplemented by fees from patients; 2. By voluntary contributions supplemented by state or city aid and by fees from patients; 3. Voluntary contributions supplemented by state or city aid only.
- B. Those under the direction of a single individual or a private corporation and supported entirely by patients' fees.

They may be grouped, second, according to classes of disease admitted:

- A. The general hospital admitting all types of diseases with the possible exception of those of an acute communicable nature, the patients being both ward and private.
- B. The special hospital limiting its patients according to age, as a hospital for children or for infants only; the hospital limiting its patients according to sex, as those for women only; or the hospital limiting its patients according to disease, as those for cancer, for communicable diseases, for obstetrics, for mental and nervous diseases, etc.

In arranging for the nursing of a hospital there are certain factors which must be taken into consideration in addition to the classification under which it may be listed and these will modify to some extent the kind of nursing service employed whether those in control of the hospital wish it or not. These are: (a) The location of the hospital, (b) the standard of service rendered, (c) its connection with a teaching institution, or the acceptance by the hospital of its obligation to undertake an educational and a disease prevention program as well as a curative one.

There are usually three conditions which consciously or unconsciously influence a young woman when she is

making a decision as to her choice of the hospital she will enter either as a graduate or as a student nurse, and different individuals will place them in varying sequences. First, she will ask, What are the educational advantages which this hospital has to offer? second, What are the social or the recreational advantages? and third, What are the financial advantages? The far seeing hospital executive will have these conditions in mind when planning the nursing service for her hospital and she will sit down and survey her community to ascertain under which of these headings she has something to offer in order to be ready to supplement one or the other if need be.

The systems of nursing hospital patients today and as outlined in the directions for the formulation of this paper are as follows: (a) Student nurses of a school under the supervision of teaching head nurses, (b) a graduate nurse staff, (c) attendants under the direction and supervision of graduate nurses, (d) various combinations of these methods.

It may be helpful to sum up in a diagrammatic form the points to be taken into consideration regarding the hospitals to be nursed, and the material available to nurse them, before reaching a conclusion as to the most effective combinations of the two.

Because of the existence in both large and small communities all over the country of the small general hospital and because of the real need for these hospitals and the invaluable service they render, particularly in the rural communities, they present perhaps the most manifold nursing problems, although in not such an acute form as do some of the special hospitals.

Types of Hospitals— 50 beds or under	{	General	{ Private, semi-private and ward patients Private patients only Ward patients only	
			{ Children only Infants only Women only	{ Private, semi-private and ward Private only Ward only
	{	Special	{ Maternity Communicable Diseases Mental and Nervous Cancer Eye, Ear, Nose and Throat Tuberculosis	{ Private, semi-private and ward ward Private only Ward only
Functions of Hospital	{	Curative only	{ For patients in disease prevention For students in nursing	
	{	Curative and Educational	{ For students in medicine	
Location of Hospital and Advantages therefrom	{	Educational		
		Social and Recreational Financial		
Nursing Systems	{	Students directed, supervised and taught by graduate nurses		
		Attendants directed, supervised and taught by graduate nurses Graduate nurses Combinations of above		

Those hospitals, whether general or special, under the control of a single individual or of a private corporation, in the opinion of the writer, require but a brief consideration. With but few exceptions their objective is the treatment and care of disease; and financially they must make ends meet, or better, so that usually there are no funds for an educational program for anyone. The status of the nursing staff therefore should be economic only. They should be paid adequately for service rendered, and they should be graduate nurses or graduate nurses supplemented by helpers of a grade distinctly above the maid group. These private hospitals have various methods of utilizing a graduate nurse corps. Nurses in numbers sufficient to staff the hospital at capacity may be employed for a fixed salary the year round, with a stipulated maximum daily number of hours of duty but with a flexible arrangement as to assignment.

For instance, they may be assigned to general floor duty, to "group nursing," or to special nursing with one patient. By this arrangement the nurse is assured of a permanent position, an income of whose amount she is reasonably sure, of a permanent place in which to live, and of hours of duty so arranged that she is able with some degree of certainty to arrange for her personal life. The appeal to the nurse of such a position may lie in the fact that the hospital is so located as to enable the ambitious graduate to hold a position of this type while taking some work in a near-by educational institution; or it may enable her to live at home and maintain a household for some dependent member of her family.

Where the patients are cared for by floor duty nurses, or where there is a system of "group" nursing, helpers of the right type would be of distinct value, while conserving the time and energy of

the skilled workers. They could be taught to dust, to arrange flowers and to put the patient's room in order after the morning attention. They could be taught to help feed helpless patients, to run the numberless errands, to keep linen and service rooms in order, to make dressings and to perform routine duties of a time and energy consuming nature; but for which a hospital cannot and should not afford to pay skilled professional workers.

Again the hospital may employ a minimum graduate nurse staff, with or without the addition of trained helpers, and then require the patients to bring their special nurses with them.

Of course, if the clinical material is adequate and sufficiently varied, or if it is supplemented with affiliations to make up the deficiencies and if the management desires to assume the expense of an educational program, there seems to be no reason why the private hospital any more than the public hospital should not conduct a school of nursing and nurse its patients in this manner.

The special hospital with good clinical material, whose control is vested in a volunteer board of trustees is usually in a position to carry an educational program, certainly for student nurses, and its facilities are apt to be eagerly sought by general hospitals provided the requirements which are necessary to good teaching are to be found therein.

Before a special hospital, or any hospital for that matter, offers itself as a teaching field for affiliated students, the following conditions should be met:

(a) A properly prepared teaching and supervisory staff adequate in number should be secured.

(b) Where there are affiliating students, a

regular rotation of service must be provided for them as stipulated; therefore a staff of graduate nurses should be employed, sufficient in number to stabilize the nursing of the various departments and to nurse those patients who need the care of the hospital but whose condition does not provide the experience called for in the contract with the schools sending their students for affiliated service. This is particularly true of night duty. While night duty in some departments is necessary to round out the experience of these students, it is manifestly unfair to expect them to nurse the hospital at night and to give time during the day for the heavy class work which they are bound to be required to carry during a brief affiliation period, if their practice and theory are to be correlated.

(c) Attendants should be employed to do the work of the departments not strictly educational in character,—such as dusting, scrubbing of patients' beds, furniture and equipment, helping to feed patients, running errands, caring for linen and supply closets, etc.

(d) Social and living conditions desirable for student nurses should be provided.

Having secured the facilities and the personnel essential to good teaching and having made the fact known, special hospitals—particularly those offering pediatric or obstetric nursing—will be eagerly sought as practice fields by general hospitals in need of these services to round out the experience of their students.

Gradually the special hospitals caring for communicable diseases and those caring for mental and nervous diseases are being similarly sought and as the public awakens to the fact that the majority of nurses today are not being adequately prepared to meet the needs of the community along these lines, either in the curative or in the preventive aspect of the work, there will arise a demand for such preparation that will cause the general hospitals in increasing numbers to seek facilities

for giving their students these phases of nursing education.

It is hardly likely that those special hospitals caring for cancer or for various forms of incurable conditions will ever be sought as practice fields for students of nursing, since these patients are always to be found in the general hospitals in sufficient numbers to provide for the student nurses the necessary experience in their care. It would seem that these hospitals would best be nursed by graduate nurses with the assistance of helpers, or should a plan for training attendants be successfully worked out, they might afford a practice field for this group under the direction and supervision of graduate nurses prepared to teach and to train this type of worker.

All that has been said so far with regard to the nursing of the special hospital has been directed toward its value as a practice field for affiliated students of nursing. Perhaps the easiest way to nurse these hospitals would be by means of graduate nurses supplemented by attendants or helpers. By so doing, however, these hospitals would be failing to assume their educational responsibility to other hospitals and to the communities at large whom the prospective graduates of those hospitals will later serve. The need of the public for the nurse who understands the child, both sick and well, and for the nurse who understands the individual who is mentally sick and before he becomes so, for the nurse who has been taught to think in terms of prevention and who has been brought up, so to speak, in the atmosphere of these patients and who loves the work above and beyond all other types of nursing, in the opinion of the writer places a special obligation

upon the well equipped hospitals for children and upon the modern hospitals for the mentally sick to carry an additional educational program,—a program to educate young women for these particular types of service with just enough general nursing education to enable them to qualify as registered or licensed nurses.

To care really successfully for children or for the mentally ill, the nurse must love this phase of nursing work above all others. She must have had it as the mental picture of her work as a nurse before she starts. Then her approach and her attitude to these patients will be really sympathetic whether in the institution, in the private home or in the public health field. Theoretically it would seem that a student should have her general nursing experience first and her special experience built upon this foundation. Practically, however, it works out that once a general nurse, usually always a general nurse, and the individuals who seek postgraduate experience in either of these fields with a view to following that line of work are far too few to meet the needs of institutions, to say nothing of the patients who must be cared for otherwise.

The great need for nurses who have an overbalanced education in these directions may be summed up as follows:

(a) In the hospital for children or for the mentally sick, first to stabilize the nursing in these hospitals and second, to help train the affiliate students from general hospitals who may have been sent for the minimum required periods.

(b) To meet the many requests made by general hospitals for adequately prepared nurses to supervise and direct their children's

departments, or to provide for the hospitals for the mentally sick and for such other institutions needing specially prepared nurses either for administrative or for teaching positions.

(c) To provide adequately prepared workers with the necessary vision to promote preventive, educational or even curative activities along these lines in the public health field regardless of the type of organization fostering the work.

(d) To give bedside care to this type of patients, the experience obtained through an affiliated course or through postgraduate work may adequately prepare the general hospital student; but for teaching, for administrative, for preventive work, something more than mere education is necessary;—it is the deep love for this type of service which inclines the worker toward it rather than toward any other, the living it, the special preparation for it which makes this nurse a success in these fields. Postgraduate work may prepare her technically but too rarely does it imbue her with the necessary spirit and those who desire to so qualify themselves are far too few to meet the need.

In the small general hospitals scattered all over the country we find today the majority of our schools of nursing; and it is by the students in these schools, supervised and directed by more or less well prepared teachers and head nurses that the large majority of the patients in these institutions are nursed.

What is the patients' reaction to this type of service? On the whole it seems to be one of satisfaction, largely the result of the spirit of discipline which usually prevails among the students and of the fresh enthusiasm and interest which they are able to put into their work; and because of this freshness, this bubbling youth and wholesome light-heartedness, deficiencies of technic due to inexperience pass by unnoted by the uninformed patient. The most common complaint which the patient has to offer to this type of nursing is the frequent

change of nurses which may be his experience; for these students must have the necessary rotation of service which will give them assignments to every department in the hospital, they must be relieved for class and lecture periods, for recreation and study hours, to say nothing of half days, Sunday time, vacations and possible illness. From the patients' point of view then, what may be considered the most satisfactory method of nursing the small general hospital?

The answer would seem to be a permanent graduate nurse staff sufficient in number to stabilize the nursing service in each department; attendants or helpers for the routine duties around the patient which do not belong to the maid and which are not educational in character, and which should not be carried by the skilled professional worker; and then the student body to supplement these workers provided the clinical material of the hospital warrants placing the institution on an educational basis, or provided the necessary affiliations are supplied to make up the deficiencies in clinical material.

What about this matter from the point of view of the student? It must be admitted that many of these hospitals afford fine opportunities, under proper conditions, for a nursing education; and some of the most successful nurses in the country look back to the small general hospital as the field in which they were given their first view of their chosen profession. These small hospitals in many instances provide a better environment for the young student than does the large hospital. The atmosphere is more apt to be that of home life and she will not be overwhelmed

with the sense that she is only one of a great group of individuals, of relatively small importance, whose comings and goings are of little moment to anyone except herself, quite a reversed situation to being the center of one's immediate group and the concern of an admiring family circle. This complete change in relationships, while healthy in some instances, can be distinctly the opposite and it is here that the small hospital environment can be helpful.

However, given a hospital whose capacity is fifty patients, it is hardly likely that the student body would number more than twenty-five, particularly if there are in addition the necessary number of teaching and supervisory nurses, general duty graduates and helpers. If this group be divided into three classes, we have the drawback of a small class room group and we find as a rule a lack of healthy competition and rivalry so frequently found in a larger group whose variety is so stimulating.

A distinctly uneconomical feature of this multiple duplication of schools is the number of teaching personnel and the equipment provided for many small groups which, if they could be combined, would result in many instances in better work on the part of both teachers and students and would release funds which could be readily used for some other phase of school or hospital work. This idea is by no means a new one as is demonstrated by the central school experiments which are being carried on in various parts of the country. Unless it has been done very recently, however, the only teaching which has

thus been combined by a group of hospitals so geographically situated as to permit of such team work, has been confined to the subjects taught in the preliminary term. Why not carry the experiment further, to include the class room work and the laboratory work for the entire course? Obviously this would mean merging the identity of these many schools (not of the hospitals) into one or more large State schools whose students would receive their theoretical instruction in groups—uniformly and economically, who would be assigned for practice work to these small hospitals and to such others as might be necessary to provide adequate clinical facilities for the rounding out of their education. It would relieve the hospitals of the burden of education and place it where it belongs, to be paid for by funds raised largely through taxation rather than by voluntary contribution.

With perhaps some exceptions it should be possible to respect the students' preference in the matter of the hospital to which she would be assigned for her practice work; and while the feeling of belonging to that particular hospital—developing a spirit of loyalty so helpful to the morale of an institution—may not be present in the same degree as is being given to the schools under the present individual management, it certainly could be fostered to a sufficient extent to maintain a feeling of pride in the standard of nursing care given to the patients.

The following outline will sum up briefly the ideas expressed in this paper applying the various methods of nursing to the different types of small hospitals:

Private Hospitals General or Special	{ Graduate nurses Attendants or helpers	{ a. Permanently employed b. As need arises	Special duty Group nursing General floor duty
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Certain types of special hospitals, whether privately or publicly owned	{ (a) Graduate nurses—Attendants or helpers (b) Graduate Nurse Teachers and Supervisors School for trained attendants
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Special Hospitals Communicable Disease Obstetrical Eye, Ear, Nose and Throat—Women only	{ Graduate general duty nurses Graduate nurse teachers and supervisors Attendants and helpers Affiliate student nurses
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Special Hospitals Children Mental and Nervous	{ Graduate general duty nurses Graduate nurse teachers and supervisors Student nurses of that school Affiliate student nurses
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Small General Hospitals	{ Graduate general duty nurses Graduate nurse teachers and supervisors Attendants or helpers Student nurses from a Central or State School
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CHRISTMAS WITH THE TWIGS

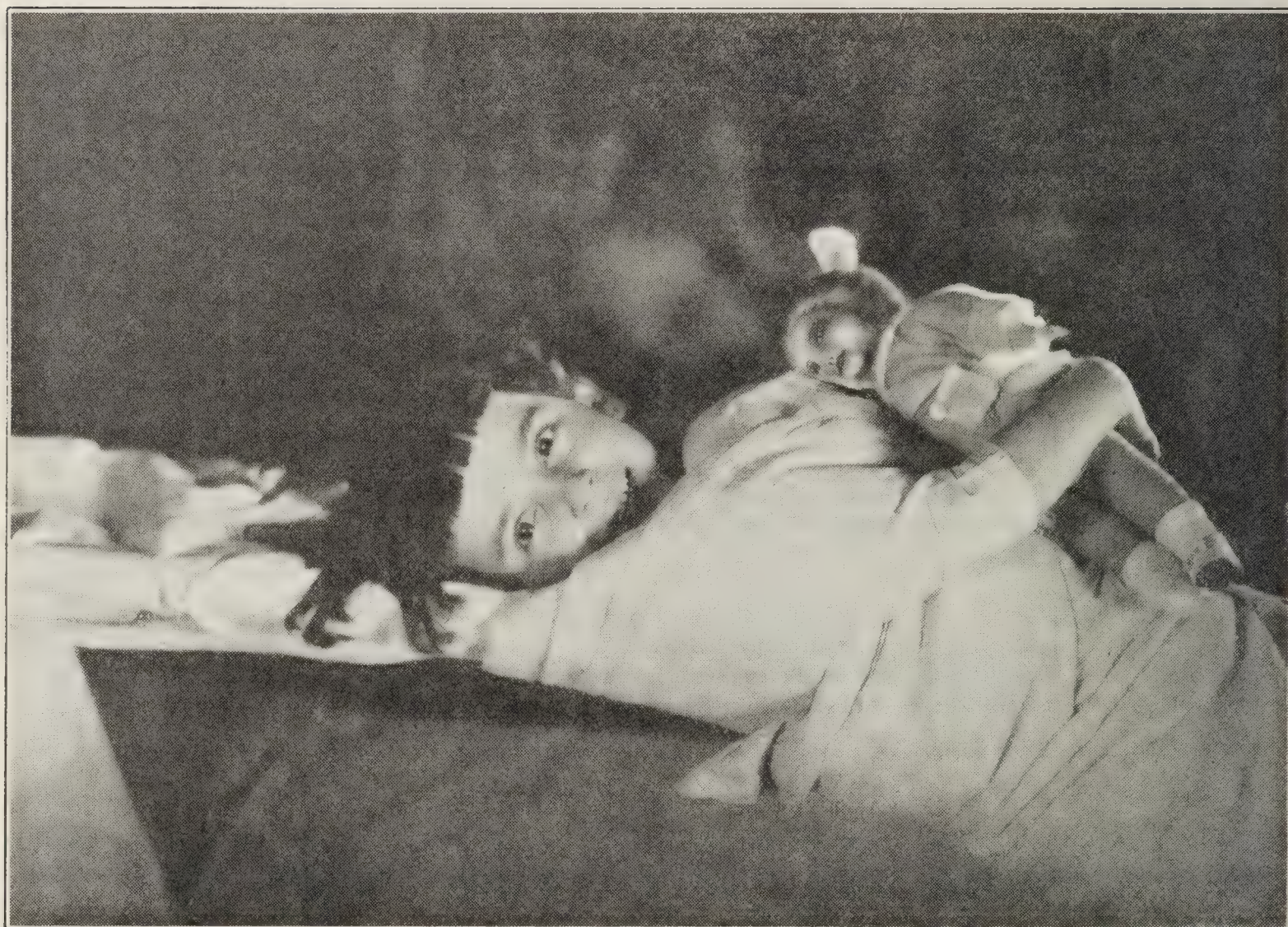
BY ELIZABETH S. KNIGHT

“GRANDMOTHER, tell me about the ‘Twigs’; the only twigs I know are wee little branches of a tree, and how could you big grown-up people belong to them? I just don’t understand,” said a pretty blond haired girl settling herself more comfortably in an easy chair. “I heard all the girls talk about their Twigs, and I hated to ask any questions. Not one of them is going to the Alumni Party, because they all said it was Twig Day.”

“About thirty-seven years ago,” said her grandmother, “in the autumn of 1887, here in Rochester, several women who were great friends, started a sewing society for providing a part, at least, of the supply of linen needed by the Rochester General Hospital. This organization grew to such proportions that they called themselves the parent stem.

They have put forth their branches, so to speak, until there are now thirty-four different groups of daughters, granddaughters and their friends who call themselves Twigs. Some have fancy names like The Buds, The Garden, The Bent Twig, The Laurel, The Pine Needles, The Leaves, The Thorns, Magnolia, Oak, Pussy Willows, while others are just numbered.

“The Donation was the great event in Twig life. It was held yearly, in November, and the fall was a busy time preparing for it. It was started about fifty-seven years ago by the Hospital Board, and after the Twigs were started, they took it over. The first bazaar realized a little over \$300 while in the last year of its existence it passed the \$25,000 mark. The proceeds from it were used for the Hospital charity work



which is now being given by the Community Chest. Many of these Twigs still carry their specialties, such as aprons, lingerie, beachwood blaze, sweaters, bulbs, perennials and many other useful and attractive articles.

"Early in October of each year a luncheon is given by the Board of Managers of the hospital to all the Twigs. The Superintendent of the Hospital then reports what has been accomplished by the Twigs during the past year, and the needs for the coming twelve months.

"One of the problems one year was the question of how to deal with all the neighborhood children, who were mostly Italians, who loved to play in the hospital grounds. Every day they swarmed over the partially broken down wooden fence on to the cool and inviting lawns. Their special joy, it seemed, was to give

their war whoop right under the window of the very sick. It was nice for the children to have a public play ground so near to their homes, but the problem worried the Superintendent. The Twigs were asked what they would suggest. They decided to raise money for a high iron fence, which they did, so now the grounds are kept quiet and peaceful.

"One year a Twig gave a sand box with a roof to it for the children's pavilion; another, toys and dresses for the children; still others endowed beds and at Christmas time they are especially busy. They play Santa Claus, but not only to the children who are always looked after at this time, but to the sick men and women in the wards, who are often forgotten by the home people, or who have no home folk at all.

"Last year several of the Twigs

organized themselves into groups for Christmas work, and gave a small gift to all the grownups in the medical, surgical and maternity wards on Christmas Day. One Twig put on each tray at breakfast time a pretty card and a sprig of green. Another Twig gave the beautiful glass balls and yards of shining tinsel for all the Christmas trees used throughout the hospital. The trees, one in each ward, were donated by a very kind man who gives these trees yearly in memory of his wife who, during her life, was active in Twig work.

"There is always a suitable gift at Christmas selected especially for each

patient, tied with tissue paper, ribbon and fancy stickers. Getting these gifts ready is a real business and keeps the women busy for weeks. You can see that these Twigs have done much for spreading cheer in the Hospital, and they do bring happiness to the sick, especially at Christmas time.

"I hope you will belong to such a group, and realize that personal service doubles your gifts in value to the recipient. Of course you know always that it is 'not the gift but the giving' which makes glad hearts, especially at Christmas. The Twigs should grow in number and usefulness even as the hospitals for which they work."

TONY AND AUTOSKIN-GRAFTS

BY ROSEMARY KOBES, R.N.

TONY, a red-haired, freckled-faced, bright Italian youth of nineteen years, came to us in an ambulance one stormy day in December of last year. Four months previous to his entry to the University of California Hospital, he had been in an automobile accident sustaining a complete section of the spinal cord at the level of the sixth dorsal segment with total motor and sensory loss below the waist line. The immediate cause of his entry in our hospital, however, was to receive treatment for his ulcers, decubiti and hot water bottle burns. He had deep trophic decubiti over the entire sacral region. Some idea of the extent of these may be obtained by observing the outline of the scar tissue in Figure I; however, the original area involved was about one-

third more than the picture shows. At the lower angle of the largest decubitus, extending toward the coccyx, was a sinus with a purulent, offensive discharge. There were ulcers over the right and left trochanters (Figure II-B) and in addition to these, Tony had hot water-bottle burns on both hips, and pressure ulcers on both heels (Figure II-A) together with minor lesions due to moisture and lack of cleanliness.

The outlook was rather disheartening while the mercurial temperament of Tony added to the problem. Not knowing the prognosis of his condition, having been told by his family that his "back was twisted," he still looked forward quite cheerfully at times to his ultimate recovery, but more often he was inconsolably depressed at his lack

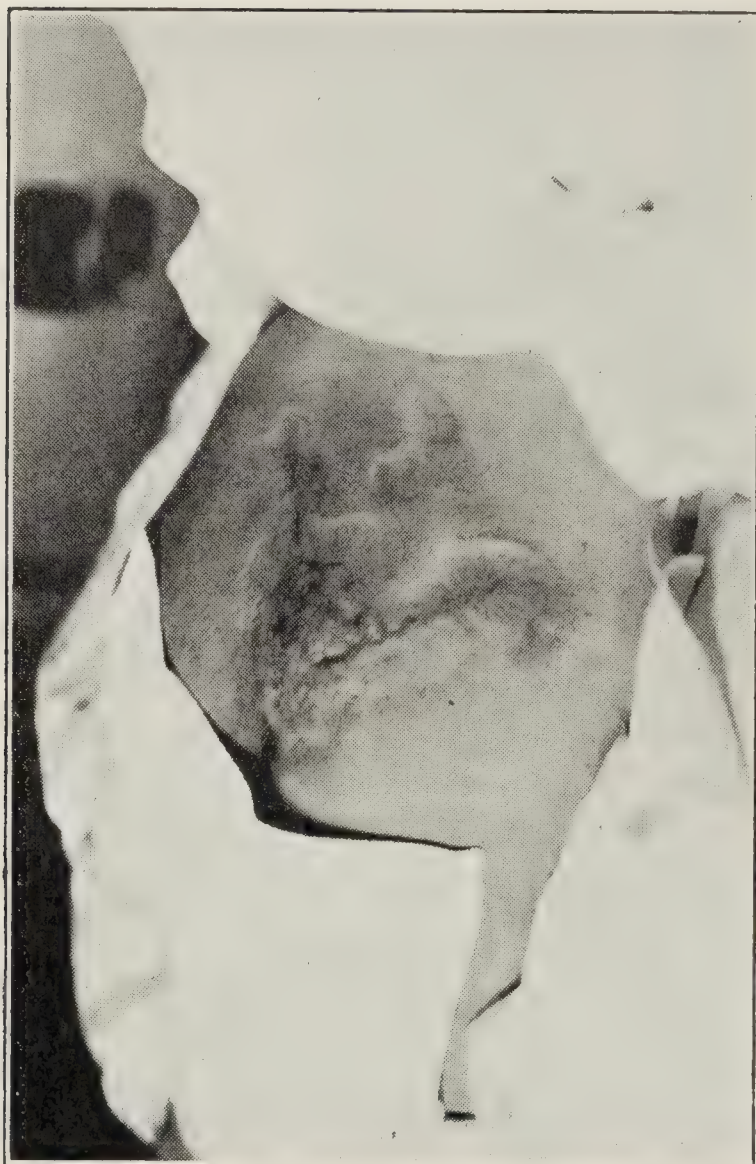


FIG. I

Appearance of lumbo-sacral region showing the complete epithelization of the decubitus by autografts.

of improvement, while his apprehension of any new treatment or position called for hours of careful explanation and reasoning, yea, cajoling, before Tony could be persuaded or convinced.

Dr. Howard C. Naffziger had Tony immediately placed on an air mattress which proved to be a source of inestimable aid and comfort to him. The importance of placing these patients on an air mattress at once, or at least not later than two hours after the accident, cannot be too strongly emphasized. It is a most imperative preventive measure which, if neglected, results almost invariably in a condition such as Tony suffered where remedial measures are more often futile than successful.

All undue pressure was relieved by means of a cradle and pillows to which treatment the pressure sores on the heels readily responded. The sacral decubitus with its foul odor and the remaining ulcers were cleaned and dressed with alcohol and glycerine compresses twice daily for four days. This treatment was then succeeded by compresses of Dakin's Solution applied every three hours and the patient's position was changed often. He was placed alternately on his left and right sides and on the abdomen and was kept off his back as much as possible. In view of the fact that he had been on his back almost constantly for four months, it required time to persuade Tony to abandon what was to him the most comfortable position of all. Much time was devoted to the important work of keeping all areas dry and clean, giving frequent alcohol rubs and applying a dusting powder. Needless to say, rubber air-rings were wholly discarded inasmuch as perfect adjustment of a rubber ring near a granulating surface is well nigh impossible without grave danger of breaking down the surrounding scar tissue.

Five days after using Dakin's Solution, the ulcers showed considerable improvement. Except for a few necrotic places, they presented a fresh granulating surface, the epithelium in several areas of the sacral ulcer having extended nearly two centimeters beyond the original margin at the time of entry. Tony's general condition seemed to improve with his increased appetite and he gained visibly in weight.

About three weeks after his entry to the hospital, Tony complained of profuse diaphoresis, of headache and lack of



FIG. II

- A. Complete epithelization of pressure areas on heels.
- B. Complete epithelization of ulcers over right trochanters.
- C. Right hip ulcer showing advancing epithelium from autografts.

appetite and he became deeply depressed. Several days later (January 1, 1924) he was suddenly seized with a severe chill lasting two hours. His temperature which had hitherto shown but slight elevation suddenly rose to 40° Cent., pulse 160, respirations 30. Then followed nineteen days of pyrexia with fluctuating pulse and respirations, with delirium and vehement refusal of all solid food. High caloric fluids were forced despite the combative protest of the patient. Successive blood cultures revealed a streptococcus haemolyticus beta infection. The ulcers, which previous to this onset, had been granulating with surprising rapidity, had assumed an avascular appearance, the new granulation tissue softened and seemed to "melt" away. The skin over the entire body presented an erythematous appearance and was also oedematous and very sensitive to the slightest pressure. Three necrotic areas appeared on the right hip, resulting in a deep ulcer (Figure II-C) despite the fact that this entire surface had been

practically free from pressure. Poor little Tony presented the appearance of an Indian famine child afflicted with the plague.

On January 19th, his mind began to clear, the temperature dropping by lysis, and our efforts started anew. Tony was determined to contribute his share toward his recovery and with heroic effort he endeavored to eat high caloric foods, but he had little or no desire for them.

Although the improvement in his general condition was slow, it was also steadily progressive and on February 4, the doctor suggested taking pinch grafts from Tony's thigh and transplanting them to his sacral decubitus. Five of the first six experimental grafts "took" and fused in quite rapidly. These were followed on five different occasions by more extensive grafts on the sacral and right hip areas. Approximately a total of two hundred pinch grafts were transplanted in the process. They grew and fused with astonishing rapidity; daily, they were exposed to the air and

later, when possible, to direct sun rays for a few minutes. By March 31, the entire sacral area was completely epithelialized by the fusing of the grafts (Figure I).

The case of Tony proves again the success of autoskin-grafting, i.e., where the patient is both the donor and recipient. Emile Holman, M.D., in his interesting article on Protein Sensitization in Isoskin-grafting,¹ says:

Iso or homo-skin-grafting (i.e., where the donor and recipient are not identical), is frequently employed by the profession to the wondering delight of a credulous laity, who enjoy contributing small squares of skin as sacrificial offerings on the altar of self-inflicted martyrdom. It is a procedure which has captured the imagination of the public and still holds enthralled a considerable number of the members of our own profession. That such grafting is more often a failure and only in isolated cases a success, seems little known, and it is still regarded without hesitation as a procedure giving uniformly good results quite comparable to those obtained with autografts.

Dr. Holman then quotes the case of a child who had extensive isoskin-grafts from his mother, both belonging to blood group II, but eight weeks after complete epithelization, all the new epithelium except the original grafts had melted away through a process of repeated desquamation, and he regards this as a phenomenon of anaphylaxis or protein intoxication and a manifestation of sensitiveness to the foreign protein of the mother which when curetted away in ten days showed marked improvement; whereas by autografts from the patient's thigh, Doctor Holman succeeded in obtaining permanent epithelial

covering, from which results he draws the following conclusion:

Our observations also prompt us to question very strongly the value and wisdom of ever attempting isografts when there is any skin available for autografts. Certainly if one set of grafts melts away, it would be sheer folly to attempt further isografting from that same donor, and probably also from any donor. Our experience also furnishes contributory evidence to the claim that successful isografts exist only in fable and not in fact.

After Tony's complete recovery from his multiple ulcers, Doctor Naffziger made a turtle-back cast for him, weight 14.3 pounds. Tony was placed in a prone position with his head and legs lowered and his abdomen propped up on pillows while the cast was applied. It catches under the shoulders and beneath the thighs reaching almost to the knees flexing at the hips at an angle of about forty-five degrees. When the cast was completed, it was lifted off and allowed to dry, after which it was smoothly padded and covered with shirting, and, where necessary, with oiled muslin. The advantages of this type of cast are numerous. It may be quickly and easily put on or taken off at will. Whenever the patient wishes to sit up, he can be rolled into the cast while in bed and then lifted, cast and all, in this sitting posture into a wheeled chair without any change of position. The cast fits comfortably and accurately and is well padded over the bony prominences, relieving these areas of all pressure and placing it only on those portions that are well clothed with adipose tissue, thus obviating all danger of decubiti.

After having been horizontal in bed for almost nine months, it was to be expected that adjustment to the cast

¹ *Surgery, Gynecology and Obstetrics*, January, 1924. Vol. XXXVII, pp. 100-106.

would be somewhat of a time consuming process attended by nausea and general discomfort, but Tony, manifesting his characteristic determination and cheerfulness, accustomed himself to his new position in an unusually short time. The first day he sat up for thirty minutes, but felt tired and nauseated; on the second attempt, he remained in his chair for two hours; and on the fourth day he was up for four and one-half hours without experiencing any fatigue or pressure. Whereupon the overjoyed Tony immediately threatened to manipulate his wheeled chair down the corridors on high gear and thus necessitate an ordinance restricting the speed limit of hospital wheeled chairs!

Tony was indeed a happy, grateful boy when he was enabled to return to his home a few weeks ago completely healed of his multiple ulcers. He will have a frame placed over his bed with pulleys attached to enable him to shift and change his position when lying in bed without his cast.

A very important phase in the care of these patients is the endeavor to help them become adjusted to their changed life, to eliminate their thought of uselessness to the world, to overcome their

resignation to pessimism and despair and aid them in attaining a cheerful mental attitude toward their surroundings. A verbal expression of sympathy however keenly felt often works havoc with these unfortunate ones who because of their handicap are prone to be introspective and melancholy. Deeper far than any spoken word of kindness is the sympathy that, even at the risk of seeming brutal, "stabs their spirit broad awake" and teaches them a sense of responsibility and self-control. When they have gained this new mental attitude,—and it is not achieved in a day nor is the way exempt from "back-sliding,"—they can be taught some compensating work such as watch repairing, lace making, carving, typing, drafting, etc.

Tony, too, will be taught a remunerative occupation, something of his own choosing which he will learn to do quickly and deftly with his hands, and although he knows that he will never be able to walk again, he will soon take his place as a self supporting citizen among his many friends, that "old gang o' mine" as he delights to call them, in the little home town so dear to his heart.

OUR CHRISTMAS CAVE

BY CATHERINE JONES, R.N.

SEATTLE General Hospital School for Nursing is in the big Northwest, and most of our students live more than a day and a night's journey from the city; therefore their Christmas is spent in our Nurses' Residence. The party on Christmas Eve is very lively, not a moment for a homesick feeling to creep

in. One year we thought we would eliminate Santa Claus altogether; and we did, with great success.

Instead of the usual Christmas tree and its ornaments, we had an Ice Cave. We used a whole room,—a small parlor, which is off at one side of the large reception room, a wide arch connecting.



The usual electric globes were exchanged for blue lights, cedar trees filled out the corners, and we reproduced a snow scene. Parcels, packages, boxes, that had been pouring in with each visit of the mailman for the past week, were held back (with the owners' permission), were re-wrapped with tissue paper, and that evening they were banked up in this cave. We were very fortunate in having a double width, full length, wall mirror in this room, as it added depth and breadth to the room.

With its white floor, icicles hanging from the ceiling, and dim blue light, it looked oh! so cold, but the parcels looked tempting. These were distributed later in the evening by the

"Christmas Spirit." A fairy came down the stairs, a beautiful fairy, singing a Christmas carol, and some one at the piano was playing softly. The fairy carried a wand with a bright star at the top: she entered the cave, still singing. All so gay and bright was she that the cave seemed bright and warm now. Calling off name after name, humming and singing all the while, she made us all her willing followers.

The story teller, whom we had invited to tell us stories that evening, declared it to be the prettiest Christmas party she had ever attended. Our older nurses still say: "This year we must think of something else, but I wish we could have an Ice Cave again, sometime."

EDITORIALS

THE CHRISTMAS SPIRIT

THE Christmas spirit! Is it effervescently happy and purposeful within you, is it quite dormant, or has it been crushed to death with the weight of more demanding interests? Someone's happiness depends upon you this Christmas-tide! It may be only your own or it may be that of a single patient and his family, that of many district families, of the patients in a ward or of an entire hospital, but wherever you are, you and someone else will be happier if the Christmas spirit dwells in your heart. Being practical folk, nurses know that careful planning is necessary if results are to be secured at Christmas or any other time. If you are apathetic or indifferent about Christmas this year, we would suggest that you at once re-read Dickens' Christmas Carol. If the story of Old Scrooge, the Cratchits, who were pleased that even a bone of the Christmas goose was left, and if Tiny Tim does not move you, you are in a parlous state and something really drastic should be done about it, but we believe Dickens will set you to making plans most busily as he did Old Scrooge.

Each year, as Christmas approaches, many a nurse revives a picture of Christmas "somewhere in France," usually a glowing memory of coöperative effort in securing holly and other decorations, of gay planning for the celebration of the great day and of a Christmas that, although spent in the midst of horrors and discomforts, will be forever remembered as the "happiest Christmas" because each thought was of others and not of herself.



A group of nurses and social workers once fell to discussing Christmas in hospitals. The nurses spoke of their happiest Christmases, usually those where there was so much to be done that there was no time for loneliness. The social worker expressed amazement that anyone could think of a hospital Christmas as anything but a sorry substitute. It is a sorry substitute for those who suffer; it is a glorious opportunity for those who serve,—an opportunity for the finest expression of that spirit which is the very essence of nursing, as it is of the spirit of Christmas.

No nurse need dream such horrors as did old Scrooge, for it may be said of most of the sisterhood, as it came to be said of Scrooge, she "knew how to keep Christmas well."

To our readers, the world around, the *Journal* extends the season's greetings, the immortal wish of Tiny Tim, and the further hope that each one may "keep Christmas well."

MENTAL PATTERNS

WHEN our environment is bounded by the four walls of a sickroom and our activities are restricted to the vagaries of disease, we learn what it means to be alone. No matter how busy we may be, there are scattered

fragments of time when we realize that our only companions are our own thoughts. Whether or not these moments bring their meed of satisfaction depends upon the acquisitions that our tastes have dictated to us. If it has been our habit to see and hear the creations that time has declared shall live, it is then that the test of their true value registers fulfillment for our innermost needs.

When we consider that there is no idle time for the mind—that it is ceaselessly busy with something—and that the power of selection is ours, it would seem that our memories should have their share of those facts and fancies that are fine and true to serve as a bulwark for the emergencies of the sickroom. As we go about our work, it is easy to cultivate the habit of sensing the good in nature, literature, art and music, for

Every common bush is afire with God;
But only he who sees takes off his shoes.

Then when the occasion arises, as it inevitably does, that we work at the bedside of our desperately ill patients, these stored-up memories come trooping forward to alleviate situations that sometimes seem hopeless.

At times it falls to our lot to guide patients of real culture through the tedium of convalescence, when the spur of alertness is over for us. Recovery is a future reality, for care will bring health. Then it is that the patients begin to find themselves. Slowly but surely the threads of old endeavors are rewoven for future use. The convalescents prefer to do the talking, and this is as it should be, but when we know how to be sympathetic listeners, because

our minds reveal similar storehouses of good things, we serve as an inspiration that will help to carry our patients over the period of a reawakening of energy associated with physical inability on into the restoration of full mental vigor.

Louie Croft Boyd.

THE CALENDAR

OUR frontispiece is a facsimile of the cover of the 1925 Calendar prepared by the National League of Nursing Education. The beauty of this cover is in keeping with the superior artistic quality and typographic excellence of the Calendar proper. The candle is symbolic and the theme "Out of the Shadows Into the Light" conveys the exact meaning intended, for each of the twelve illustrated pages contains an historical sketch of one of our early schools of nursing. This calendar will add valuable material to the teaching equipment of instructors in the History of Nursing.

As the schools represented are the Alma Maters of thousands of nurses and the professional ancestors of as many more, this calendar should prove of unusual interest from one end of the country to the other. As usual, the proceeds of the sale will be applied to the running expenses of the League and generous orders should make possible much needed expansion of the work of the organization.

AT FIVE O'CLOCK ON CHRISTMAS MORNING

IN many of the older hospitals it has long been a custom of the nurses to greet the patients at the dawn of Christmas by singing carols under its windows or in its corridors. The origin

of the custom seems lost in obscurity, but probably developed from the old English custom of carol singing in the streets on Christmas Eve.

Long before daybreak a remarkable change takes place in the quietly sleeping figures which were but lately tucked snugly beneath the warm covers. Warmly, but strangely clad, ready to brave a snowdrift or two, if necessary, a band of carolers is assembled in a surprisingly short time. The cheery exchange of happy Christmas greetings and the spirit of an unfamiliar venture prove irresistible, and even the "would-be-sleepy" and the "far-too-weary" of the night before find themselves following the leaders, as with suppressed laughter and hushed whispering they steal forth, presenting an irregularly moving silhouette in the semi-darkness.

A cold, clear dawn, a waning moon and fading stars, softly outline high pillars of a beautiful old building, which has, for decades, held in its mothering arms, the sick, the sad and suffering—and who are more sad than those who are sick in a hospital on Christmas day?

Here the weary cardiac lies watching for another dawn. Here tosses the tired little mother of a family who has spent the long hours of the night wondering how her children may fare without her on Christmas day. Here sleeps a chubby little boy with his arm cuddled around a toy engine, which he received a little ahead of time. He is dreaming of his first Christmas tree, due on the morrow. Here doze the drifters of the city streets to whom the day has never meant more than the possible chance of a good meal. They came from a hundred places, they will go to a hundred

more, but together they face Christmas morning in a hospital.

Suddenly, out of the hushed stillness, rising joyously and happily, sweetly blending voices float forth on the clear, frosty air:

Joy to the World, the Lord is come,
Let Earth receive her King!

Wan faces turn as the night nurses raise the windows. The refrain floats through the wards, erasing, as with a magic touch, the looks of sorrow and suffering. "Surely," thinks the anxious mother, "the same impulse which brought tired nurses out of bed to sing carols, will prompt some one to care for my children."

Peace on Earth and mercy mild,
Christ and sinner reconciled.

The city stray scowls a little and clears his throat. A host of long forgotten memories stirs his heart. "What was that?" He digs down in his mind for the words. "I'll arise—" "Yes, that is it—I'll arise and go to my Father.' "

Now coming a little faintly from a distant wing, the voices carry back across the yard—

While shepherds watched their flocks by night.

The busy night nurse in the lonely isolation ward pauses to listen. After a long night's watching she has noted with a thankful heart, the natural, even breathing of the tiny member of her flock who had so nearly strayed beyond her care.

Glad tidings of great joy we bring,
To thee and all mankind.

So they go from ward to ward repeating the age-old greetings in the true

spirit of Christmas. The music reaches not only the sick and the disheartened, but all types of fellow workers, and all those faithful ones who humbly toil in the obscurer regions of an institution,—many of whom have no other home.

What of the carolers themselves as they rush to breakfast and to duty? To them it means an opportunity to do at least one of those numberless kindly things which they wish to do but lack the time; brings a pause in the usual round, for that rare joy of giving pleas-

ure; gives time to renew the unspoken promise, "Not to be ministered unto, but to minister."

An impressive and delightful custom, influencing the hospital's entire Christmas season and helping to a large degree to create within the hospital walls the spirit of "Peace on earth, good will to men."

Fortunate is that hospital, and fortunate is that student nurse, where carolers go forth at five o'clock on Christmas Morning.



The Publications Committee of the National League of Nursing Education announces that the 1925 Calendar "Early Schools of Nursing in America" is ready for delivery. The price of the Calendar will be \$1.00 per single copy, 75 cents on all orders of 50 or over delivered in one shipment. Send orders to Headquarters National League of Nursing Education, 370 Seventh Avenue, New York, N. Y.

WHO'S WHO IN THE NURSING WORLD



XLI. MARY A. HICKEY

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DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING OBSTETRICS TO STUDENT NURSES¹

BY CHARLES B. REED, M.D.

IT is peculiarly agreeable to appear before this body since it furnishes me an opportunity to acknowledge in public my appreciation and admiration for those splendid professional women with whom I have been closely associated so long.

In the early days of my work, the trained nurse was rather exceptional, though unhappily the professional nurse was not so rare as seemed desirable at times. I used to hear my mother speak of such and such a neighbor as "very handy in the sick room," while such and such another was a "natural born nurse." To be truthful, the "home nursing" of that period was largely empirical and usually ignorant. Fortunately the advance has been extraordinarily rapid and it is no exaggeration to state that the patient would thrive far better under the care of a modern trained nurse than under the most assiduous attention of a doctor of that departed period. Still we, as a people, have not entirely outgrown that old conception of nursing. In the last war it was not uncommon for a young lady to respond to the call to arms in the full belief that without previous training, or at least with but very little, she could manage a large ward or assist in major operations. From her viewpoint, it was preposterous to suppose that a woman of such native intelligence as she

possessed should require any great length of time to become familiar with surgical technic and hospital routine. To her it was only necessary to put on the cap, the uniform and the official panoply of the profession and behold, all the perquisites and perspicacity of nursing were hers. In some instances, the awakening was acute if not brutal. It is related that in a Southern centralization camp, the hospital executives were startled one day by the arrival from New York of a whole carload of society belles who were coming into service through Congressional influence. After a few gasps and muttered oaths the situation was properly met and the beautiful novices were assigned to the transportation of bedpans. As early as the first week, sudden illnesses developed and there were many open desertions, nevertheless a percentage remained who rose to the occasion with a fundamental grit which had never before been called upon. These girls had that basic quality of pluck without which no nurse can succeed, that innate courage which seizes on the best points of a bad job and goes through with it.

Courage is the first essential, the foundational quality of a nurse, but in addition she must have self control. Now, self control can be taught. It comes more easily perhaps to a man than to a woman whose emotional nature is finely attuned to the moving events of life but nonetheless the control must be acquired. It is the self control

¹ Read at the annual meeting of the Illinois State Association of Graduate Nurses held at Champaign, Illinois, October, 1924.

of a lady who has learned through long generations of repression to keep her tongue and her temper in check. The tongue is more often at fault. Things medical and things gruesome have a singular fascination for some people and in the irksome and slow moving days of the convalescence a limber-lipped nurse is easily enticed into relating at length and with much salacious detail, the dramatic events of the ward and the operating theater. In all conversation the region of disease should be a *Vanity Fair* which no conscientious nurse approaches except with her colleagues or the doctor.

To a woman with courage and tact, much has been given but more is required. So we add tenderness, not the morbid and mawkish sentimentality which haunts the courts and prisons, but a finely measured tenderness which uplifts by a coherent direction. Direction by what? By a strongly emotional nature and a clear thinking brain. The nurse must guide her tenderness with her self control and sustain it in the emergencies by her courage.

Thus the well trained nurse meets her crisis with coolness and imperturbability. She preserves her judgment in the moment of danger. She thinks, "This case certainly looks desperate, but I must use my mind coherently. One or more lives may depend upon the action of my brain." Again we say, what a valuable endowment! And yet, though she have the courage of a lioness, the divine tenderness of a mother, and the self control of a Capulet and have not science, it shall profit her nothing. Her training in science; science clear, precise, inevitable, is the necessary medium through which her mind and emotions

express themselves. It is the master tool of her profession.

The subject of my talk as announced was the instruction of nurses in obstetrics, meaning no doubt the various items of the curriculum and, behold, I have just mentioned the subject. Nevertheless, the things I have said are not unimportant and the qualities I have enumerated have a positive bearing,—though not all are teachable. What is it the nurse should be taught? I will be brief, for in this presence suggestion only is necessary.

Primarily the obstetric nurse must be "dirt sensitive" in the highest degree, both personally and professionally. In this case, cleanliness is next to godliness but the cleanliness must come first lest the godliness of the patient be suddenly and undesirably acquired elsewhere.

All the operating room technic in the world will not justify a nurse in the lack of personal cleanliness, to which for the benefit of her patients she must add a complete knowledge of the prevention of communicable disease and of sanitary science. These are essential portions of her education and should be ground into the very fibre of her life. If the nurse is congenitally "dirt sensitive," she will absorb it greedily but otherwise, it seems to the writer, as if no amount of technical training will avail.

Asepsis is the basis of all success in modern surgery. The confidence with which the most daring interference or the most delicate operation is attempted depends upon the elaborate ceremonial of cleanliness which dominates every person, every maneuver and every link in the chain of its performance. Except for emphasis, it is, of course, entirely unnecessary to recall for this audience

the peculiar and paramount importance of asepsis in obstetrics. It is the weapon whereby childbed fever has been subjugated. The victory, however, has not been easily won. It has required the lapse of years and the unflinching leadership of such men as Oliver Wendell Holmes, Semmelweiss, Lord Lister, and Louis Pasteur for its accomplishment. Inadequately rewarded during their lives, these men have great claims on our gratitude, for the good that they did was not interred with their bones. It lives now in the rigorous aseptic technic which the obstetric surgeon and the obstetric nurse observe in their work. It is the ceremonial of security. It is this technic which has reduced the mortality of puerperal fever from one in ten under the old system to a negligible percentage in the new. Puerperal fever has become a wholly preventable disease and in our good hospitals, thousands of cases go through labor without a single death from this cause. It must also be admitted, though with shame, that there are many lapses in our technic, for of all the women who die in childbirth, 45 per cent. die from puerperal infection. So we give asepsis first place in the list of our essentials.

In the course of her training, the nurse will become fairly familiar with all the normal processes of pregnancy and labor, but if she specializes in obstetrics, she should also become expert in taking the heart tones and in rectal examinations. This practical experience will come to her, of course, from her close contact with her cases, but the theory she should get also in the study of her textbook. •

But the normal cases, you say, will almost take care of themselves if the

asepsis is good. This is true, but unhappily we can never know when an apparently normal case will suddenly become abnormal. Thus the nurse must be prepared to meet the emergencies with self control and clear precise coherent action of the brain. These are the cases in which the nurse has a high primary responsibility.

Among the crises which demand a quick judgment and a facile technic are the hemorrhages, not only in abortions but postpartum; not only of placenta previa, but of the prematurely detached placenta. Here, too, belong the cases of shock and the anemias, both acute and chronic, which follow the loss of blood. The diagnosis must be instantaneous and the treatment immediate, for the case is urgent and assistance is not always at hand. It follows, therefore, that the use of morphine, ergot, pituitrin and even the technic of tamponing the vagina should be familiar to the well qualified nurse.

Prolapse of the cord also is no respecter of time, place or circumstance and may choose to occur when the attending man is absent. It is not reasonable nor humane that a nurse who is competent to recognize such a condition should hold her hand and wait for assistance before she puts the patient into such a position as to relieve the pressure on the cord. Pulmonary embolism is another emergency in which the oxygen tank should be more quickly thought of than the adjacent telephone. The nurse or the doctor who is at all competent will think for himself in such an emergency and not waste time calling for help.

The asphyxiated child also is peculiarly the affair of the nurse, for

in such cases the mother nearly always demands the undivided attention of the doctor. It means, therefore, that the nurse must be skilled in stimulating skin reflexes with friction and with hot and cold water, while the technic of the tracheal catheter and of artificial respiration should be as unconscious in application, as familiar in execution. These practical points are generally recognized. The nurse has learned them by experience and observation. These are not all, by any means, but enough has been given to suggest the rest. The nurse must have such thorough technical and theoretical knowledge that she can meet any demand with judgment and skill. Education means growth and a profession means responsibility. Growth and responsibility invariably bring about the development of the individual and spur actively the ambition. Nursing has its own attractions as well as its temptations and it leads to wide fields of opportunity and recognition. To develop the individual nurse by means of her profession should be the aim of all training. She cannot know too much. She cannot grow too much. She must learn to think rather than to remember, and to act rather than to call assistance. It may be objected that as she grows in knowledge and skill, she encroaches to that degree upon the functions of the doctor. Very well, let the doctor broaden his own qualifications and extend them. Indeed, in these days of Shepherd-Towner laws and of constantly increasing state control of medicine as well as the growing paternalism of government, we cannot any of us afford to fail in scientific wisdom or in friendliness.

Thus far I fear I have not been very helpful and unhappily I cannot promise much to follow for we now come to the final part of our educational scheme and, by the same token, the most difficult. I approach it in humility of spirit, for it has no textbook nor has it any place in the curriculum: the development of the morale of the nurse,—and by this I mean the preservation in her mind of a confidence in the loftiness of her vocation and its high responsibilities.

A regular education should mean an ordinary system of regulation and instruction which experience has shown to be most suitable for the ordinary duties of the profession, but what if we are going into battle with a ruthless and insidious enemy! Shall we not need a larger enthusiasm and a stronger morale; should we not seek, if possible, the emotional assistance of dancing plumes, the bright glittering spear, limbs conscious of their strength, a vivid and intense interest in the enterprise and a mind warm for glory and renown? Even a temperate glow of enthusiasm will not come amiss, for it loosens the bands of convention. The nurse is bound by no covenant save duty, a severe and exacting covenant indeed but nonetheless a covenant of her own adventurous choosing.

All the qualities hitherto enumerated may be attained, in rare instances, but in giving this richness and depth of experience, undoubtedly we dull somewhat the edge of zeal. Health and appetite endow the coarsest food with savoriness while a grinding monotony of routine takes all joy from the work unless the star of hope is ascendant. The fisherman and the doctor, the society belle and the nurse, find interest

and delight in their activities but the fascination comes not from the occupation itself but only in the consecration of the actors. It is our own mental attitude, our own interest that vitalizes our occupation. No joy springs from our daily task unless we conduct that task with joy. We must endow the commonplace with poetry, the trite and obvious with comedy and even the tragic with romance. This, then, is our problem. Can we inspire the nurse with a new vision when she takes the vows of the new science, or even preserve in

some way the vestiges of her youthful fervor in these days of license when all standards are destroyed?

Can we stimulate our young women (and men) with new and more thrilling watch-words, give them ideals once more that ring out like steel, quicken the soul and hurry it to the uttermost edge of infinity, there to hang breathless and athirst in the clutch of ecstatic endeavor? If we can, our problem is solved and also the problem of a sordid world which seeks everywhere the sops of happiness in a new music and a new vision.

FROM APPRENTICESHIP TO PROFESSIONAL EDUCATION¹

BY GEORGE E. MYERS, PH.D.

PERHAPS it is well to present briefly at the beginning of my address the point of view which I hope to bring to the discussion of this subject. On the one hand I shall try to avoid the point of view of the representative of a single profession though I do represent one of the noblest of the professions,—teaching. On the other hand I shall make equal effort to avoid the point of view of the advocate of liberal education, though I yield to none in true appreciation of the values of liberal education and insist that the best preparation for a profession must be rich in such values. Rather shall I endeavor to bring before you the point of view of one whose business it is to be concerned with preparation for occupations of all kinds, from that requiring an hour or so of training to that requiring years of professional

study. In other words, I shall try to present the point of view of vocational education in the broadest possible sense of that term rather than that of a single profession or of liberal education. Nevertheless, I shall assume all the way along that you are relating and applying what I say to the education of nurses, and I shall call attention later to some of these applications.

My subject requires some explanation of terms. We are all familiar with the words apprenticeship and professional education. Nevertheless, we shall not all be thinking of the same things when I use these words unless, at the outset, we consider together their meanings and note their essential differences.

Apprenticeship is a method of training for an occupation, a method by which one party, already a master of the occupation, imparts to the other its knowledge and skill in return for service or labor. While it has changed in some

¹ Read at the meeting of the Instructors' Section, National League of Nursing Education, Detroit Convention, June, 1924.

respects during the many centuries of its existence, especially since the coming of the industrial revolution, apprenticeship remains essentially the same today that it was four hundred years ago. The central idea is and always has been, training in return for service. The period of apprenticeship has been reduced, paying the master for the privilege of becoming an apprentice has disappeared, or nearly so, living in the master's, or employer's, home has long since ceased to be common and the employer now feels little responsibility for the conduct of the apprentice when not at work; but the exchange of service for training remains.

Probably every method yet devised of transforming a novice or green worker into an expert worker in any field, be it trade or professional, has both advantages and disadvantages. What are the principal advantages and disadvantages of the apprenticeship method?

There are marked advantages in the fact that throughout the period of learning the learner is in constant contact with actual conditions in the occupation. He learns how things are done by seeing them done and participating in doing them. Under pressure of actual conditions he develops appreciation of the time element, of the necessity for speed as well as quality of product or service. He breathes the atmosphere of the occupation both figuratively and literally. He acquires the *esprit de corps*, the morale of the workers in the occupation by constant association with them. In some cases he discovers early, before spending a great deal of time in preparation, that he is not suited to the occupation. Then there is the advantage to the learner of being able to earn his

living, or most of it, while learning. Many are able to prepare for vocations on this plan which they could not hope to enter otherwise. And finally, the public and our wealthy philanthropists are relieved of the necessity of spending money upon schools to prepare the apprentice for his occupation. The cost, or the first cost at least, is borne by the learner and his employer, a matter to which further attention will be given later.

On the other hand, apprenticeship has serious disadvantages. In the first place it is wasteful of the learner's time. He is required to do many things that do not contribute at all to his vocational preparation. Other things that do contribute he is obliged to continue doing long after their contribution has been made. Often the apprentice has to spend months at a job which he masters thoroughly in a couple of weeks. In some cases this is due to deliberate exploitation of the apprentice by his employer; in other cases it is a weakness of the system for which the individual employer is not responsible.

In the second place, in apprenticeship the subject matter of instruction seldom is well organized and arranged. Preparation for any occupation involves the acquisition of a certain body of knowledge and development of certain skills. The most effective preparation requires that this material be organized and arranged for teaching purposes. This is an educational job, not a production or service job. And those who are engaged in production or service work seldom have the training or the point of view to do it effectively.

In the third place, few of the expert workers who are charged with training

apprentices use efficient teaching methods. Teaching, like organizing the material to be taught, is an educational job. It has its own technic and methods, which are very different from those of production or service. The expert worker is called upon to teach the apprentice when he himself has never been trained for the job of teaching.

In the fourth place, even if the material of instruction is well organized and the expert workers are competent teachers the very conditions surrounding apprenticeship are such as to interfere with its effectiveness as a means of training new workers. An industrial establishment or one rendering a professional service, such as a hospital, is not primarily an educational institution. It has a very definite piece of work to do, to which the training of new workers is only incidental. When there is a conflict of interests between the two, the training function always gives way to the production or service function. The work of the day, and it is often emergency work, must be done whether or not the learner obtains the training that is due him.

Professional education, like apprenticeship, prepares men and women for definite occupations. However, the institution which provides professional education is not concerned with production or service, but solely with preparation of its students for a specific occupation. Since the business of the professional school is education, its organization, its management, its curriculum are planned with that end in view. In the best professional schools the faculty is made up chiefly of members who make their living and their reputations in teaching and research and who, there-

fore, become far more proficient as teachers than are those who exercise the teaching function only incidentally while making their living and their reputations in other work. The whole spirit of the institution is that of preparation for the chosen occupation.

Again, in the professional school the student devotes his entire time and attention to educational activities. He deliberately sets aside a certain number of years for this purpose, free from responsibility for productive work. His associates are in the same situation. He is thus able, in fact, he is required, to immerse himself in the processes of learning for a considerable period of time. His job for the time being is preparation for his future work, equally unhampered by the necessity of earning a living and the necessity of helping to keep a production or service organization functioning under all conditions.

Professional education requires a more extensive general education of those who pursue it than does apprenticeship. One of the best dictionaries defines a profession as an occupation that involves a liberal education. All professional schools of standing today require at least high school graduation or its equivalent for entrance, and many require two, three or four years of college work.

It has already been indicated that apprenticeship as a method of preparing for a vocation is centuries old. It is mentioned in English laws of 1388. In fact there have been, in all human history, only three really important agencies for providing vocational education—the home, apprenticeship and the vocational school, including the professional school. Originally the home was

the sole agency. Then gradually apprenticeship developed to share in the work, beginning probably with the training of the priestly class. Later, very much later, came the special school beginning also with the so-called higher occupations and gradually extending down in recent times to the trades and even to semi-skilled occupations. All the while the home has kept part of the training for certain occupations, notably that of the girl for home-making and that of the boy for farming. In the same way apprenticeship will no doubt hold indefinitely to part of the training it has supplied so long. But the overwhelming tendency of the day is to turn over more and more responsibility to that comparatively modern institution of society whose chief business is to train for occupations, namely, the vocational school.

The fact that the so-called learned professions have made more progress in this direction than have other occupations should not cause us to lose sight of the fact that education even for law and medicine has not long been out of the apprenticeship stage. We read, to be sure, of medieval instruction in connection with medieval universities. But according to Monroe's *Cyclopedia of Education* each professor covered the entire field of medicine and the would-be doctor obtained his real preparation, later, through a kind of apprenticeship to a practicing physician. Even so recently as fifty years ago, many doctors obtained a large part of their professional training by the apprenticeship method, associating themselves with older men who were successful practitioners. And as recently as 1912, Dean Kirchway of the Law School of Colum-

bia University made the statement: "It is safe to say that even today not less than two-thirds of those who apply for admission to the bar have gained their professional training wholly or mainly in law offices."

Nor is the recency of the development of education for the learned professions from the apprenticeship stage any more remarkable than is the rapidity with which other occupations now are coming into the professional education stage. Teaching, several kinds of engineering, architecture, dentistry, nursing, business, and journalism have already arrived there or are struggling to arrive. And other occupations seem sure to follow these.

In view of the interest your organization has in this really momentous movement from apprenticeship to professional education it seems fitting that we should consider what is involved in changing from the one method of occupational preparation to the other.

(1) This change means more comprehensive and thorough training and higher standards of instruction. It is obvious that these can be developed and maintained much more easily in an institution whose business is education, with a faculty whose business is teaching and research, and with a student body whose business for the time being is learning, than in an institution where the educational function is only incidental. In this connection it is noteworthy that professional schools have steadily improved their standards of work year by year and the process still goes on.

(2) The change means a more highly selected body of students. Many will enter upon a course of preparation

which will cost them little if anything beyond their earnings who would not or could not consider spending the money necessary for a two, a three or four year course of training with no earnings while pursuing the course. On this account, as well as for other reasons, professional education draws its students from a higher level of society economically than does apprenticeship. And it is generally recognized that there is a high correlation between economic levels of society and ability levels. This does not mean that individuals of high ability have not obtained and are not now obtaining occupational preparation by apprenticeship methods, nor that other individuals of high ability are debarred from obtaining preparation for a given occupation when the method of preparation for that occupation changes to the professional education plan. It means merely that the general level of those preparing is raised. The students are drawn to a greater extent from families that can afford a longer period of training for their children or are willing to make heavier sacrifices in order to prolong this period. They include, also, more individuals who themselves are willing to make such sacrifices. The fact that more extensive general education is required for entering upon professional education contributes also to making its students a more highly selected group.

(3) What has just been said suggests another thing that should be involved in changing occupational preparation from apprenticeship to professional education, namely, provision of numerous scholarships and a student loan fund to aid the capable, ambitious and worthy student who could not otherwise meet

the added cost of preparation. This would save to the occupation the best of those who would like to enter it but think they cannot afford to do so.

(4) This change involves a real danger that the learner will be deprived of contact with actual conditions in the occupation, which is so immensely valuable in apprenticeship. The tendency of professional education in the past has been to stress theory at the expense of its applications, to become bookish, to assume that if the student were properly loaded with knowledge he would be able to use it effectively when the proper time came in the course of his practice later in life. Fortunately this is not inherent in the professional education method of preparing for an occupation. It can be avoided. Fortunately, also, this tendency has changed in recent years. At the present time, professional schools generally are stressing observation and practice along with theory. Our medical schools have their clinics and internships, our dental schools have their clinics, our law schools have their moot courts, our schools of education their observation and practice teaching. But these, valuable as they are, often lack the atmosphere and the setting of the real work of the profession. The leaders in any occupation that is developing from the apprenticeship to the professional education method of training need to guard carefully against the loss of this important element, contact with the actual work of the occupation.

(5) There is the further danger, closely related to the one just discussed, that the theoretical instruction will gradually lose its professional character and become academic. For example, it

is entirely possible for a professor of anatomy in a medical school to become so absorbed in anatomy as a science that he does not properly emphasize the particular aspects of anatomy that his student will need most. The remedy seems to be a careful analysis from time to time of the actual work performed by those engaged in the practice of the profession with a view to determine just what things should receive attention and what should be eliminated, or given less emphasis.

(6) Again, some provision must be made for doing the work which has been done by the apprentices. For example, when the education of nurses becomes truly professional education, much of the work they now perform while in training must be cared for in some other way. Part of it no doubt will have to be done by graduate nurses and part by hospital helpers. But how it is done does not concern us here. The point is that when the professional education aim dominates the training of nurses they cannot be expected to perform hospital work which does not contribute to their preparation for nursing.

(7) Again, there is, temporarily at least, heavy additional cost involved in changing from apprenticeship to professional education methods of preparation for an occupation. Buildings, laboratories, scientific equipment, a trained and full-time teaching staff, administration, providing paid labor in place of much apprentice labor all requires a direct outlay of money. This has long been an important factor in delaying development of professional education along various lines. It is now a distressingly disturbing factor in connection with nursing education. Not only

is professional education expensive, but it is becoming more so as professional knowledge increases and scientific equipment becomes more elaborate. The cost of medical education in this country today is enormous in comparison with what it was when our grandfathers obtained most of their preparation in the offices of older physicians. Any occupation that aspires to the professional level must face the problem of heavy additional cost of preparation.

(8) More important than the increased cost is the shift of the financial burden of occupational preparation. We have seen how the first cost of apprenticeship is borne by the apprentice and his employer. The apprentice receives small wages during his learning period. The employer spends part of his valuable time, or that of his expert workers, in teaching the apprentice and pays in other ways which we have not time to consider here. To be sure, the employer passes on to the public his share of the cost in the selling price of his product, but he bears it temporarily. When apprenticeship gives way to vocational education, be it trade or professional, the burden of cost of occupational preparation, or most of it, rolls off the shoulders of the employer. It must be provided for in some other way. There are three other ways in which it may be provided. The learner may be required to pay all or part in the form of tuition fees and in the cost of living while in training. Wealthy philanthropists may provide part of the cost by endowing educational institutions. Society may assume a share of the burden by providing publicly supported vocational schools. In recent years public responsibility for this burden has become

increasingly clear and large appropriations of public funds are made each year for vocational education, including professional education. The learner may be expected to maintain himself and pay a small part of instruction costs. Private philanthropy may be expected to provide here and there generous endowments for professional education, as it has done in the past. But the real burden of financial support for adequate professional education will rest more and more upon the public. Since the public pays in the long run, however this type of education may be provided, it is desirable that public educational institutions should assume the major part of the first cost and at the same time assume responsibility for seeing that the job is well done. And there is just as much reason why nursing education should be properly financed with public funds in State Universities as there is why our State Universities should maintain schools of medicine, law, dentistry, engineering, education and business.

(9) Finally, development from apprenticeship to professional education in preparation for any occupation should involve recognition of the fact that there is a great deal of work of semi-professional grade to be done and a great many people interested in preparing for

the profession who cannot hope to rise to the professional level. The work of oral hygienist in relation to dentistry is an illustration. Definite provision should be made to meet the need for semi-professional workers. It is unwise to ignore this need and equally unwise to assume that the weaker members of the profession will meet the need by finding their level in semi-professional work.

I have compared two methods of preparing for an occupation,—apprenticeship and professional education,—and have tried to show that in the case of all professions the latter method has grown out of the former. Then I have listed and discussed briefly nine things that are involved in changing from the former method to the latter, touching occasionally upon the relations of the points made to nursing education. I have not attempted to solve problems but to raise them, and to call attention to their significance. Nor are these problems new to leaders in nursing education; they are only presented from a different angle. Their solution rests with you. That they will be solved successfully I have no doubt after reading that truly remarkable document, the Report of the Committee for the Study of Nursing Education.

ON THE WAY TO HEALTH

"Sometimes we get the feeling that the world is not on the down-grade, after all, but on the up; on the way not to destruction, but to health. This is one of those times. Here wise physicians tell us that, just as tuberculosis has, in the last quarter century, been brought under almost complete social control, so may heart disease be brought under intelligent control in the not distant future; at least, in the cases of all individuals who have the mind and the courage to face the issues in the problem. Science may not be the ultimate hope of civilization, but it is certainly one of the intermediate hopes, the instrument by means of which whatever hopes we may have will be largely realized."—From the *Survey-Graphic* for November, a heart issue of interest to every nurse.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

A CHRISTMAS MESSAGE

CHRISTMASTIDE and Yuletide see those invisible ties that link together American Red Cross nurses at home and across the seas more magnetic than at any other time. Our comradeship in service means something fine and vital. Everywhere brotherhood and kinship at least once every year are really close for that perennially sweet message, peace on earth and good will, is one that does reunite scattered families in thought if not in act. And good will is never greater anywhere than among this huge family of 41,000, which has increased by a thousand members since this time last year. Wherever its members are, whether in the mother country or in Europe, in Asia or in Africa, in the East Indies or the West Indies, Christmas morning will convey to them from the Red Cross Nursing Service at Washington the time-honored wish for a happy Christmastide and at Yuletide, a glad New Year. May it really be so for everyone.

To all those who have served so well in Division and Chapter Offices, as public health nurses, as instructors in Home Hygiene, on State and Local Committees of Red Cross Nursing Service, in posts in foreign countries and for temporary work in connection with disasters of all natures, is also sent a message of gratitude and appreciation. To continue the noble tradition of the Red Cross Nursing Service means very much to us all.

NAVY HOSPITALS NEED NURSES

Christmas is the time when we think of helping and cheering other people. Wherever we turn there is so much need for this and no one can help and cheer more than can nurses. At the moment there is a tremendous demand for them and on them from all sources. The ex-service nurse and ex-service man in particular who are inmates of hospitals are especially brought to mind at Christmastime. Owing to the new legislation which permits any ex-service man, nurse or other eligible woman to receive treatment in Government hospitals, provided they hold an honorable discharge from the Army and Navy and regardless of the fact whether disability was connected with World War service or not, Navy hospitals especially want more nurses—there are so many additional patients to be cared for.

Just one list from the Veterans' Bureau will give an idea of the manner in which patients have been augmented. One hundred and ninety-five Army nurses and eighteen Navy nurses are receiving treatment and 1,243 Army nurses and fifty-one Navy nurses are receiving compensation. This being the case with just one section, it can easily be gathered how large an increase there must be in the number of patients in the Navy hospitals where the especial need is today.

Once more your country's Government calls for your services. It is being stressed because nurses all over the

world will want to know when and where the need exists. When the call is urgent, imperative, patriotic, nurses have always responded. Here is one as urgent, as imperative, as patriotic, as any. No nurse, whether in the Red Cross ranks or outside, would want to see these groups without adequate nursing care. It is like the demand in stress of war, for though not all these cases are an aftermath of the World War many of them are a direct result. Government hospitals such as those of the Veterans' Bureau will also require more nurses because of the new legislation, but today we want all nurses to think in terms of the needs of the Navy. Later, we may make a special appeal for nurses for other Government services.

Applicants will be considered on either a temporary or a more permanent basis and detailed information on this point as well as on salaries, etc., may be obtained from Beatrice Bowman, Superintendent of Navy Nurse Corps, Care Navy Department, Washington, D. C. Red Cross nurses who would like their names sent to the Navy Department as available for service can communicate with either the Division Offices or direct with National Headquarters.

ANNUAL CONVENTION

Seventy-two nurses attended the Annual Convention of the American Red Cross at Washington, October 6 to 9, this year. They came as delegates and guests, fifty-nine of them Red Cross nurses representing fifteen eastern, southern and middle western States. It was interesting to note the presence of one of the earliest enrolled nurses, Linna

H. Denny, Birmingham, Ala., who is No. 46 on a list which has since reached 41,000. Alice Fitzgerald, not long returned from her world tour after two years' investigation of nursing resources in the Philippines, in Siam and elsewhere on behalf of the Rockefeller Foundation, was one of the principal speakers at the opening night session, when the general topic was The Foreign and Pan-American Service of the American National Red Cross.

Another outstanding guest was Miss R. E. Darbyshire, Superintendent of Nurses of the University College Hospital School of Nursing, London, and Principal Matron of the Territorial Association Nursing Service, England, who is visiting America, studying the latest methods of nursing in connection with the Rockefeller Foundation donation to the training school of which she is head. It is an interesting fact, by the way, that Sister Helen, who organized the first School of Nursing in this country at Bellevue, came from the University College Hospital, London. At Miss Noyes' invitation Miss Darbyshire was present at the Convention Reception on October 7, when the members of the distinguished receiving line included the wives of most of the Cabinet Officers.

Wednesday night was given to a performance under the auspices of the American Red Cross Education Committees of a delightful, colorful pageant, The Gifts We Bring, by Louise Franklin Bache. Episodes symbolizing the spirit of service, which is the gift the Red Cross tenders to education, included the two contributions nursing makes in the school and in the home.

Dr. Esther Lovejoy, Chairman of the

Executive Board of the American Women's Hospitals, made an interesting address at the closing night session, when thanking the American Red Cross for the assistance rendered the American Women's Hospitals in the Near East. She particularly emphasized the valuable service Red Cross nurses working with the organization, had rendered this program.

There were the usual speeches by heads of services and stimulating round table conferences.

It was decided by popular vote at the business meeting on October 9 that the middle west should have the 1925 Convention, next October. St. Louis, Mo., was named as the place of meeting after a most animated discussion. The definite date has now finally been arranged, October 12 to 15 inclusive.

NURSING HISTORY

Apparently, many individual nurses are unaware of the publication of the History of American Red Cross Nursing, that most moving of histories compiled from thousands of actual records of Red Cross nurses and entailing such monumental labor. Because of its value to hospital training schools, to libraries, to alumnae associations, to all kinds of institutions where reference works are necessary, it has been the subject of much complimentary comment and we believe that every ex-service nurse would be particularly interested and would want to possess a copy of this history, in which possibly she herself figures. We are therefore calling attention to its existence and urging nurses in general and Red Cross nurses in particular to secure a copy of the book and to assist in bringing it to the attention of the

groups indicated above. Its price is \$5. The Macmillan Company are the publishers, and it may be ordered through *The Journal*.

Those who worked so hard to make its issue possible were Lavinia L. Dock, former Secretary, International Council of Nurses; Sarah Elizabeth Pickett, former Assistant to the Director, American Red Cross Nursing Service; Clara D. Noyes, former General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York, National Director American Red Cross Nursing Service; Fannie F. Clements, former Superintendent American Red Cross Town and Country Nursing Service; Elizabeth G. Fox, President National Organization for Public Health Nursing, Director American Red Cross Public Health Nursing Service, and Anna R. Van Meter, former Professor of Home Economics, Ohio State University, former Assistant Director American Red Cross Nutrition Service.

ENROLLMENT ANNULLED

Once again a list is issued giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Mary Elizabeth Alexander, Katherine Dorothy Barry, Lillian A. Brown, Mrs. R. R. Browning (*nee* Minnye Inez Perkins), Mrs. Caroline M. Cohen (*nee* Carlsted), Mrs. Henrietta Cook (*nee* Gast), Mrs. Antje Cooley (*nee* DeBoer), Catherine H. Crowley, Edith Maye Franz, Mrs. Robert Garvin (*nee* Helen

Madaline Cooke), Agnes Hamilton Harrison, Minnie T. Hinkle, Alice Lillian Hoben, Bessie Holmm, Fern Lucille Huls, Mrs. M. R. Johnson (*nee* Oma Jewell Matthews), Mary Elizabeth Laws, Florence Carey McCabe, Elva D. McCandliss, Mildred McCarthy, Frances Marie McCauley, Mrs. E. G. McClellan (*nee* Marian G. Brenner), Helen McCrory, Margaret McDonald, Mrs. Gladys Hawley McLeod (*nee* Fader), Mary I. McNamara, Ella McQuade, Eleanor V. McVey, Mary Geneva MacDonald, Marcella MacDonell, Susan MacDorman and Gertrude MacIntosh.

ITEMS

Alice Fitzgerald, former Director of Nursing Service, American Red Cross Commission to Europe and then Director of Nursing, League of Red Cross Societies, until recently on the staff of the Rockefeller Foundation, is returning to Paris as Adviser on Nursing Education to the League of Red Cross Societies. Following her study of nursing resources in the Philippines and elsewhere in Asia on behalf of the Rockefeller Foundation, she came back to this country after two years on this world tour. The daughter of an American scholar resident in Florence, Italy, Miss Fitzgerald is fluent in four languages, her own, Italian, French and German; she knows Europe thoroughly, having done splendid work there from 1916 to 1922. She has

been associated with the American Red Cross since 1913 and before that, in addition to other appointments, held that of head nurse of the operating room system in Bellevue under Miss Noyes, then General Superintendent of the Nursing School at Bellevue and Allied Hospitals. Miss Fitzgerald is a graduate of Johns Hopkins.

Mrs. Charlotte M. Heilman, Director of Nursing Activities, Dominican Chapter, since January this year, has just returned to this country, the Chapter having been closed on the withdrawal of the American Occupation of the Dominican Republic. For nearly seven years Mrs. Heilman, who is a graduate of Johns Hopkins, has been associated with the American Red Cross. Before taking over in December, 1920, the Directorship of Nursing, Athens, Greece, where she further developed a most successful child welfare program, she was on active service in Italy and Serbia. She was loaned by the American Red Cross for service in the field hospital with the American Army in Italy. At one time she was resident in South America and speaks Spanish as well as Italian, French and Greek.

In connection with the Defense Day Test which was reported in the *Journal* last month, 1,540 application blanks were sent out and as a result, 150 nurses have already enrolled as Red Cross nurses.

IN GUATEMALA

The Hospital Americano in Guatemala City has a problem before it in its Nurses' Training Class, for it is a question of educating the young women in both home training and in training them as nurses. But as they learn the right way, they take on a professional air that does the Hospital great credit. (The Hospital has only 25 beds, but last year it cared for 288 in- and 4000 out-patients).

Guatemala is 5000 feet above sea-level. For generations these people have never moved fast. These girls cannot accomplish the tasks of the American girl at home, as the rarified air of the extreme altitude makes heavy and continued work impossible. They have practically the same studies as those at home and Bible classes.

Mrs. B. M. Nurminger, R.N., Presbyterian Board of Missions.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

CHRISTMAS

WHEN we planned to discuss Christmas and Visiting Nurse Associations, letters were sent to eight organizations, to see how it was celebrated. Perhaps it was only a coincidence that all of the Associations but one were in Community Chests and with few exceptions, special families were cared for by Chest Committees or there were no special families, other than a few chronic patients.

One organization had a Christmas Cheer fund, part of which came from the Community Chest and part from special gifts, and it was used to buy presents which the nurses knew were wanted by the patients and which they had little opportunity to get. One Association remembered special shut-ins with plants.

Practically all "cleared" their families whom they helped or whose names they gave out, in order that there might be enough Christmas to go around.

Perhaps it is a tradition in the Chicago Visiting Nurse Association that Christmas is the happiest season of the year for the patients and both happiest and busiest for the nurses. Early in November the nurses begin to plan lists of families for dinners and special patients for toys and other gifts.

For several years the Social Service Exchange has maintained a special Christmas Registration Division through which nearly every large agency clears the names and addresses of its families. This is a case of first come, first served, and visiting nurses who are particularly anxious to take care of their own families can do so by clearing early.

Then if other agencies (like the United Charities or the Juvenile Court) send in a card for a family already taken by the V. N. A., they are told that the family is provided for.

Christmas is made a happy season. Some warm clothing is given and in addition to the Christmas dinners, the baskets contain substantial hold-overs and for years we have tried to plan gifts that the patients would get in no other way.

Last year a tiny little woman, so tied up by arthritis deformans that only the constant devotion of her husband keeps her alive, received the wish of her life—a blue silk dress. As it had to be decently high in the neck and properly long in the sleeves, one of the Directors spent several days going from store to store to find such a dress in a misses' size. It was taken to the patient with a holly wreath and a couple of pink roses and after contemplating it joyfully, she announced that it was pretty enough to be buried in and that she would keep it for that particular purpose. Finally she was persuaded to put it on for festivals and Sundays and it has not been used yet as a shroud, although it is in perfectly good condition.

Children who have had long illnesses or painful dressings, get toys of which they have never dreamed. Cardiac youngsters receive gifts that make bed less tiring and for our hundreds of Infantile Paralysis and other crippled children, two huge Christmas parties make the season one long remembered from year to year.

We begin to plan for the Christmas parties two minutes after the last taxicab has rolled away from the second one, for each year we get new ideas of how we can do the party more expeditiously and give the children just as good a time. They are held in the assembly halls of two of our large free public park field-houses, one on the South Side and one on the Northwest. School children are taken by busses from the public schools; the others come in yellow taxicabs and nearly all of them are sent home in taxis. Routing the taxis to and from the parties, packing mothers and children in nicely and yet painlessly, has become an art. A few of the children come with their parents on the street cars. Some of the children come with adults in taxis and their mothers come on the cars and meet them at the park, but we try to make the transportation just as easy for the youngsters as we can, for the party is a reward for good behavior for twelve long, weary months and we make it a reward that is well worth trying for.

Each child receives a gift. For several years the six hundred or more gifts have been toys or books or other articles which any little child would have loved. Members of the Committee and nurses who know the children, meet on the morning of the party at the field house, wrap the toys in tissue paper and label them, and then they are grouped about the foot of the tree or on tables, by districts. The tree is usually provided by the field house, the trimmings by the Committee, and everybody works—all of the park employes, as well as the nurses whose children are going to attend the party.

In the afternoon the taxicab drivers

carry the youngsters back and forth as if they belonged—in fact, they have done it for five or six years now and quite look forward to the event. The Auxiliary furnishes the ice cream and cake and the members of the Auxiliary and of the Junior League, as well as of the Committee, help serve the children, who are invited for two o'clock but who are usually waiting eagerly by one-thirty.

We welcome the coming and speed the parting guests and usually both parties are over and the children on their way home by four o'clock. Naturally this amount of Christmas work leaves directors and nurses a little bit stiff and weary for their own Christmas Eves but the proof of the pudding is in the eating and every year nurses who have never seen such a Christmas before, comment on the fact that they are convinced that Christmas is the happiest of seasons and their Association the best place in which to have a Christmas.

In addition to special gifts by the hundreds for the patients, every one else in the Association is remembered, the office staff and the nursing staff. The nurses usually get books, which a stern Nemesis insists shall be something that they ought to want to own. Cabot's Social Service and the Art of Healing and What Men Live By, Gardner's Public Health Nursing, Brainard's History of Public Health Nursing, Addams' Twenty Years at Hull House, Wald's House on Henry Street, and the Edith Cavell edition of the Imitation of Christ, head the list of titles, which grows longer every year, for of course the students are included.

One hears a great deal about duplication of effort at Christmas time but

people who have had happy Christmases in district work are far more distressed over those who are not remembered and whose Good Fellows fail, than they are over the few who get too many baskets. All normal people get too much of one thing at Christmas time, but no system seems to prevent a few families being overlooked.

LONG AGO CHRISTMASSES

Two Christmases that stand out vividly in the memory of a public health nurse were both spent in Boston. One was at the Children's Hospital, when from the trimming of the wards on Christmas Eve to the triumphal procession led by the cook and a brandy-burning pudding around the gift-decked table, the day was filled to overflowing with joy for everyone. Only in dreams have we seen so many dolls to every little girl, pillow-cases stuffed with teddy-bears of the finest quality, stockings bursting with gifts large and small and for every child in the house, down to the tiny babies in the East Wing, of many lonely memories. Sister Amy made the first Christmas of every nurse at the Hospital a red-letter day for all time.

The following year, a committee of volunteers took special lists prepared by the City Tuberculosis Nurses and bought presents for all sorts and conditions of patients. One nice old Irish grandmother received a black serge skirt

which she had wanted for years but which she had never hoped to obtain, for her widowed daughter had a sufficiently difficult struggle to care for her mother and four little children without buying "going to church" skirts.

On Christmas Eve, some jolly volunteers (including a young physician from Holland who had come over to study American methods of combating tuberculosis), trimmed a tree in a home where there were four children, all registered at the Tuberculosis Clinic, and the long-shoreman tuberculous father and the little worried, cardiac mother did their best to conceal their own childlike joy in the tree by describing Christmas as they both remembered it in their Newfoundland home.

That was a glorious Christmas Eve. The moon was full and the ground covered with crunching snow and both volunteers and nurses forgot that they had been working steadily until almost midnight as they trailed after the carol-singing Waits and counted the Christ-Child candles on Beacon Hill.

Perhaps it is this mixed inheritance that has made Christmas a season for open rejoicing in other hospital and public health nursing groups, for Christmas giving can hardly be said to hurt the recipient and when it is planned for in the really Christmas spirit, it blesses him who gives far more than him who takes.

"Moralists say a great deal about pain treading so very closely on the heels of pleasure in this life, but they are not always wise or grateful enough to speak of the pleasure which springs out of pain."

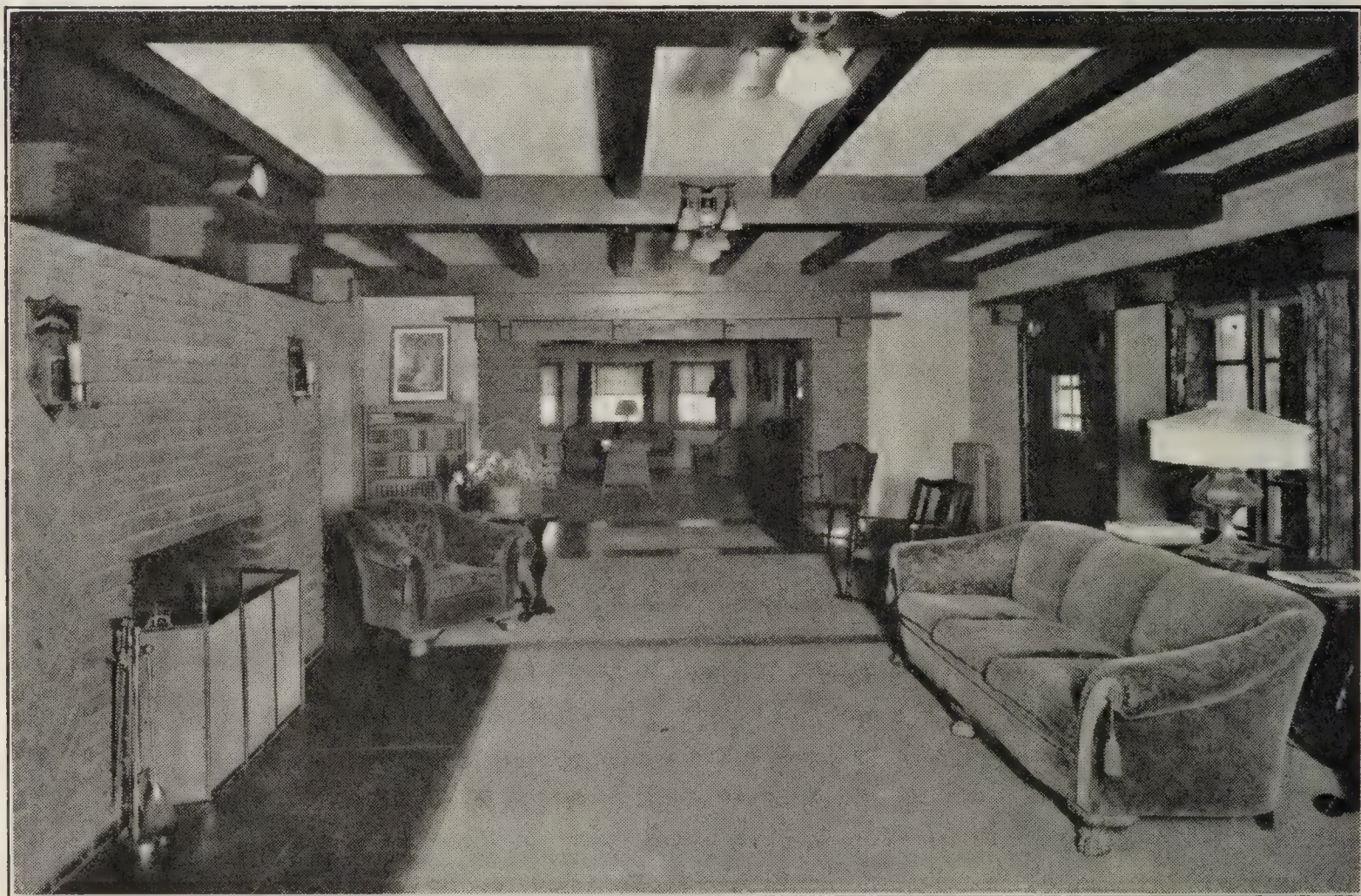
—Juliana Horatia Ewing.

STUDENT NURSES' PAGE

OUR CHRISTMAS

By ALTA JANE HARPER

Pasadena Hospital, Pasadena, California



THE clear azure of the sky, that night, deepened to a depth of blue indescribable in its almost transparent yet unfathomable beauty. The stars came out like tiny pilot lamps in the blue expanse twinkling joyously because they were permitted to shower down tiny streams of light like unto those shed abroad by the greater "Star of the East." Among them, this time in the west, was a Master Star—a flaming scintillating, incandescent thing of beauty. It was as if it had suddenly burst through the vast blue canopy because its burning glory could not be concealed. From it darted red and blue points of fire—as arrows which sank

deep into the hearts of men and created within them that intangible yet real something known as the "Christmas Spirit."

It may have been the starlight that night; it may have been that somewhere Pedro's little brother had placed a silver coin upon the altar, for through the clear, crisp air, strong and pure came the silvery music of chimes to gladden the hearts of all who were in accord with the Christmas Spirit. It came to the ears of those who were toiling on in the work of the world, imparting to them a gladness in service; it wafted in through the Hospital windows to those who were tossing upon

beds of pain, and with it came peace and cheer which transcended the suffering they bore.

Cool, clear star-light and sweet chiming bells—thus came the Eve that should usher in Christmas Day; but this Eve could not be allowed to pass without an expression of the gladness of the day to come, and each one sought to work out in practice that which was in the heart.

All afternoon, student nurses in blue watched the mysterious movements of their faculty and supervisors, but not one was able to tell what was taking place in the Nurses' Residence behind the living room door. Now and then there was a mystifying, shifting sound, a little laughter, and the appearance of some one with queer parcels in her hand who only disappeared with an air of secrecy behind the door.

It was eight o'clock that evening before those same blue and white clad nurses, consumed with curiosity, were permitted to peep at the splendor within. When the hour at last arrived they stood quite speechless. Certainly they had expected a Christmas tree resplendent with candles and loaded with ornaments and gifts, and there it stood quite burdened with parcels and beautiful in its glowing attire, but that was not all.

Was it a happy dream from which they would suddenly awake, or had they stepped on the magic carpet and been transported to Fairyland? Here before them was a living room so completely changed in its character as to be entirely unrecognizable. When the new, soft, grey velour furniture and rugs had entered that afternoon, the old brown furniture realized that its dethronement was near, and without protest it had

quietly retired to the basement. The brown portiere had given place to one of a rich glowing color which added a warmth to the room unrivaled even by the crackling fire in the open grate, although the grate itself was dignified by the presence of bright new brass andirons and screen. Soft draperies on the windows completed the picture.

When old Santa arrived that night, somewhat delayed, he found that his choicest contribution had preceded him. This fact seemed to increase his high spirits, however, and he dispensed other gifts most generously and added his jolly remarks to the happiness of the hour. And thanks to his careful planning, not one had failed to receive a gift from his own hand.

When the gathering was over the fire-light flamed on in blue and red tints, in harmony with the great star out there in the sea of blue, which had cast its glowing message into the hearts of all to burst forth for others on Christmas Day.

At an early hour the patients were awakened by the appearance of a long procession of nurses with candles and song books singing Christmas carols, and they welcomed it with joy. The wards were made cheerful with ornamented trees, flowers and gifts. Special attention was given to the Christmas dinner and everything possible was done to help the patients forget that they were far from home. Churches and friends contributed to their cheer and it can safely be said that the "Merry Christmas" which was upon their lips was also deep in their hearts.

That afternoon at the Nurses' Residence another event of note was taking place. The living room had become

the center of a delightful tea in honor of a distinguished guest, Mary M. Roberts. The candle-lighted room, the warm glowing fire, the happy guests and nurses seated about the room, the long white table with its bright silver, its orange candles, its delicate flowers made the home scene complete.

Christmas evening the long lane of

fir trees down Santa Rosa street in Pasadena was aflame with many tinted lights. People came from afar to behold its magnificent splendor. Had they paused for a moment to look overhead, they would have seen the Master Star still burning on, shooting its blue-red darts deep into the hearts of men.

OUR CONTRIBUTORS

Kenneth L. Burdon, Sc.M., Ph.D., is Instructor of Bacteriology in the Washington University School of Medicine, St. Louis, Mo.

Lucia Freeman, R.N., graduated from Trinity Hospital Training School, Milwaukee, Wisconsin, and had considerable private duty experience to her credit before she went to France with Base Hospital 22. Since that time she has done public health nursing in New York City, in Alabama, and has spent three fruitful years in rural nursing in North Carolina for the American Red Cross.

Louise Gliem, R.N., B.S., returned to her Alma Mater last year to establish the school of nursing of which she is Dean, in Battle Creek College. Miss Gliem secured her degree at Teachers College and has been assistant superintendent and acting superintendent of the school of nursing at the University of Michigan Hospital.

Fairy Settle, R.N., found the plaster bucket lining she describes of real use in her operating-room work at the Hospital for Crippled Children, Atlanta, Georgia. Miss Settle is a graduate of Johns Hopkins Hospital. She has had some private duty nursing experience and she is now a student in public health nursing at Peabody College, Nashville, Tennessee.

Susan C. Francis, R.N. (See "Our Contributors" for April, 1924).

Elizabeth Stewart Knight has been a member of the "Tenth Twig" since 1910. She was a volunteer aid in the Rochester General Hospital orthopedic clinic for several years and only gave up the work to go to France with the Y. M. C. A. Upon her return she became a volunteer charter member of the Public Health Nursing Association and has continued as a part-time worker for that organization since 1919.

When **Rosemary T. Kobes, R.N.**, graduated from the University of California Hospital more than a year ago, she entered the field of private duty nursing, believing it will provide a good background for the public health nursing she hopes later to do. The quality of her article is evidence of the quality of her work at the bedside.

Catherine Jones, R.N., is a graduate of the Seattle General Hospital where she has held several responsible positions. She is now Instructor in the School of Nursing.

Charles B. Reed, M.D. is chief obstetrician for Wesley Memorial Hospital, Chicago.

George E. Myers, Ph.D. is Professor of Vocational Education, University of Michigan, Ann Arbor.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

EDITH CAVELL'S LAST RESTING PLACE

DEAR EDITOR: It is true, as stated in "Dawn," by Virginia L. Montgomery in the October *Journal* that Edith Cavell was buried in the hills beyond the place of her execution in Belgium, but on May 5, 1919, the body was taken to her birthplace, Norwich, England, and now lies just outside the Cathedral walls.

New York

A. M. C.

A RETURN INTO SERVICE

DEAR EDITOR: A call for the doctor at a tuberculosis sanitarium in Mississippi, "We need a nurse here to care for an ex-soldier. The mother stays with her son during the day. Will you care for him at night?" I found my patient in a little bungalow about 12x12. It was autumn and the leaves had fallen from the rambler rose bush at the side of the bungalow and the season's coolness was in the air. At 9 p. m. the light was dimmed so that the patient might sleep. At eleven it seemed necessary to con-

nect the electric heater, as the night air was chilling rapidly, but the patient requested that the heater be turned off because he was too warm. Knowing that the patient was burning with fever, I disconnected the heater and my thoughts turned to the opera, *La Boheme*, which I had witnessed when our Association had a theater party. Why not use the thoughts of the opera to cheer my patient? We remember Marcel, about to break up a chair for firewood when Rudolph prevents him and kindles a fire with his manuscript crying, "My drama shall warm us." When it came time for my midnight lunch, it was the supper at Christmas Eve suggested by Schannard. My patient was Mimi, but alas he had no desire for a muff. Each night at seven I entered his bungalow with some little surprise which pleased him for a time. The play was kept up for twenty-three nights, and then early one morning I left the sanitarium with the flag over the bungalow flying at half mast. Will the next call need an opera to carry one through, or will it be a drama by itself?

Ohio

E. W. W.

JOURNALS ON HAND

Leona A. Lanigan, 3927 West Pine Boulevard, St. Louis, has copies of the *Journal* from December, 1923, to the present time which she will be glad to give away if postage is furnished.

Anna M. Peters, 608 Chestnut Street, Philadelphia, has complete files of the *Journal* for 1922 and 1923 which she will give if postage is furnished.

Georgia R. Cromwell, R. D. 40, Darien, Conn., has copies of the *Journal* from October, 1922, which she will give for postage.

C. May Hollister, 125 West 126th Street, New York, will send any or all of the following numbers if postage is furnished: 1921,—July, October through December; 1922,—complete, except the June number.

Minnie Schultz, University Hospital, Iowa City, Iowa, will sell the following numbers for ten cents a copy; 1915,—February, May, June; 1916,—complete; 1917,—January through April, and August; 1918, February; 1920, September; 1921,—March, June, September, October; 1922,—January, February, April, May, July through September, December; 1923,—January through September; 1924,—March through July.

JOURNALS DESIRED

Minnie Schultz, University Hospital, Iowa City, Iowa, wishes to know where she can obtain copies of the *Journal* for 1900 and 1901.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

State Associations are reminded that dues of 50c per capita should be paid not later than January 31, 1925. It is suggested that checks be made out according to the form following:

Bloomington Hosp. Alumnae Assn., \$7; Muncie Hosp. Alumnae Assn., \$11; Methodist Hosp. Alumnae Assn., \$125; Fletcher Sanitarium Alumnae Assn., \$25; two individual members, \$10;

No_____

(City)_____(Date)_____

(Name of bank)_____

Pay to the order of The American Nurses' Association, \$_____

_____Dollars

for dues for year 1925.

Treasurer.

Name of Association_____

This check should be sent to the Headquarters office, American Nurses' Association, 370 Seventh Avenue, New York, with a letter of transmittal stating from which association it is being sent.

AGNES G. DEANS,
Secretary.

NURSES' RELIEF FUND

REPORT FOR OCTOBER, 1924

Balance on hand, September 30, 1924	\$12,219.40
Interest on bonds	340.00
Receipts	
Georgia: District 2	56.00
Illinois: Anonymous	10.00
Indiana: Indiana University Alumnae Assn., \$39; Deaconess Hosp. Alumnae Assn., \$74; St. Vincent's Alumnae Assn., \$111; Indianapolis City Hospital Alumnae Assn., \$94; Joseph Eastman Hospital Alumnae Assn., \$20; Reid Memorial Hosp. Alumnae Assn., \$13; St. Joseph's Hosp. Alumnae Assn., Ft. Wayne, \$12; Huntington County Hosp. Alumnae Assn., \$17;	

seven individual members, \$7; collection, \$48	613.00
Iowa: Dist. 1, \$80; Dist. 4, \$9.50; Dist. 5, \$45.50; individual member, \$1	136.00
Kentucky: State Nurses' Association	100.00
Maryland: Hebrew Hosp. Alumnae Assn., Baltimore, \$87; University of Maryland, Baltimore, \$82.50	169.50
Michigan: Individual member	5.00
Missouri: Kansas City General Hosp. Alumnae Assn.	109.00
Nebraska: Dist. 2, \$101; Dist. 3, \$90.50	191.50
New Hampshire: Morrison Hosp. Alumnae Assn., \$10; Franklin Hosp. Alumnae Assn., \$7.50; individual members, \$4.50	22.00
New Jersey: Dist. 1, \$7; Dist. 2, \$100	107.00
New York: Dist 3, \$10; Dist. 4, \$29.50; Dist. 5, \$52; Dist. 7, \$133; Dist 9, \$100; Dist. 13, \$125	710.50
North Carolina: District 3	50.00
Oklahoma: El Reno Sanitarium	

Alumnae Assn., \$11; Enid, \$8;	
State Association, \$61 -----	80.00
Tennessee: Nashville District	
Nurses' Assn. -----	45.00
Wisconsin: Districts 4 and 5 ----	100.00
Checks returned,—Beneficiary de-	
ceased -----	30.00
Check returned,—Beneficiary re-	
covered -----	15.00
Total receipts -----	\$15,108.90

Disbursements

Paid to fifty-two appli-	
cants -----	\$775.00
Postage -----	10.00
Exchange on checks ----	.50
Total disbursements -----	785.50
Balance on hand, October 31,	
1924 -----	\$14,323.40
Invested funds -----	81,566.14
	\$95,889.54

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO NOVEMBER 10, 1924

Previously acknowledged -----	\$28,921.84
Indiana: State Nurses' Assn.	25.00
Missouri: State Nurses' Assn.,	
\$25; First District Assn., \$5 ----	30.00
New Jersey: State Nurses' Assn. ..	50.00
New York: St. Joseph's Alumnae,	
Syracuse, \$10; Troy Hospital	
Alumnae, Troy, \$10 -----	20.00

North Dakota: State Nurses'	
Assn. -----	15.00
Total -----	\$29,061.84

MARY M. RIDDLE, Treasurer.

Scholarships are granted from this fund, on a competitive basis, once a year in the spring. Application blanks may be obtained from the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

THE McISAAC LOAN FUND

REPORT TO NOVEMBER 10, 1924

Balance, October 1, 1924 -----	\$58.84
Indiana: State Nurses' Associa-	
tion -----	25.00
Missouri: State Nurses' Assn.,	
\$25; First District Assn., \$5 ----	30.00
New York: Troy Hospital Alum-	
nae, Troy, \$10; Dist. 2, Indi-	
vidual, \$5 -----	15.00
North Dakota: State Nurses'	
Assn. -----	15.00
Oregon: Individual, Portland ---	5.00
	\$148.84

MARY M. RIDDLE, Treasurer.

Checks to the two funds should be made out separately payable to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

NATIONAL LEAGUE OF NURSING EDUCATION

Orders for the 1925 Calendar, published by The National League of Nursing Education should be sent to Headquarters, The National League of Nursing Education, 370 Seventh Avenue, New York, N. Y. The price is \$1.00 per single copy, 75 cents on all order of 50 or over delivered in one shipment. The frontispiece of this *Journal* issue is an exact reproduction of the Calendar cover.

ARMY NURSE CORPS

During the month of October, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 1st Lieut. Jessie M.

Braden, 2nd Lieuts. Kathleen Mitchell, Catharine Wolfe; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Clifton A. Grinnell, Alice G. Griffin, Violet E. Neith, Emma F. Devitt; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Blanche H. Eager, Kathryn C. Hopkins, Esther Klain, Dorothea Johnston, Barbara MacNabb, Grace Newcomer, Mary E. Ray, Marie A. Ingram, Burdette B. Sherer; to the Hawaiian Department, 2nd Lieuts. Teresa Fitzgerald, Phoebe L. Greer, Leslie G. Lettrick, Eilian Davies, Myra Knickerbocker, Blanche D. Patrick, Clara G. Washington; to the Philippine Department, 1st Lieut. Lucy Holden, 2nd Lieuts. Olga M. Anderson, Edna L. Mahar, Elsie G. Moyer, Alice P. McGuire, Mary T. Manzer.

Second Lieut. Sara A. McLoughlin, Nurse, A.N.C., previously reported as separated from the service, has been re-appointed and assigned to duty at Station Hospital, Fort Leavenworth, Kans. 2nd Lieuts., Reserve Nurses, A.N.C., previously reported separated from the service have been re-appointed and assigned as follows: To Fitzsimons General Hospital, Denver, Colo., Pearl A. Buss, Theresa Mae Klein; to Letterman General Hospital, San Francisco, California, Elsie M. Smith; to Station Hospital, Fort Sam Houston, Texas, Grace Nestle; to Walter Reed General Hospital, Washington, D. C., Martha J. Clement (formerly Martha J. Rose), Myrtle M. Martin.

The following named are under orders for separation from the Corps: 2nd Lieuts. Mabel D. Beaver, Marie Blazicek, Helen M. Chadwick, Edith Davie, Edith E. Gamble, Ruth E. Gesaman, Mae C. Gibbons, Joanne Grevstad, Amelia A. Harris, Minnie G. McLemore, Annette P. Nagle, Signe E. Olson, Anna L. Rhynes, Mildred L. Sargent, Margaret A. Slevin, Metta M. Stady.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

NAVY NURSE CORPS

Transfers during October: To Annapolis, Md., Ida A. Netter; to Canacao, P. I., Susan E. Roller, Chief Nurse, Louis H. Clark, Allene M. Templeton; to Chelsea, Mass., Arlene Johnson; to Great Lakes, Ill., Honora Drew, Edith Hebden, Helen A. Russell, Chief

Nurse; to Guam, Margaret B. Brewer, Ruth E. Metcalf; to League Island, Pa., Carrie Hawkinson; to Mare Island, California, Elizabeth S. Hopkins, Chief Nurse, Josephine Rugg; to Newport, R. I., Mary L. Drohan; to New York, N. Y., Barbara F. Egenreider; to Norfolk, Va., Eleanor Gallaher, Bertha B. Devitt, Mabel L. Gardiner; to Parris Island, S. C.; Mary A. Murphy; to Pearl Harbor, T. H., Isabelle F. Erskine, Chief Nurse, Paula E. Mattfeldt, Stella Terrell; to Quantico, Va., Ella B. Elwell, Helen M. Mechlin, Agnes Distler; to San Diego, California, Louise R. Lobb, Ada E. Welty.

Honorable Discharge: Rosa C. Wertz.

Resignation: Norina A. Brizzolara, Lucy M. Coulter, Agnes Jorgensen, Helen McHarry.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Fort Stanton, N. M., Nell Webb, Anna M. Gartman, Sallye Applewhite; to New Orleans, La., Anna Weick; to Savannah, Ga., Elna Rasmussen, Addie Walton, Mildred Watkins; to New York City, Kathleen Pifher.

Reinstatement: Ruth Trainor.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE, *Transfers:* To Ft. Lyon, Colo., Anne Christiansen, Asst. C.N.; to Ft. Bayard, N. M., Emma Petersen; to Oteen, N. C., Beatrice A. Kenney; to Excelsior Springs, Mo., Dolina Stewart, H.N.; to Camp Custer, Mich., Mrs. Florence J. Pelton, C.N., Ella Seth; to Tucson, Ariz., Ethel L. Replinger; to Washington, D. C., Anna R. O'Donnell.

Reinstatements: Margaret Fay, Marjory J. DeRight, Eva F. Gray, Rue M. Dibble, Mildred A. Nash, Edna Reindahl, Ethel M. Young, Mayme D. Hall, Alma Houser, Kathryn A. Garrett, Lela Baggerly, Winifred L. Ephlin, Dorinda M. Black, Inga J. Qually, Elizabeth Verhasselt, Marjorie Mulcahy, Eileen Barrett, Grace G. Engleman, Asst. C.N., Nellie M. Boyd.

DISTRICT MEDICAL SERVICE, *Transfers:* To

Camp Kearney, Calif., Eleanor Olaison; to Alexandria, La., Frances Carville; to Saranac Lake, N. Y., Nettie B. Jordan, C.N.

Reinstatements: Joanna E. Meehan, Ellen J. Thomas.

U. S. Veterans' Hospital No. 100, Camp Custer, Michigan, was opened for the reception of patients, October 15, 1924. U. S. Veterans' Hospital No. 99, Excelsior Springs, Missouri, was also opened for the reception of patients, October 15, 1924.

There has been a noticeable increase in the need for nurses in the U. S. Veterans' Bureau Nursing Service. This is due to the passage of the Reed-Johnson Bill, which was approved by the President under date of June 7, 1924. Additional nurses are needed in all of the U. S. Veterans' Hospitals.

The Director has concurred with the Medical Director in the desirability of having a Nursing Council as an adjunct to the Medical Council, U. S. Veterans' Bureau. It is expected that in the near future this Council will meet in Washington, D. C., in connection with the Medical Council.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN CHILD HEALTH ASSOCIATION

The second annual meeting of the American Child Health Association held in Kansas City, Mo., October 14-16, was most successful and decidedly profitable to those who attended. At this same time the Kansas City annual fall Clinical Conference and Medical Association of the Southwest was in session, making the week more interesting even though a little complicated, as unfortunately one cannot be in more than one place at a time. The report of the General Executive, Courteney Dinwiddie pointed out the fact that although the infant mortality death-rate in the United States has steadily decreased since 1915, the maternal death-rate is still high—a fact as shocking as it is true. The report suggested that our next move should be to increase health rather than decrease death, thus overcoming the situation which we are constantly fighting. At the Round Table Luncheon of representatives of affiliated societies, a representative of each organization was asked to give a one-minute

report of the outstanding work of his or her organization. The afternoon was devoted to the subject, Training Leaders for Child Health Work. One of the outstanding papers was that of Professor E. M. Morgan of the University of Missouri on Community Organizers, laying special stress on the fact that no community can go faster than the local leaders can take it, that coöperation generally means compromise and "uplift idea" must be forgotten if success is to be attained.

At the Nurses' Section, papers were read on the training of leaders in Child Health for rural and city work, showing that the foundation must be much the same, even though the problems and conditions are somewhat different. These papers led to much discussion, bringing out the fact that careful consideration and much time must be given to the training of a nurse while she is still a member of a staff, if she is to develop properly and later be able to stand on her own feet as a leader. It was agreed that every public health nurse may not make a good Child Welfare nurse, neither will every child welfare nurse develop as a leader, therefore, we must choose them carefully if we are to attain the desired results.

Dr. Wm. J. French's report of the Child Health Demonstration in Fargo, N. D., was especially illuminating. He said that "while public health is dependent upon child health, the latter is in turn dependent on the one hand upon the completeness of the public health program and the care and intelligence with which it is administered, the character of the educational facilities offered and the moral tone of community, and on the other, the living conditions within the family unit." Another point in this paper was that there are six groups from which child leaders come—physicians, nurses, teachers, social workers, spiritual advisers and the citizens of the community who may be said to be representatives of the family group. Outside of the physicians, which is the most important, it is hard to say, "Certainly training with them all must begin early and must be of a positive, not negative character." In this last phrase, Doctor French surely struck the key note of the training of leaders for all groups.

The evening session was a joint session with the Clinical Conference having as speakers,

Sally Lucas Jean and Dr. George E. Vincent. Miss Jean's subject was Internationalization of Child Health and Its Significance. She made a plea that America share with all nations her abundance of health knowledge and said that while it is not possible to obtain at once the necessary corps of well trained teachers needed in any country, it is possible each year to give a few teachers the opportunity for broadening their experience and vision, for the teacher is largely responsible for the development of children. She said that the world is ready to follow America in health matters and we may look forward to a world of healthy children.

Doctor Vincent, on *The Doctor of the Future*, in his usual delightful style, pointed out that while preventive medicine, in reducing the amount of sickness, is limiting curative practice, there still is and always will be the need of the general practitioner—the much beloved “family physician.” The specialist is an inevitable outcome of the growth in knowledge, experience and technic but despite this the general practitioners still constitute by far the largest group of doctors—perhaps 75 per cent. of all. The well equipped general practitioner is a very valuable person—being not only a physician but friend and counsellor as well. If he is to survive, “he must be adjusted to new times, trained, esteemed and rewarded as a vital factor in the medicine of the future.”

Wednesday's program was devoted to Problems of Late Childhood and Early Adolescence and Essentials of Community Organization for Child Health Work. Wilfred Aiken of St. Louis made a strong plea for the need of a normal companionship between a father and his son. Doctor Veeder spoke on the Physical Aspects of Adolescence and Dr. Sidney Schwab on the Mental Aspects. Bleeker Marquette of Cincinnati pointed out that much is still to be desired in educating the public as to the need of more funds for an adequate health program showing per capita expenditure of from 11 cents in one city to \$1.04 in another. He suggests that a community assess itself, and that success will be due to the intelligence of the budget committee, the backing of the press and the efficiency of the work. The late afternoon of Wednesday was given over to health plays in three sections of the city.

On Thursday, the members were tremendously interested in the report of the survey of eighty-six cities as presented by Dr. George T. Palmer and Dr. S. J. Crumbine. While everywhere there seems to be a budding consciousness of the need of child health work, cities are wasting money because of lack of trained personnel, which means bad human bookkeeping. Birth registration is neglected, though automobiles are carefully registered. In twenty-seven cities there were more deaths from tuberculosis than cases reported. The public health nurse apparently is a recognized institution which in itself seems hopeful. The report of the Clinic for Infants in Grand Rapids by Margaret Roche brought out much discussion, relating particularly to the obtaining of volunteer help in the clinics and conferences. Equally interesting was the report of the Merrill Palmer Nursery School and its splendid method of child training. The School Section was presented from the standpoint of the physician, the nurse and the teacher.

The meeting ended with a joint session on Pediatrics and Obstetrics with the Kansas City Clinical Society, the speakers being Dr. Fred L. Adair on causes of Ante-Natal, Intra-Natal, Post-Natal and Neo-Natal Deaths; Dr. Richard Smith, Tuberculosis in Infants and Young Children; and Dr. LeRoy Hunner, Gynecology and Female Urology.

On Wednesday and Thursday, as well as on Tuesday, there were group luncheons, one of those on Thursday being for the Child Welfare Section of the National Organization for Public Health Nursing. The object of this was especially to decide whether this section should continue, and it was voted that it should, and that it plan a definite program for the benefit of organizations engaged in Child Welfare Work.

The meeting closed making everybody feel, in the words of Doctor Wood, that this organization stands for “the health of every child in America.”

PHYLLIS M. DACEY.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

The Association held its 53rd annual meeting in Detroit, October 20-23. It was conducted on the same plan as our biennial nursing conventions, so that the nine sections,

Public Health Administration, Laboratory, Vital Statistics, Food and Drugs, Sanitary Engineering, Industrial Hygiene, Child Hygiene, Health Education and Publicity, and Public Health Nursing were simultaneously in session. The Public Health Nursing Section met four times. Every convention program has its key term, which for this one was "Values." Officers of the Public Health Nursing Section were elected at the first session, namely: Alta Dines, chairman; Mary Laird, vice chairman; Agnes T. Martin, secretary; Barbara H. Bartlett and Margaret K. Stack, council. Mabelle S. Welsh read the Report of the Committee to Formulate Standards for Positions in Public Health. The standards suggested were in two classes, one to take effect in 1925, the other in 1930. Practically the only difference in the two classifications for eligibility to Public Health Nursing, is that the former demands two years of high school and the latter four years or graduation. The requirements common to both are that nurses undertaking Public Health Nursing in rural communities where there is little or no supervision should present a minimum preparation of either a four months' Public Health Nursing Course given in an accredited college, or a year's experience on a well organized visiting nurse association staff.

As usual when standards are raised, they are not retroactive, which means, in this instance, that the portion of those 1,300 public health nurses now in the field who cannot meet these requirements will be able to continue their jobs. In this day of educational opportunity, it seems little enough to ask high school graduation as a foundation for any nursing education. In the discussion, Gertrude Hodgman, Educational Secretary, N.O.P.H.N., indicated that the Standards submitted by the Committee would help to influence nursing schools to raise their entrance requirements to high school graduation, for at present only about 10 per cent. of the schools have this requirement. Ruth Houlton, of the Minnesota State Board of Health, cited the value of practical experience indicating that there is a very great need for the public health nurse who has qualified herself in this school, even though she cannot meet present day educational standards. Several physicians joined

in the general discussion and evidenced a very keen understanding of nursing education problems, though they felt we are too conservative in placing high school graduation as a requirement as far away as 1930. It seemed significant that leading physicians in public health have no fear of the nurse becoming overeducated. It was voted to continue the Committee, asking them to formulate standards for supervisors and executives of public health organizations.

The second session was a joint meeting with the Public Health Administration Section and the topic discussed by several prominent health officers was the Administration of a Public Health Nursing Service. Can bedside care be properly included in the duties of a city, county and state health department, was a question which caused debate at this session as well as others. Nurses are divided in their opinion on this subject as are the doctors. Dr. M. S. Fraser of the Provincial Board of Health, Manitoba, Canada, outlined a generalized program, as conducted in Manitoba, which includes bedside care. The nurse gains entrance into the homes of these independent frontier people by working out from the School. Thus Johnny's school nurse may become his mother's nurse at the birth of a little brother; in fact, she fills the role of school nurse, maternity, infant welfare, and any other variety that the family may need. Such a unified program is ideal for small communities, but it is not a pattern that can be followed by our congested cities where one school may have 1,000 pupils. The Public Health Forum gave attention to the discussion of the time honored question, generalization versus specialization. The advocates of the latter were few. The Chairman, Dr. Charles F. Wilinsky, Director of the Blossom Street Health Unit, Boston, put the question to a vote—the ayes were in the majority. Here again the importance of nurses and doctors meeting as members of the same association and discussing their common problems was clearly demonstrated.

The Luncheon Session with the Health Education and Publicity Section, our own Elizabeth G. Fox presiding in her characteristic whole-hearted, comradely manner, proved beyond a doubt that the public health nurse

is the proper messenger to carry health to the home.

A few outstanding contributions were: The Report of the Committee on Municipal Health Department Practice, of which Professor C. E. A Winslow is Chairman and Dr. W. S. Rankin the Field Director. The Committee has studied health department practice in cities with over 70,000 population and from this appraisal is gradually working out with the help of individual and group opinion an ideal program by which a health department may check its activities, and which will serve as a guide to cities just initiating health department work. Dr. Thorvald Madsen's paper on the Health Work of the League of Nations presented astonishing progress in international health work with boundless possibilities for further accomplishment. Dr. Victor Vaughan, in a spirited address given at the first General Session, sounded a note not heard again. He praised the attainment of scientific medicine in reducing the mortality and morbidity rates, but made a plea for a sturdier race through the propagation of only the fit. He stated that the remainder of his life would be given to finding how to eliminate the unfit.

The subjects for the closing general session expressed the thought carried throughout the convention, of applying the measuring rod, that is, taking an inventory of health work in order to hold and develop that which has value and to discard that which has none. Dr. Louis I. Harris, New York, in a paper on Values in the Control of Communicable Disease, stressed the social aspects, stating that while a Department of Health may do much to suppress the spread of communicable disease, little is known of what might be prevented if our social and industrial problems could be properly adjusted. For example, if there were no seasons of unemployment, if the housing facilities were adequate and rents reasonable enough to avoid over-crowding, much disease might be prevented and many years be added to the life span! Dr. Abel Wolman, Baltimore, continued the application of social principles in his paper, Values in the Control of Environment. The positive side, Values in the Maintenance of Health, was discussed in a very able way by authorities in their respec-

tive fields, for Dr. Walter H. Brown, Mansfield, Ohio, discussed The Child; Dr. E. R. Hayhurst, Ohio State University, presented from a wealth of material drawn from various industrial groups, The Worker, and Dr. Haven Emerson spoke on The Adult.

It seems customary when reporting a convention, to mention only the good points, but I wish to enter a protest against overcrowding programs, a fault common to all. The papers at this convention were far too long, or there were too many short ones. There is a limit to physical endurance, and it seems high time that health workers practise their own precepts, and apply first of all the evaluation test to the multiplicity of health organizations and their publications, and then to the character and length of programs put on for annual conventions. A convention brings people together and from this intermingling of groups and individuals comes an exchange of ideas and practices which is perhaps its greatest contribution, and the meeting of the American Public Health Association was no exception to the rule. Detroit was honored by having its Health Commissioner, Dr. Henry Vaughan, elected President.

EMILIE G. SARGENT.

FOREIGN NEWS

China: The printed report of the 1924 Conference of the Nurses' Association of China is full of interest. The meetings were held in Canton, January 31-February 6. One feature which our meetings lack was the ever-present thought of the spiritual side of the work of the nurse. Devotional meetings were held as regularly as business meetings. There were 167 delegates present, 82 of them being Chinese, men and women, since many men are trained as nurses in China. Among the guests were the President and the Secretary of the China Medical Association, and six Chinese nurses sent by the Governor of Hupeh province. "At the last Conference in Hankow, 1922, the Governor of Kwangtung had sent six Chinese nurses and this was the Governor of Hupeh's answer." Two of the excursions taken were to the Canton Hospital, established in 1835, the first Protestant missionary hospital in the world, and to the Kerr Refuge for the Insane, the only institution

of the kind in China. The Association is planning not only national headquarters, but a building of its own. It will send four delegates to the International Council in Finland next year. Miss G. S. Stephenson of Anlu was elected President, and Miss Hope Bell, General Secretary. Nanking was chosen as the place of the next meeting.

Finland: Kyllikki Pohjala, who has been in this country for more than a year studying methods of teaching and administration in schools of nursing, sails December 2 for Helsingfors. Miss Pohjala will have the direction of a Central School for Preliminary Courses, Suomen Sairashoito-opisto. The school is expected to begin with 75 pupils from some eight or nine hospitals.

Turkey: Edith Clendenning has returned to this country after five years in Europe with the American Red Cross. The past three years have been spent in the American Hospital and School of Nursing in Constantinople. When the school was established three years ago, seven nationalities were represented in the student body. To-day, most of the entering students are Turkish women of a fine type.

STATE NEWS

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION held its twelfth annual meeting in Birmingham, on October 21. The address of welcome was given by Mrs. Mary Echols, Commissioner of Health and Education; the response by Mary Irby Mastin. Reports of officers and committees were given and the President, Bertha Clement, gave her report as delegate to the Detroit convention and her address as President. Agnes G. Deans, Secretary of the American Nurses' Association, spoke on Building an Association. At noon there was luncheon at the Southern Club with an address by Laura R. Logan, President of the National League of Nursing Education. A ride followed the luncheon. At the afternoon session there were addresses: Nursing Education in Alabama; Mrs. M. F. Teeple; Red Cross Nursing Activities in the South, Miss Robinson of Atlanta; Industrial Nursing, A. M. Barr. In the evening, a joint session was held with the Jefferson County Medical Society with greetings from three representa-

tives of Birmingham, another address by Miss Logan, and one by Dr. James S. McLester. The members greatly appreciated the presence of Miss Deans, Miss Logan and Miss Robinson who brought just the inspiration needed. Officers elected are: President, Margaret Murphy, Mobile; vice presidents, DeWitt Dillard of Mobile and Zoe LaForge, of Birmingham; secretary, Mrs. Ida S. Inscor, Dothan; treasurer, Diana Fair, Birmingham. Chairmen of committees are: Ways and Means, Helen McLean; Nominating, Mrs. Belle Hope; Program, Augusta Smith; Relief Fund, Mary Bush; Publicity, Nellie Earekson; Printing, Bertha Clement.

Arkansas: Hot Springs.—THE LEO N. LEVI MEMORIAL HOSPITAL held its graduating exercises at the Temple, October 29, at which time the five graduates received their diplomas and recited the Florence Nightingale Pledge. After the impressive exercises, the attractive new Nurses' Home was opened to the public and a reception was held.

California: Los Angeles.—DISTRICT 5 held its first fall meeting in the Nurses' Club House, October 7. This was the first meeting to be held in the new club house and Dr. Rufus Von Kleinsmid, President of The University of Southern California, who gave the principal address at the ceremonies attending the laying of the cornerstone for the building one year ago, was the speaker of the evening. The Nurse and Professional Responsibility was the topic of his address. He declared that the traditional dislike for work had been dispelled by the realization of opportunity and the privilege of accomplishment, and that a nurse adorns her profession along with physicians, teachers, ministers and lawyers. Mrs. Henry Dietrich, President, announced that the membership of District 5 has reached 700.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT held a special meeting on October 13, at the Club House, Washington, to receive the reports from the Detroit convention. Major Stimson reported on the Government Section; Miss Butler, in the absence of Miss Noyes, on the Red Cross meetings and she also told of the response of Red Cross nurses on National Defense Day. Miss Bowling, Director of the Instructive Visiting Nurse Association,

reported the Public Health meetings; Miss Melby of the Army School, spoke on Side Lights of the Convention; Miss Maynard and Miss Elzey reported the general sessions which they attended as delegates. After the reports had been given, Miss Fox added some things not spoken of. A social hour followed. THE LEAGUE OF NURSING EDUCATION held its October meeting at the Nurses' Recreation House, Walter Reed General Hospital. After the business session, Mary W. Tobin, 1st Lieut. Army Nurse Corps, presented the subject: Intelligence Testing, Its History, General Application and Use in Army School. A social hour followed. The following officers were elected at the annual meeting of the League: Julia C. Stimson, President, Major, Army Nurse Corps; Dorothy O. Sparhawk, vice-president, Columbia Hospital; Mrs. Isabelle W. Baker, secretary-treasurer, American National Red Cross.

Georgia: Savannah.—THE FOURTH DISTRICT ASSOCIATION held its annual meeting in the Nurses' Home of the Oglethorpe Sanatorium on October 27. The following officers were elected: President, Lennie Vickers; vice president, Essie Clifton; secretary, Vera Mingledorff; treasurer, Mrs. E. C. Westcott; directors, Bertha Amram, Julia Phillips. The chairman of the Directory Committee is Mrs. Bouhan. Two delegates were chosen to attend the State meeting. A social hour followed.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting at Urbana, October 29 to 31. The Board of Directors held their annual meeting on Tuesday evening, October 28. Over two hundred and fifty nurses from the various Districts attended, and twenty-seven student nurses sent as delegates from schools of nursing were present. Their attendance added much to the occasion and no doubt the interest aroused by this association with the graduate nurses will be the beginning of a deep and lasting interest in the State organization. The students were guests at a dinner given by the First District, the School of Nursing of the Burnham Hospital entertained them at tea, and they were guests of the State Association at the Annual Banquet. Adda Eldredge, President of the American Nurses' Association,

Mary M. Roberts of *The American Journal of Nursing*, and Laura R. Logan, President of the National League of Nursing Education were honored guests. All gave very splendid lectures. It was a rare privilege to have them at the meeting because of the inspiration and the enthusiasm they brought. The program for the entire period was exceptionally well planned and rendered. The speakers were all eminent in their field and they gave unstintingly of their knowledge. The program was of such a character that the needs of the nurses of various fields were met. The election of officers took place on Friday afternoon, and the following were elected: President, Sara B. Place, Chicago; vice president, Sadie Walsh, Princeton; secretary, May Kennedy, Chicago; treasurer, Elizabeth Asseltine, Waukegan. On Thursday afternoon, the Illinois State League of Nursing Education held its annual election and elected the following: President, Evelyn Wood, Chicago; vice president, Dora Saunby, Chicago; secretary, Olga Andresen, Chicago; treasurer, Charlotte Johnson, Chicago. The Private Duty Section held several meetings and had charge of the program of one general session at which time the problems of the private duty nurse were discussed. Great interest was manifested which indicated that many private duty nurses were present. A constitution and by-laws for the Section was adopted. Rose Wood, Elmwood, was elected chairman and Ann Reiner, Moline, secretary. The Public Health Section which was organized last year held its annual meeting and also had charge of one general session. Mabel McClenahan, Chairman, presided. The new officers of this Section are: Chairman, Mabel McClenahan, Waukegan; secretary, Mabel Boyd, Chicago. **Chicago.**—THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL gave a reception in honor of Miss Logan on November 4 at the Nurses' Home. Mrs. Theodore B. Sachs has been elected vice president of the Mississippi Valley Conference on Tuberculosis. The Chicago Industrial Nurses' Club entertained its friends and representatives of industry at the Nurses' Club on October 9, when those present enjoyed a talk by Mr. Burr, general auditor of the American Railway Express Company, music and a social hour. The Club stands for: 1. High

qualifications and standards for Industrial Nurses; 2. An opportunity to discuss mutual problems; 3. To encourage interest in all nursing activities and problems through speakers and reports and discussions of delegates from State and National Conventions; 4. Promoting fellowship among industrial nurses; 5. Fostering an understanding spirit of co-operation with all representatives of industry.

Indiana: Fort Wayne.—THE FIRST DISTRICT ASSOCIATION held its sixth annual meeting on November 8 with a noon luncheon at Wolf and Ressler Auditorium with an attendance of eighty-eight. Edna L. Foley of Chicago was on the program, but was unable to attend on account of serious illness. Isabel Glover, County Public Health Nurse of Vermillion County, gave a very interesting address on Public Health work in the Rural Districts. The President's address and annual reports were given. Officers were elected as follows: President, Anna Holtman, Fort Wayne; vice presidents, Julia Groscop of Garrett, and Elizabeth Holland of Kendallville; secretary, Lottie B. Keller, Fort Wayne; treasurer, Frances Gillis, Kendallville; directors for three years; Lillian Garard and Hilda Leahy. The Board of Directors met after the meeting to complete the Committee appointments for the year.

Iowa: Burlington.—DISTRICT 2 was entertained by the Burlington Hospital Alumnae on September 27, at the Nurses' Home. After the business meeting an excellent program was furnished, followed by a banquet, with dancing and cards in the evening. THE ALUMNAE ASSOCIATION OF THE BURLINGTON HOSPITAL has raised \$790 by two rummage sales for the building fund of the new addition to the hospital. An excursion in August brought in nearly \$200 more. The students of the School of Nursing gave a Hallowe'en party for the Alumnae on November 1.

Davenport.—THE SIXTH DISTRICT held its quarterly meeting at St. Luke's Hospital, October 17. Five delegates were chosen to attend the State meeting. Dr. W. A. White gave an illustrated talk on The Treatment of Cancer with Radium. A luncheon followed.

Ottumwa.—THE OTTUMWA HOSPITAL has as its new Superintendent, Lydia Neumeyer of Alta Vista, Kansas. The Ottumwa Hospital

Association gave a Hallowe'en party to the Alumnae and students at the Nurses' Home on October 28.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION held its annual meeting in Wichita, October 10 and 11, with Headquarters at Hotel Lassen. The Board of Directors met at 8 p. m., October 9, when reports of officers and committees were given. At this meeting a new Section was created, for a State League of Nursing Education, organized during the convention at a called meeting of those interested. Ethel Hastings of Kansas City was elected Chairman and M. Helena Hailey of Topeka, Secretary. At 8:30 a. m., October 10, the Advisory Council met. Representatives of the various districts reported meetings and various activities during the past year. At 10 a. m. the first general session was held in the Ball Room of Hotel Lassen. The meeting was called to order by the President, Ethel L. Hastings. All present joined in singing America. After the invocation by Rev. E. A. Lowther, L. W. Clapp of Wichita welcomed the nurses to the city. The President, Ethel L. Hastings, responded to the address of welcome in a few well chosen words, after which she gave her address to the nurses. The Roll was called by Districts and in alphabetical order. After the usual business had been attended to and the various appointments made by the President, letters were read regarding the Isabel Hampton Robb Memorial Fund and the McIsaac Loan Fund, and it was decided to make donations to each of these funds. At the afternoon meeting the following program was given: Address, Some of the Problems of Child Welfare Work, Dr. Paul C. Carson. This address was followed by a discussion, after which Mrs. C. C. Bailey of Topeka gave a report of the Convention at Detroit. Olive Chapman, head of the Southwestern Division of the Red Cross, read a paper on The Working Plan of the Red Cross in Organization. After the program some of the unfinished business was taken up. At this time Sister Catherine Voth of Bethel Hospital, Newton, was unanimously elected as Honorary President of the association. In the evening at 6:30 the nurses attended a banquet. Mrs. Betsey Harris Superintendent of Nurses at Wesley Hospital, Wichita, was Toastmistress.

After the singing of a popular song in which all joined, the nurses were delightfully entertained by a program which consisted of special music, short talks by nurses of National reputation (Olive E. Chapman, Frances Brink, Mary E. Gladwin, Elnora Thomson). An inspiring address by Rev. J. Magee of Wichita ended the program. Saturday morning, October 11, from 8 to 9:30, the Public Health Section, the Private Duty Section and the Superintendents and Instructors of Training Schools met in different rooms of the hotel for Round Tables, Business Sessions and short programs. Dr. L. C. Bishop of Wichita gave an address to the nurses of the Private Duty Section, and Miss Brink and Miss Thomson addressed the Public Health Section. The officers of the Public Health Section are: Chairman, Elizabeth Condell, Atchison; secretary-treasurer, Edna Patterson, Winfield. The Private Duty Section: Chairman, Bertha Baumgartner, Halstead; secretary, Martha Schaplowsky, Halstead. The general session was called to order in the Ball Room of Hotel Lassen at 10 o'clock. Address, Home Economics and Health, Grace Wilkie, Wichita; address by Ina Peterson, Wichita; Paper, Mental Tests, Their Limitations, by Miss Rosendale of Wichita High School. After a short intermission an address on Importance and Advantages of Education for Nurses was given by Mary E. Gladwin of St. Paul, Minn. An informal address in which Elnora Thomson told of her work in Child Welfare closed the morning session. During the noon hour the members interested in the State League of Nursing Education had a meeting to make plans for the organization. At 2 p. m. another general session was held. At this meeting an announcement regarding the International Council of Nurses to be held in Helsingfors, Finland, in 1925, was read. Frances Brink brought greetings from Headquarters, and a message from Agnes G. Deans, whom the members had hoped to have at some of the meetings, but who could not attend this year. The date of the next meeting was brought up for discussion and it was decided that the annual meetings be held on the second Friday and Saturday in October, but that the Board of Directors have the privilege of changing the date, if necessary. Miss

Gladwin gave a short talk on *The Journal* and Some of the Pioneer Nurses. The members adopted resolutions expressing their appreciation of having with them Miss Gladwin, Miss Chapman, Miss Brink and Miss Thomson. It was decided to support the plan to have a nursing institute in connection with a state educational college. Topeka was chosen as the next place of meeting. Officers elected are: President, Mrs. Charles C. Bailey, Topeka; vice presidents, Mrs. Jessie Fain, Wichita, and Orlene Berlin, Hutchinson; secretary, Caroline E. Barkemeyer, Halstead; treasurer, Esther M. Sullivan, Topeka; directors, Ethel L. Hastings, Edna L. Patterson, Sister Catherine Voth, Mary Helena Hailey, Sadie Allison, Mother Frances DeSales.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION was held in Northampton, October 24 and 25, beginning with an open evening meeting at which Carrie M. Hall presided. Edward J. Woodhouse, Mayor of the City, and Dr. George W. Rawson, President Hampshire County Medical Society, welcomed the nurses to the city. Dr. Florence L. Meredith, Professor and Director of Department of Hygiene and Physical Education, Smith College, gave an interesting paper on Pre-Health Courses offered at Smith College. Following a discussion of this paper, Miss Hall spoke interestingly of the various Departments of the American Nurses' Association, explaining how and why all nurses should seek membership therein. A social hour with refreshments followed. At 9 a. m. Saturday, at the McCallum Home for Nurses, Cooley-Dickinson Hospital, a session of the State League of Nursing Education convened, Sally Johnson presiding. The subject, Is the Nurse Adequately Prepared to Meet Her Responsibilities in Nutritional Work? was ably handled by the presentation of two papers: The Responsibilities, Mina McKay; The Preparation, Amalia Lautz, Dietitian, Peter Bent Brigham Hospital. Following discussion, Miss Catton presented a report of the National League Meeting at Detroit Convention. A meeting of the Public Health Nurses' Section was held at 10 a. m., Helen R. Fowler presiding. A demonstration play, Home Defense, was presented on the lawn. Miss Fowler gave a report of the

National Public Health Nurses' Convention held at Detroit. At 11 a. m. a meeting of the Private Duty Nurses' Section was held and a very instructive and interesting paper was presented by Dr. C. E. Marshall of the Amherst Agricultural College on Significance of Accessory Food Substances. Miss Hollingsworth gave a report of the Detroit Convention. At 12 noon through the courtesy of the Chamber of Commerce and Kiwanis Club the nurses were transported by automobiles to a luncheon at the Prophylactic Brush Company Cafeteria at Florence, Mass., and to visit the United States 'Veterans' Bureau Hospital 95, where afternoon tea was served at the Nurses' Home. At 2:30 p. m. Miss Hall presided at a meeting of the State Nurses' Association, at the McCallum Home for Nurses, Cooley-Dickinson Hospital. The Training School Glee Club furnished a pleasing program of songs and the following program was presented: Address of Welcome, Mrs. F. N. Kneeland, President, Hospital Aid Association, Cooley-Dickinson Hospital; Address, Nursing Service, U. S. Veterans' Bureau, Mrs. Mary A. Hickey, Superintendent of Nurses; Address, Psychiatric Training in Relation to General Nursing, Dr. A. H. Pierce, Commanding Officer, U. S. Veteran's Hospital No. 95, Northampton; Report of biennial convention of American Nurses' Association, Detroit, Helen M. Blaisdell, Boston. Following the afternoon session, Mrs. Alice C. Cleland, Superintendent Cooley-Dickinson Hospital, was hostess at a delightful tea at the Nurses' Home. The nurses were delighted with the program as well as the hospitality of Western Massachusetts nurses and their friends. The foliage of the surrounding hills was wonderful. Mt. Holyoke and Mt. Tom were seen at their best from a charming city on a glorious sunny autumn day. **New Bedford.**—Georgia M. Nevins has resigned as Superintendent of St. Luke's Hospital and is giving up nursing work. After spending several months in Texas, she will reside in Washington, D. C. **ST. LUKE'S ALUMNAE ASSOCIATION** entertained its faculty, supervisors and students at an informal tea and dance at the White Home, November 6, with an attendance of 140. **Peabody.**—THE J. B. THOMAS HOSPITAL held its first public graduation exercises in

the Nurses' Home on September 11, for a class of six. The Valedictory was given by Emily Perrigo. Dr. Horace K. Foster gave the address and Mercedes Bradley read an essay on the Life of Florence Nightingale. The class then recited the Nightingale Pledge. The diplomas were conferred by Mayor William Shea.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION is submitting a permissive County Nurse Bill to the 1925 Legislature with the hearty coöperation of the State Department of Health and the various women's organizations of the state. Michigan nurses have every hope that the Legislature will move the adoption of this bill. At the present time some form of public health nursing is being carried on in fifty-three of the eighty-three counties, and twenty-eight of these support their nurses, despite the lack of legal authority to vote funds for this purpose. With the adoption of the County Nurse Bill, it is expected all will want to finance the work of a public health nurse. **THE PUBLIC HEALTH SECTION** of the State Association meets twice a year: in the spring, during the meeting of the State Association and in December during the Annual Conference of health officers and nurses. The December meeting is scheduled for the 10th, 11th and 12th in Lansing. Mrs. Lystra E. Gretter has been selected by the State Association as its representative to the International Council of Nurses, Finland, in July, 1925. There are indications that Michigan will send a fairly representative delegation to this International meeting. **Detroit.**—THE FIRST DISTRICT ASSOCIATION met on November 7 at the Henry Ford Hospital. A lecture on the endocrine glands was given by Dr. Lewis Klein of Parke, Davis & Company. The lecture was illustrated with slides showing different types of individuals resulting in derangement of these glands of internal secretion and also diagrams showing the team work and interdependence of the various glands. It was an exceptionally educational lecture. Juliet George has been appointed Educational Director of the School of Nursing and Hygiene of the Henry Ford Hospital. Louise Bawden has been appointed head of Practical Instruction. **THE FARRAND TRAINING SCHOOL ALUMNAE** gave a ball, November 6, at McLaughlin Hall,

the proceeds of which are to be used to begin a Bed Endowment Fund for sick nurses. The goal sought is \$50,000. The proceeds were over \$200 and to this Dr. Angus McLean, as the first individual donor to the Fund, added a large amount. **THE PRIVATE DUTY SECTION** of the District met at dinner at the Woman's City Club on November 5. The Section provided the program for the November District meeting. **THE GRACE HOSPITAL ALUMNAE** annual meeting was held October 14. Officers elected are: President, Ella M. Malley; vice presidents, Melvina Johnson, Hilda Cox; recording secretary, E. M. Pulleyblank; corresponding secretary, Pauline McCormick; treasurer, Christine Seewald. **Marquette.**—The graduate nurses of DISTRICT 14 held their monthly and annual meeting at the Ishpeming Hospital. The following officers were elected for the coming year: President, Marie S. Brown, Ishpeming; vice president, Emilie Van-Brocklin, Marquette; secretary, Emma Huebner, Marquette; treasurer, Lydia Macki, Ishpeming; directors, Olive Pendill, Victoria White and Kathryn R. Gutwald. Edna B. Groope has resigned her position as Instructor and Assistant Superintendent of St. Luke's Hospital on account of ill health; Emilie Van-Brocklin succeeds her.

Minnesota: In order that the members might take advantage of the opportunity to attend sessions of the Minnesota Educational Association and of the Sanitary Conference, the State Nursing Organizations postponed their joint annual meeting from October to November 5 to 8, inclusive. The sessions, with the exception of those held jointly with the Minnesota Educational Association, were held at the Curtis Hotel, Minneapolis. The Convention opened with a reception given by the nurses of Third District. The principal speaker of the evening was President L. D. Coffman, of the University of Minnesota. After the responses by Ruth Houlton, President of the State Organization for Public Health Nursing, Caroline Rankiellour, President of the State League of Nursing Education, and Irene English, President of the State Nurses' Association, refreshments were served. The organizations were fortunate in having among the speakers, Dr. Smiley Blanton, Director of the Child Guidance Clinic in the

Twin Cities; Dr. Charles A. Prosser, Director of Dunwoody Institute, Minneapolis; Sophie Nelson, Director of the Visiting Nurses' Association, St. Louis; Georgina Lommen, Department of Education, Teachers' College, Moorhead; Elsie Witchin, Director of Nursing Service Central Division, American Red Cross. Mary E. Gladwin, Director of Nursing Education in Minnesota, contributed much to the success of all the meetings. She gave an inspiring address before the Private Duty Section on Thursday afternoon, and her address on "Minnesota" on Friday evening awakened in the members' hearts and minds a sense of appreciation of the glorious opportunities within their own state. They were privileged to have with them during the entire convention, Agnes G. Deans, Secretary of the American Nurses' Association. Miss Deans, as usual generous with her time and energy, answered questions, entered into discussions, and was an inspiration to all. Interesting and instructive sessions were conducted by the State League, and by the Public Health Organization. A demonstration of the Home Nursing Care of Communicable Diseases was greatly appreciated by the Health Officers in attendance at the Joint Session with the Public Health nurses. Two business sessions were held at which comprehensive reports were given by Alumnae and District associations. These reports evidenced growing interest in the work of the organization and were enthusiastically received. Two of the districts have as their project the establishment of a loan fund and one the organization of an Hourly Nursing Service. The Private Duty Section has a Refresher Course or Institute under consideration. An unusually large number attended the Red Cross Luncheon at which Miss Witchin of the Central Division, Miss Gladwin of the National Committee, and others, presented the ideals of the American Red Cross and its program for service. The annual dinner on Friday evening was given in honor of Adah Patterson who has recently resigned her position as Superintendent of St. Luke's Hospital, Saint Paul. Miss Patterson is a charter member of the State Association and has served as director for many years. She was presented with a beautiful basket of roses in appreciation of her valuable counsel

and assistance. A very profitable and enjoyable afternoon was spent at Glen Lake Tuberculosis Sanitarium. Following an inspection of the services and a demonstration in heliotherapy, a delightful tea was served at the new nurses' home. As usual, student delegates contributed to the success of the convention. Miss Lucier of St. Mary's, Rochester, and Miss Zimmerman of the Central School, Minneapolis, assisted Sister Domitilla in her exposition of the value of Case Records. Miss Hested of the Kahler, Rochester, gave a report of the National Convention. A delightful tea for student delegates and visitors was served at the Swedish Hospital Nurses' Home. The Board of Directors contributed to the National League of Nursing Education, \$100; to the Robb Memorial, \$50; to the McIsaac Loan Fund, \$50. Contributions to the Relief Fund were also reported. The officers elected are: President, Caroline Rankiellour, Minneapolis; vice presidents, Irene English of Rochester, Louise Schneller of Duluth and Sister Stella, Duluth; secretary, Dora M. Cornelisen, Saint Paul; treasurer, Sophie Olson Hein, Saint Paul; directors, Helen Peck, Minneapolis, Chairman of the Private Duty Section, and Clara Webber, Saint Paul. **Minneapolis.**—Eleanore Zuppann succeeds Alma Haupt as Superintendent of the Visiting Nurses' Association. Miss Haupt sailed for Austria in September. Mary E. Gladwin, Director of Nursing Education, and Helen Stevens shared honors at a reception given at St. Barnabas Nurses' Home, Minneapolis. Miss Stevens, a graduate of St. Barnabas, has returned from Henry Street, New York, and is now one of the instructors with the Visiting Nurses' Association in Minneapolis. The Swedish Hospital Alumnae held their Fall Festival in the gymnasium of the Nurses' Dormitory on October 21. Supper was served to 100 people followed by an auction sale. G. W. Olson, former Superintendent of the Hospital, now in Los Angeles, gave a talk. **St. Paul.**—Margaret Crowl resigned her position at St. Luke's Hospital to become Superintendent of Northwestern Hospital, Brainerd. Adah Patterson resigned her position as Superintendent of St. Luke's Hospital on November 1. Miss Patterson has served St. Luke's for eighteen years and her going is a distinct loss. A de-

lightful reception was given for Miss Patterson by the nurses of Fourth District. Resolutions expressing appreciation of her services and worth and regret at her leaving were presented by members of the hospital staff, St. Luke's Alumnae and the District.

Mississippi: One of the most successful nurses' conventions ever held in this State was that of the MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES, held in Hattiesburg, October 30 and 31. A great deal of routine business was transacted, many interesting reports read, and several papers and talks. During the Private Duty Section, which was particularly interesting, a committee was appointed to investigate conditions and advisability of establishing a Central Registry for Nurses. The Public Health Section was very interesting and some splendid papers were read. Relief Fund report better than usual this year. Report from the Chairman to be submitted at a later date. A great deal of the success of the meeting was attributed to Rose M. Ehrenfeld, representative of the A. N. A., who was of inestimable value to the members and a motion was carried that letters of appreciation be sent to A. N. A. Headquarters, thanking them for sending Miss Ehrenfeld and to the Southern Division of the A. R. C. (American Red Cross) for Miss Robinson, who was an inspiration to every one with whom she came in contact. Officers elected are: President, Mary H. Trigg, Greenwood; vice presidents, Mary D. Lancaster, Greenville (Ways and Means Committee), Sydney Vaughan, Hattiesburg (Credential Committee), Mary D. Osborne, Jackson (Nominating Committee), Netty Ellsey, Meridian (Revision Committee), Janie H. Bramlett, Oxford (Publication Committee), Mrs. Blanche M. Hopper, Jackson (Relief Fund Committee); secretary, Mrs. Jennie Quinn Cameron, Hattiesburg; treasurer, Jane P. Cox, Natchez. The members and guests were entertained at luncheon by Dr. and Mrs. Crawford of the Mississippi State Infirmary; and at afternoon tea by Mr. and Mrs. James A. Cameron.

Missouri: St. Louis.—THE NURSES' CENTRAL CLUB, although not yet one year old, has proved a center for many activities. Not only do the residents enjoy its conveniences,

but various groups are finding it useful for their meetings;—the Third District Association, which owns it, the Industrial Nurses who held a supper meeting there in October; the Public Health Nurses' Unit, the League of Nursing Education, and the alumnae associations of some of the training schools. On November 5, the nurses of St. Louis had the pleasure of hearing Mary M. Roberts of *The American Journal of Nursing*, at the Club. An informal reception followed.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION held its nineteenth annual meeting in Omaha, October 23 and 24. It was one of the finest meetings the Association has had, and there was a large attendance. The members were particularly fortunate and happy in having with them three nurses of national reputation who gave generously of their valuable help. Mary E. Gladwin, Educational Director, Minnesota, was the principal speaker at the banquet and gave a message that will not be forgotten; she also spoke at the regular session. Agnes G. Deans, Secretary of the American Nurses' Association, was an inspiration and helped over the hard places of the business session. Frances Brink, Field Secretary of the National Organization for Public Health Nursing, was present and spoke several times. The members hope it may be possible always to have some one from National Headquarters at the State meetings. The two days were so full of good things, those present will think of them for a long time. The next meeting will be held in Lincoln. Officers elected are: President, Bertha Bryant; vice presidents, Belle Beachley and Jennie Sunderland; secretary, Vida Nevison; treasurer, Luta Holdredge; directors, Laura Allen, Florence McCabe, Cornelia Carse.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held its eighteenth semi-annual meeting on November 7, in the Nurses' Home of the Morristown Memorial Hospital. About 150 nurses were present. Delegates from the six districts of the state reported on their work. Student nurses from ten different schools of nursing were the guests of their Alumnae Associations. Some of the important business transacted by the Association follows: Thanksgiving was adopted as a day

upon which nurses agreed to make their annual contribution to the Nurses Relief Fund. Helen F. Greaney of Philadelphia, Chairman of the Private Duty Section of the American Nurses' Association, gave a talk on the outline of activities for private duty sections. The Inspector of the Schools of Nursing, Florence Dakin, reported for the first time on the work of this office, showing that twenty-five schools of nursing have been inspected and that splendid coöperation has been shown by the hospital authorities and that every effort is being made to meet the suggestions offered. The Chairman of the Relief Fund reported \$437 had been contributed. The delegates from the Biennial Convention at Detroit reported on: Advisory Council, Nursing Education, Legislative and Industrial Section, Tuberculosis and Mental Hygiene. A committee has been formed for consideration of State Headquarters with a full time paid secretary. Ways and means are being developed whereby this may soon be realized. The Association went on record as approving the formation of a Middle Atlantic Division of the American Nurses' Association. Luncheon was enjoyed in a special dining room of the Community Club. The Alumnae of the Morristown Memorial Hospital were hostesses at tea at the close of the day's session. The annual meeting of the Association in April is to be held in Trenton. THE BUREAU OF CHILD HYGIENE OF THE STATE DEPARTMENT OF HEALTH reports that of the 90 nurses supervised by the Bureau, 63 have had their salaries and expenses assumed by the local Departments of Health and Education after a successful demonstration of the Continuous Child Hygiene Program in those communities. The Assistant Supervisor of the Department was sent to the American Child Health Association in Kansas City and two Supervisors were sent to the meeting of the American Public Health Association, Detroit. **Camden.**—At the annual meeting of The COOPER HOSPITAL ALUMNAE ASSOCIATION, held in the Bellvue-Stratford Hotel, Philadelphia, the following officers were elected: President, Mary R. Kelly; vice presidents, Jean S. Andres and Maud Brodersen; secretary, Miriam Thorpe; treasurer, Margaret Cooper. **Elizabeth.**—THE NURSES' ALUMNAE ASSOCIATION OF THE

ST. ELIZABETH HOSPITAL held its annual meeting on October 13 at the Nurses' Home, with a large attendance. On September 21, the alumnae presented a beautiful engraved watch to their Honorary Vice President, Sister M. Finan, class of 1910, as she was leaving with four other Sisters for North Hunan, China, where she will open a hospital. Sister Finan has been in charge of the operating room since her graduation. **Jersey City.**—

THE NURSES' CLUB OF HUDSON COUNTY held its annual dinner on October 22 on the roof of the Elks' Club of Jersey City. There were about one hundred and twenty-five present. The purpose of holding the dinner at that time was to inspire the members into greater activity for the coming winter season. Mary M. Roberts, Editor of *The American Journal of Nursing*, was the principal speaker. She declared that the nurses of today have more initiative than their older sisters had, and that they are put to greater strain, since much more is demanded from them by the higher standards set for them. It is, therefore, up to the older nurses to adapt themselves to the newer conditions in the nursing world. According to Miss Roberts, there are not enough nurses to handle all the work set for them. Dr. B. S. Pollak, Medical Director of the Hudson County Tuberculosis Hospital, who spoke briefly, paid a tribute to the memory of the heroic Edith Cavell. Former Judge Robert Carey told his audience that it is possible to get along without doctors, but not without nurses. Other speakers of the evening were Dr. Talbot R. Chambers, the first honorary member of the Club; Dr. Gordon K. Dickinson; Dr. L. F. Donohoe President of the State Medical Society. Jessie Mudock, President of the Club, was toastmistress. **Newark.**—DISTRICT 1 met at the Nurses' Home of the Newark City Hospital on November 18. Dr. F. Pringle spoke on the Dick Test. **Orange.**

—THE CENTRAL REGISTRY gave a Hallow'en Party in the Wm. Pierson Medical Library Association Rooms which was greatly enjoyed.

New York: THE NEW YORK STATE NURSES' ASSOCIATION held its twenty-third annual meeting at the Hotel Syracuse, Syracuse, October 28-30. *October 28* was given over to meetings of the New York State League of Nursing Education and the State

Organization for Public Health Nursing. The first joint meeting was held that evening, Mathilde Kuhlman presiding. The invocation was pronounced by Dr. Bernard C. Clausen; the addresses of welcome were given by Hon. John H. Walrath, Mayor, and by Lesley West, President of the Huntington Foundation. The response was given by Eunice A. Smith, First Vice President, after which an inspiring address on The Responsibilities and Opportunities of the Nurse was given by Chancellor Charles W. Flint, Syracuse University. *Wednesday, October 29*, Registration showed an attendance of 268 delegates and 245 guests. After a business session, a short meeting of the Advisory Council was held. At the afternoon session, Dr. Livingston Farrand, President of Cornell University, gave an address which showed the necessity of having broad knowledge and understanding in order to carry on the work of a nurse efficiently. Annie W. Goodrich of New Haven spoke on The Evolution of the Nurse. In the evening there was a delightful banquet given by District 4. *Thursday October 30.*—The morning opened with Round Tables: 1. Conference between Principals of Schools of Nursing and State Board of Inspectors; 2. Ethics, Elizabeth C. Burgess, Chairman; 3. Private Duty, Elizabeth E. Golding, chairman. The address of the morning was given by Dr. William F. Wild on The Nurse's Part in the Control of Cancer. At the beginning of the afternoon session, a most interesting report of the Detroit convention was given by Mrs. A. L. Hansen. Through the courtesy of District 4 and several clubs of the city, the delegates were given an enjoyable ride followed by a tea given by members of the Women's Boards of five of the city's hospitals and by District 4. In the evening an address was given by Mrs. Genevieve Clifford of Ithaca on Social Activities of a Superintendent in a Small Community Hospital. Following this came a beautiful Pageant on The History of Nursing, arranged by Louise F. Bache. Officers elected are: President, Anne L. Hansen, Buffalo; vice presidents, Eunice A. Smith, New York, and Lydia E. Anderson, Brooklyn; secretary, Ella F. Sinsebox, Buffalo; treasurer, Louise F. Sherwood, Syracuse; directors, Mrs. Ethel G. Prince and Minnie C. Jordan.

THE NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its Annual Meeting at the Hotel Syracuse, Syracuse, October 28. The following officers were elected: President, Mrs. Marion Brockway, New York; vice president, Mrs. Bertha Gibbons, Buffalo; secretary, Elizabeth Stringer, Brooklyn; treasurer, Marion W. Sheahan, Albany; directors, Mathilde S. Kuhlman, Mrs. Anne L. Hansen; Honorary Director, Dr. Matthias Nicoll, Jr. The morning session was called to order by the President, Miss Kuhlman. Reports of the Standing Committees were given. The remainder of the morning was taken up by the presentation by the President of the objects of the Association, an address by Frederick Bruns, President of the Chamber of Commerce of Syracuse, on Selling Service and one by Dr. Stanley Davies of State Charities Aid on Social Aspects of Mental Hygiene and a paper by Mary Elderkin, Union Carbide Co., New York City, on Our Responsibility Toward the Mental, Moral and Physical Health of the Young Worker in Industry. Luncheon at 12:30. The speakers were Dr. Thos. P. Farmer on the Milbank Demonstration, Annie W. Goodrich and Dr. Matthias Nicoll, Jr. The afternoon program included the following addresses: Health for Health Workers, by Dr. J. A. Lanza, Executive Officer of the National Health Council; Thetford Mines Experiment in Maternity, Infancy and Child Hygiene, by Alice A'Hearn, Metropolitan Life Insurance Company. THE NEW YORK STATE LEAGUE OF NURSING EDUCATION elected the following officers: President, Elizabeth C. Burgess, New York; vice president, Elizabeth LeRoy, Jamestown; secretary, Mary McPherson, Schenectady. **Cortland.**—THE CORTLAND COUNTY HOSPITAL Training School for Nurses held commencement exercises, October 31, in the Community Hall of the new high school. There were fourteen students in the graduating class. Helen Wood, Director of Nurses, University of Rochester, gave the address to the graduates. A reception and dance followed. Among the activities of Commencement Week was a progressive dinner party given the Seniors by the preliminary students. There were six courses, each course at a different home; students being taken in automobiles. At the last home

games and dancing were enjoyed. Another evening the School dinner was held at which the Seniors were the guests of the Juniors. Many toasts were given and were much enjoyed. **Elmira.**—THE ALUMNAE ASSOCIATION OF THE ARNOT-OGDEN MEMORIAL HOSPITAL held a meeting at the Nurses' Home, September 3. A picnic supper and corn roast were enjoyed by about thirty members, after which the business meeting was held. Eleven new members were admitted. On October 3, the Seniors of the School of Nursing gave a reception in the Nurses' Home for the new class of 29 members. **New York.**—The students in the DEPARTMENT OF NURSING EDUCATION, TEACHERS COLLEGE, met for the first time as a group on September 29. The subject of the program was Internationalism. Mrs. Ethel Parsons, General Superintendent, Nursing Service, National Department of Health, Brazil, gave a most stimulating and graphic description of the work she has directed for the past three years, the first modern nursing Brazil has ever known. The interest in nursing first arose through a desire to develop a modern public health program and the need for well-trained native nurses quickly made apparent the importance of establishing a school of nursing. The School is now two years old and in a flourishing condition despite the difficulty of securing sufficient students of a high type that is so characteristic of the Latin countries with their tradition of sheltered womanhood. Some Nursing and Social Conditions in Russia was discussed by Lillian A. Hudson of Teachers College who, with Lillian D. Wald, was a guest of the Soviet Government last summer. Miss Hudson found conditions in Russia more hopeful than we are generally led to suppose. She will describe nursing conditions in a later issue of the *Journal*. The number of students registered for the Summer Session was 267,—53 in Administration and Supervision; 85 in Teaching; 129 in Public Health. The fall registration is 217,—47 in Administration and Supervision; 58 in Teaching, and 112 in Public Health. There is also quite a group of students from foreign countries, which includes China, Japan, the Philippines, Bulgaria, Holland and Denmark. As special adviser to this group, the International Institute of Teachers

College has appointed Nina D. Gage, Dean of the Hunan-Yale School of Nursing, Changsha, China, who is this year completing her work for the M.A. degree. The foreign students have also delightful living quarters now available in the great new International House just opened on Riverside Drive, which affords a rare opportunity for strengthening International Relations. One of the former students, Winifred Forsythe, has been appointed resident Health Adviser. The Isabel Hampton Robb Fellowship of \$650 annually has been awarded this year to Lisle Freligh, a graduate of the Illinois Training School, by an interesting coincidence the School in which Isabel Hampton began her remarkable work for the improvement of nursing education. Miss Freligh is studying for her Ph.D degree. Another former student, Mrs. Mary Goodyear Earle, graduate of the Roosevelt Training School, has been appointed a Research Scholar in the School of Education, Department of Psychology. Mrs. Earle is one of the first nurses to undertake research work, and will occupy herself with a study of mental tests for student nurses. Teachers College has recently established, on a Fund given for the purpose by one of the Foundations, a Child Welfare Institute. In its first group of assisting scholars is a graduate student of this Department, Rosamund Praeger, a graduate of Smith College and of the University of Michigan School of Nursing, whose work for the past two years has been with pre-school children. Miss Praeger will study the problem of Sleep in Childhood. **THE ROOSEVELT HOSPITAL ALUMNAE**, at their annual meeting, November 6, elected the following officers: President, Mrs. Reginald Earle; vice president, Edwarda Crandall; recording secretary, Sarah Oldham; corresponding secretary, Marion E. Moule; treasurer, Esther M. Reilly. **Schenectady.**—Louise F. Arnold has resigned as Superintendent of the Ellis Hospital. **Troy.**—Amy M. Hilliard has resigned as Superintendent of the Samaritan Hospital. She is succeeded by Grace E. Allison who has recently been a member of the staff of Inspectors of Schools of Nursing under the State Department, Albany.

North Dakota: THE BOARD OF DIRECTORS OF THE STATE NURSES' ASSOCIATION held its

semi-annual meeting on October 18, when it was decided to set April 28, 29, 1925, as the dates for the thirteenth annual meeting to be held at Bismarck. The State League will meet at the same time. Plans were made for an intensive membership campaign to be held during November.

Ohio: The Nurses' Examining Committee of the Ohio State Medical Board will hold an examination for Nurse Registration in Columbus, December 8, 9 and 10. Applications should be made in advance, Caroline V. McKee, Chief Examiner. A PUBLIC HEALTH INSTITUTE was held in Cincinnati, October 29-30, under the auspices of the Public Health Section of the State Association. The principal subjects and speakers were: Group Teaching of Pre-natal Work, Ellen D. Nicely; Breast Therapy, Ada Stokes; The Public Health Nurse in Industry, Dr. W. E. Brown; Clinics for Rural Communities, Clara Lodwick; The Public Health Nurse, Dr. Martin Fischer; Heliotherapy in Tuberculosis, Dr. Clarence L. Hyde; Goitre Prophylaxis, Dr. Robert Olson; Health Work in the School (demonstration), Dr. Elmer Schlemmer and Pauline F. Abrams; Home Visiting on School Children, Alma E. Gault; Public Health Laws of Ohio, James E. Bauman; How the Public Health Nurse May Grow in Service, Norma Selbert; Nutrition of the School Child, Uarda Faine; Preparation of the Teacher to Teach Health, Virginia Lewis. AN INSTITUTE was held in Columbus, November 12-15, under the auspices of the Educational Section of the State League, with the following subjects: The Young Woman and Her Adjustments to College Life, Elizabeth Conrad; Educational Methods, Prof. V. T. Thayer; The Use of Text and Reference Books and Magazines as Teaching Helps, Clara F. Brouse; Biology, Caroline E. Stackpole; Demonstration of Methods of Taking Temperatures and of Giving Hypodermics, Ruth Snowden; Practical Applications of Chemistry to Nursing, Prof. J. F. Lyman; Newer Tendencies in the Use of Drugs, Dr. Clayton S. Smith; Class in Drugs and Solutions, Grace Watson; Public Health Demonstration; Records in Schools of Nursing, Sister M. Ursula; Evaluation of Credits, Prof. S. F. Rasor; Interpretation of the Medical Practice Act, Dr. Herbert M. Platter; The

Part of the Head Nurse and the Teaching Supervisor in Nursing Education, Mildred McC. Stemler; Scholarships and Other Aids, Frances Latimer; Present Tendencies in the Standard Curriculum, Nellie X. Hawkinson. **Cincinnati.**—DISTRICT 8 held its November meeting in Middletown as guests of the Rotary Club which served dinner to the members. Miss Mund, Public Health Director, acted as hostess. **Youngstown.** — ST. ELIZABETH'S HOSPITAL held commencement exercises for a class of 17, on November 19, in the Assembly Room of the Ohio Hotel. The diplomas were conferred by Bishop Schrembs. **Zanesville.** — BETHESDA HOSPITAL TRAINING SCHOOL graduated a class of 8 on October 30, with exercises held in the auditorium of the hospital. An interesting program was given under the direction of the Superintendent, Grace Lowery. This included an address by Rev. J. I. Moore of the United Presbyterian Church. Dr. E. C. Brush presented the diplomas. The program was followed by a reception. GOOD SAMARITAN HOSPITAL held graduation exercises for a class of 3 on November 9, in the hospital chapel. Addresses were given by Rev. F. Reuter and by Rev. J. J. Calahan, who presented the diplomas. Exercises followed in St. Elizabeth Hall where an address was given by Dr. J. P. H. Stedem of Newark and where each graduate read an essay, the subjects being: The Ideal Nurse, History of Nursing and Psychology of Nursing. A class supper followed.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION held its sixteenth annual meeting in Enid, October 29-31, with an attendance of 68 registered. Agnes G. Deans of the American Nurses' Association was present for one day. She was a great stimulus and a help in planning a membership campaign and a new bill for state registration. The State Association has but 292 members,—only a small part of those registered and in active work. It will be easier to increase membership if the bill becomes a law. One of the speakers, Mrs. Maud Richman, of the State Vocational Training Department, is the originator of the Mothercraft classes in the State. This is the only State Vocational Department using graduate nurses with special training in child psychology and giving instruction to

expectant mothers and to mothers of children of the pre-school age. The State Organization of Public Health Nurses met this year with the Public Health Conference where all organizations interested in public health took part. Next year they will meet with the State Nurses' Association. Reports of the national convention were given by Rosalind Mackay, on Public Health; by Mary Jane Kinney on Private Duty; by Antionette Light on the League of Nursing Education; and by Mrs. Ada Godfrey. Officers elected are: President, Mrs. Ada Godfrey, Tulsa; secretary, Mrs. Virginia Tolbert Fowler, Oklahoma City. The State League President is Antoinette Light, Oklahoma City; secretary, Edna Duncan, Cherokee. The chairman of the Private Duty Section is: Mary Jane Kinney; secretary, Barbara Young.

Oregon: Portland.—THE OREGON LEAGUE OF NURSING EDUCATION gave a very interesting program at a meeting of District 1, held at the Central Library, October 29. The program consisted of talks and letters from nurses in the foreign field. Winnie Penny told of her work in China in a most fascinating way. Letters from Mildred Wright from China and from Minnie Tontz from Africa were read. The Senior student nurses from the hospitals in Portland were invited to the meeting to stimulate an interest in professional meetings before graduation. They responded very well. The student nurses of ST. VINCENT'S HOSPITAL gave a unique stunt party on Hallowe'en, initiating the new Freshman class. **Baker.**—The nurses of ST. ELIZABETH'S HOSPITAL recently organized an Alumnae Association. They are looking forward to many profitable and enjoyable meetings.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its 22d annual meeting in Reading, October 27-30. The program as printed was carried out with few changes. On *Monday, October 27*, the *morning* was devoted to business. The *afternoon* was begun with a session of the Private Duty Section, Clara Jones presiding. At 4 p. m., Dr. Thomas Klein of Philadelphia, spoke on Ideal Training of Student Nurses for Private Practice. A Round Table followed on Registration Problems, conducted by Roberta M. West. In the *evening* came

the formal addresses of welcome, the response, and the Presidents' addresses by Miss Turnbull, Miss Miller and Miss Ford. The evening closed with an address by Wilmer Krusen, M.D., on Responsibility of a Municipality for the Education of the Nurse for Community Service. On *October 28, morning*, a business session was held, followed by a Private Duty Round Table and session. On *October 29*, the State League held its meetings with business in the morning, and in the *afternoon*, papers on The State Board of Examiners, S. Lillian Clayton; The Spirit of Nursing, Mary M. Roberts of New York; Case Nursing, Effie J. Taylor of New Haven. A Round Table on the *Journal* followed. In the *evening* there was a banquet followed by addresses by Mrs. John O. Miller of the League of Women Voters and by Isabel M. Stewart of Teachers College. The morning of *October 30* was occupied by a business session. The following officers were elected: President, Jessie J. Turnbull; vice presidents, Margaret Dunlop, Mrs. Anna Barlow; secretary-treasurer, Gertrude L. Heatley; directors for two years, Roberta M. West, Helen F. Greaney. THE PENNSYLVANIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its first annual meeting in Reading on October 28. Two luncheon conferences were attempted which met with unusual success. Both dining rooms were filled to capacity. Over 100 members of Public Health Nurse Boards from all parts of the State attended the Lay Luncheon. The following ten minute talks were given: Address of Welcome, Fred Ludwig, Reading; Value of Lay Membership in the State Organization, Mrs. Lyman D. Gilbert, Harrisburg; Relation of the Board to the Staff, Mrs. Ralph Ammerman, Scranton; Hospital and Public Health Nursing Organization, Mrs. Dolan, Philadelphia; Adequate Salaries, Mrs. Harold Howe, Bryn Mawr; Value of the Automobile, Mrs. Mather, Hazelton; Sick Leave, Mrs. George Dawn, Greensburg; Cost of Nursing Visit, Anna M. L. Huber, York. The program for the meetings was: *Morning*, Business, Netta Ford presiding; Round Table on School Nursing, Anna Stanley, hostess. Luncheons for Visiting Board members and for Public Health and Red Cross nurses. *Afternoon*, The Responsi-

bility for the Success of a Public Health Program, Katherine Tucker, Philadelphia; The Responsibility of the Board and the Public, S. Lillian Clayton. Round Table on Generalized Nursing Service, Katherine Tucker, hostess. *Evening*, Address by Prof. C. E. A. Winslow of Yale University, The Meaning of Public Health Nursing. **Altoona.**—Eva M. Sadler, a graduate of the Altoona Hospital School of Nursing and Postgraduate of Bellevue and Allied Hospitals and of the Pennsylvania School for Social and Health Work, has sailed for Tjisaroea, Buitenzorg, Java, Dutch East Indies, where she will have charge of a school for native nurses. Miss Sadler hopes to establish a public health nursing service in connection with the hospital. **Bethlehem.**—ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES held its fortieth annual commencement on October 18 in the High School Auditorium for a class of eleven. An address was given by Roberta West, Secretary, Pennsylvania State Board of Examiners, on Forty Years of Nursing. The diplomas were presented by Major C. C. Davis, Superintendent of the Hospital; medals by Jean M. Coucheur, Director of the Training School. The Ladies' Aid Scholarship of \$150 and a prize of \$50 were awarded. The Alumnae prizes of \$30 were awarded. THE NURSES' ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home on St. Luke's Day and elected: President, Camilla B. Fulper; vice president, Victoria White; secretary, Bessie M. Ely. The Association presented to the Hospital a completely furnished room in the Victoria White Nurses Home called the Alumnae Room, to be occupied by a student nurse. The meeting was followed by a tea. **Huntingdon.**—The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE J. C. BLAIR MEMORIAL HOSPITAL was held in the Nurses' Home, October 17. The meeting was well attended. The officers elected for the coming year are: President, Anna Garner; vice presidents, Mrs. Gladys Zerby Miller, Mrs. Mary Krepps Shelley; secretary, Mrs. Ruth Snyder Havens; treasurer, Mildred Neff. Flower Committee Chairman is Greta Weston; Press and Publicity Committee, Blanche McDivitt. Commencement exercises were held for the graduating class on October

17, in the Auditorium at Juniata College, followed by a reception in the Nurses' Home. The Alumnae gave a banquet to the graduating class on October 18 at the Koffee Shoppee. It was enjoyed by all present.

Lancaster.—ST. JOSEPH'S HOSPITAL ALUMNAE held a special meeting on October 4 and chose a delegate to attend the State meeting.

Philadelphia.—Elizabeth F. Miller, after more than five years of fruitful effort, has resigned her position as Superintendent of Nurses at the Philadelphia Hospital for Contagious Diseases, to become Nurse Consultant for the State Hospitals of Pennsylvania. She is succeeded by Amy Allison of Providence, R. I. The graduates of the Presbyterian Hospital in Philadelphia were well represented at the State Convention, twenty-two being present for all or part of the time. At the tea given by the Women's Club of Reading, fifteen were present and a memory letter signed by them was sent to their former Directress, Caroline I. Milne of Limekill, Scotland.

Pittsburgh.—Nurses of the city are proud to claim three of the State officers—the President, Secretary-treasurer, and one of the Directors. The Honorary Degree, Master of Arts, was conferred upon Sister M. Etheldreda Ermine by the University of Pittsburgh. It was learned that this degree was conferred upon her in recognition of her teaching services and her contributions to the nursing profession of Pittsburgh for over twenty-five years.

MERCY HOSPITAL ALUMNAE met on November 12 and heard a report of the convention. The members will work to make the International Catholic Nurses' Guild a success. Mary E. Walton is glad to give information regarding it. A dance was given on November 21st. The members attending the November meeting of the Nurses' Alumnae Association and the Senior class of the Training School, Allegheny General Hospital, considered themselves very fortunate in being able to have Jessie Turnbull, President of the State Association, address them on The Nurse and Her Responsibility to Service. It was one of the most inspiring addresses ever given to the Association and she left many helpful suggestions behind her. After the address a social hour was enjoyed.

Rhode Island: THE RHODE ISLAND STATE

NURSES' ASSOCIATION held its quarterly meeting at the Medical Society Library, Providence, October 8. After the business was transacted, addresses were given on Law Enforcement, Mrs. Walter A. Peck; Voting, Hon. Richard Jennings; Mental Hygiene, Dr. Arthur H. Ruggles and Dr. George Pratt. A social hour followed. The Rhode Island League of Nursing Education held a meeting, October 16, at the Nurses' Home, Rhode Island Hospital. Mary S. Gardner spoke on The National League. A social hour followed.

Providence.—THE RHODE ISLAND BRANCH OF THE GUILD OF ST. BARNABAS held a Florence Nightingale Memorial Service at Grace Church, on the evening of October 26. Groups of students and graduates from all parts of the state nearly filled the church. The address was given by Doctor Worcester of the Waltham Hospital. Linda Richards was present. Grace L. McIntyre resigned her position as Superintendent of Nurses at the Rhode Island Hospital last spring because of ill health. She is improved and is doing work with well children. Her successor is Aste Erpestad, a graduate of the Newton Hospital.

THE RHODE ISLAND HOSPITAL ALUMNAE at their September meeting made plans for increasing the Inez Lord Scholarship. At the October meeting, Hon. Richard W. Jennings gave a short political talk. On November 6 and 7, the members held a successful sale and raised \$800 for the scholarship fund. ST. JOSEPH'S ALUMNAE met on October 30 at the Nurses' Home. After the business meeting, a reception was given for Sister Annunciata, the newly appointed Mother Superior of the Hospital.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at Pierre, St. Charles Hotel, on January 14 and 15, 1925. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Texas: THE TEXAS STATE LEAGUE OF NURSING EDUCATION held its annual Institute for nurses, October 6 to 11, in Austin. Eighty nurses attended, including practically an equal number of institutional, private duty and public health nurses. The lectures on

Principles of Teaching, Public Speaking and Psychology were of special interest and value to every nurse. The entire program was successful—the only criticism given was that there were not enough practical demonstrations. At the closing session, Mrs. Grace Engblad, Superintendent of Nurses of Texas State Tuberculosis Sanatorium, Sanatorium, Texas, gave a very clear and concise summary of the program with suggestions for future programs. It was conceded that a vast amount of good had been derived from the talks given by the visiting physicians, the University faculty and the nurses who contributed.

Utah: Salt Lake City.—THE L. D. S. HOSPITAL ALUMNAE held its annual Hallowe'en ball on October 30 at the School of Music. The Association met on October 17 for a lecture on Insulin by Dr. G. G. Richards. The students of the School for Nurses were entertained at a Hallowe'en party, October 31, by the trustees of the School.

West Virginia: Huntington. — THE HUNTINGTON GRADUATE NURSES' ASSOCIATION was organized in August with 32 charter members and the following officers: President, Mrs. Eugene Waters; vice president, Edith McClarty; secretary-treasurer, Mrs. G. S. Patterson. The first regular meeting was held on September 15 with Mrs. Patterson and was much enjoyed. The Y. W. C. A. have opened their doors to the association and in the future the meetings will be held at their headquarters. The nurses feel fortunate in having resident in Huntington, Mrs. H. C. Lounsbery, who has been a resident of Charleston for 31 years. Sixteen years of that time she was superintendent of school nursing and previously Superintendent of a New York Hospital. All that time Mrs. Lounsbery has been very active in all nursing affairs in city and state. They have also Mrs. Geo. S. Patterson (Miss C. P. Van der Water), who, for years held important hospital positions. Both have been a great help in effecting the organization. Mrs. Patterson has been made Secretary and Treasurer and Mrs. Lounsbery Chairman of the Advisory Board. The President, Mrs. Waters, is a graduate of West Philadelphia Hospital and now has charge of the baby clinic work in Huntington

and also of the Central Registry of Nurses. The object of the Association is to promote mutual benefit, stimulate an active interest in nursing affairs and to coöperate with such movements as will tend to establish a high standard for the nursing profession.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION held its annual meeting at the Immanuel Presbyterian Church, Milwaukee, October 28-29. About three hundred and sixty nurses registered. On the first day the Rev. Howard Agnew Johnson, pastor of the Immanuel Church, gave the Invocation, which was followed by the reports from the officers, districts, chairman of committees, delegates to the American Nurses' Association, and the federated Women's Club and from the Wisconsin Antituberculosis Association. Douglas Swigget of the *Milwaukee Journal* welcomed the convention to the city and Agnes Reid, President, graciously responded. The afternoon session was opened with community singing led by Frederick Carberry of Milwaukee. Theodore Werle, Executive Secretary of the Michigan Anti-Tuberculosis Association, gave an address on Selling Health. Aimee Zillmer, Assistant in Education of the Wisconsin State Board of Health, spoke on What's on the Growing Girl's Mind. The Fourth and Fifth District Nurses' Association were hostesses at a tea at 4:30 p. m., given at the Wisconsin Nurses' Club. The second day of the meeting a breakfast was held at the Nurses' Club, for the Council. The morning was given over to the Public Health Section, Claire Lewis, Chairman, presiding. Following is the program: Invocation, Rabbi Samuel Hirschberg, Milwaukee; report of Detroit Convention, Branches of the N. O. P. H. N., Mary Houlton, Director Public Health Nursing, State Board of Health, St. Paul; What Membership in the State Federation of Women's Clubs may mean to Nurses, Mrs. A. H. Wilkinson, Milwaukee; The Prevention of Communicable Diseases in Schools, Doctor Griswold, Acting Head of the Department of Hygiene, State University, Iowa. At noon a luncheon was served at the church, the guests of honor being the Pioneers in Nursing in the State of Wisconsin. In the afternoon Mildred Fehlhauer presided over the Private Duty Section which was opened with

community singing. Tora Johnson, LaCrosse, gave the report of the Private Duty Session and Round Table on Registries from the Detroit Convention. Dr. A. B. Schwartz of Milwaukee gave an address on Complementary Feeding and Dr. Ewald Wetzel, also of Milwaukee, one on Oral Hygiene, illustrated with lantern slides. The Private Duty luncheon was held at the Wisconsin Nurses' Club the following afternoon. Pledges were made to the following funds: Nurses' Relief, \$100; Wisconsin Antituberculosis Association, \$25; The McIsaac Loan Fund, \$25; Robb Memorial Fund, \$25. Officers for 1924-25 are: President, Cornelia van Kooy; vice presidents, Mrs. L. A. Moore and Claire Lewis; secretary, Mrs. C. D. Partridge; treasurer, Margaret Pakenham; directors, Agnes Reid, Evelyn Smith, Levina Dietrichson, Mrs. H. E. Wolf, Millie Jacobsen and Mrs. Northam; Chairman of Public Health Section, Cecelia Evans; Chairman of Private Duty Section, Mary Reynolds. THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION held its annual meeting in conjunction with that of the State Association. Officers elected are: President, Grace TeBrake, Milwaukee; vice president, Sister M. Beata, LaCrosse; secretary, Rose Newman, Milwaukee; treasurer, Mary Goebol, LaCrosse.

Eau Claire.—THE TENTH DISTRICT ASSOCIATION met on October 7 at Sacred Heart Hospital. Twenty-five dollars was donated toward the chest clinic to be held in November so that an extra day may be given for examinations. Clara Lewis gave an interesting report on the Public Health meetings of the Detroit Convention. Nine nurses attended the State meeting. Eau Claire is fortunate in securing the Convention for 1925. THE LUTHER HOSPITAL ALUMNAE held a bazaar, November 6, at the Masonic Hall for the benefit of the new nurses' home. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT at its October meeting voted \$50 to the Nurses' Relief Fund. The Milwaukee County League of Women Voters sent J. C. Lightner to speak on the Electoral College and the platforms of the presidential candidates, an address which was enjoyed by all. The alumnae of Mt. Sinai were the hostesses of the evening. THE MILWAUKEE HOSPITAL ALUMNAE met October 16, in the Nurses' Home. Fifty dollars was subscribed

to the Nurses' Relief Fund and plans for the Xmas Bazaar for the Wisconsin Nurses' Club were made. Mrs. C. D. Partridge gave a short talk of the history of the Wisconsin State Association. Anna Heil succeeds Helen W. Kelly as Registrar of the Wisconsin Nurses' Club and Directory.

MARRIAGES

Christina Ash (class of 1919, Protestant Episcopal Hospital, Philadelphia), to William Denis Kendall, October 8.

Elizabeth Bloxom (class of 1913, Cooper Hospital, Camden, N. J.), to Wilbur Nash Hollis, September 10. At home, Audubon, N. J.

Myra O. Boyd (class of 1920, General Hospital, Kansas City, Mo.), to Guy D. Haley, October 11. At home, Kansas City, Mo.

Ethyle Calihan (class of 1920, St. Joseph's Hospital, Lancaster, Pa.), to Grover C. Schwartz, M.D., September 14. At home, Lancaster.

Esther Carlson (Arnot Ogden Memorial Hospital, Elmira, N. Y.), to William S. Welliver, October 18. At home, Elmira, N. Y.

Margaret L. Casey (class of 1921, Fall River General Hospital, Fall River, Mass.), to Eugene Ouelette, October 6.

Jane Teare Dahlman (class of 1908, New Bedford Training School, New Bedford, Mass.), to A. T. McCormack, M.D., October 16. At home, Berlin, N. H.

Hazel A. Davis (class of 1916, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Michael Cosgrove, October 11.

Maud Denney (class of 1921, Cooper Hospital, Camden, N. J.), to Henry Genit Taylor, September 17. At home, Camden, N. J.

Nellie Dutton (class of 1913, Charity Hospital, Topeka, Kans.), to Walter Adams, September 24. At home, Delia, Kans.

Margarethe Erickson (class of 1922, Bethesda Hospital, St. Paul, Minn.), to L. W. Martin, September 10. At home, Hector, Minn.

Milabelle Fraser to Howard Albert Donnelly, September 6. At home, Detroit, Mich.

Muriel Galindo (class of 1922, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Wallace Bower, M.D., October 18.

Ethyle Hershey (class of 1923, St. Joseph's Hospital, Lancaster, Pa.), to Raymond Herr, September 23. At home, Lancaster, Pa.

Amy M. Hilliard (class of 1903, St. Luke's Hospital, New York), to Henry Colvin, November 5. At home, Troy, N. Y.

Lydia Holm (class of 1919, Bethesda Hospital, St. Paul, Minn.), to Carl Johnson, September 20. At home, St. Paul.

Augusta Holmberg (class of 1918, Bethesda Hospital, St. Paul, Minn.), to H. O. Sievert, October 17. At home, Centuria, Wis.

Nettie Bell Jones (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to James M. Starnes, September 4.

Clara S. Jones-Davis (State University Hospital, Oklahoma City, Okla., and Johnston-Willis Hospital, Richmond, Va.), to Huebert R. Sherrill, M.D., September 16. At home, Richmond, Va.

Katherine V. Lamb (class of 1921, Youngstown Hospital, Youngstown, O.), to Wilson W. McCoy, October 17. At home, Freeport, O.

Hannah Linnard (class of 1923, Bethesda Hospital, St. Paul, Minn.), to Arthur Peterson, September 1. At home, Garfield, Minn.

Florence L. Maris (class of 1907, Lakeside Hospital, Chicago), to Frederick William Schalk, September 13.

A. Myriam Reighard (class of 1922, Arnot Ogden Memorial Hospital, Elmira, N. Y.), to Laurence M. Fitch, M.D., October 1. At home, Elmira.

Marguerite Romig (class of 1922, St. Luke's Hospital, Bethlehem, Pa.), to R. F. Yeide, September 29. At home, Weatherley, Pa.

Mary A. Sheehan (St. Joseph's Hospital, Providence, R. I.), to Everista A. Cormier, M.D., October 1.

Sue Smith (class of 1906, Mercy Hospital, Davenport, Iowa), to C. L. Madden, September 24. At home, Chicago, Ill.

Mabel Standiford (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to E. B. Taylor, October 18.

Dora Suechting (class of 1916, Ottumwa Hospital, Ottumwa, Iowa), to F. A. Lange, October 22. At home, Spokane, Wash.

Florence D. Thistlethwaite (class of 1918, Fall River General Hospital, Fall River,

Mass.), to John R. Graham, September 20.

Emily Edith Torr (class of 1901, St. Louis Protestant Hospital Training School, St. Louis, Mo.), to Thomas Henry Kirk, November 3.

Nellie Watterson (class of 1920, Mercy Hospital, Davenport, Iowa), to Herman Wesenberg, October 21. At home, Davenport.

Mabel Wilson (class of 1920, Methodist Episcopal Hospital, Philadelphia), to Harold E. Wilkes, November 3.

DEATHS

Katherine Emmons Allen (class of 1902, The Grace Hospital, Detroit, Mich.), on July 16, at Portland, Oregon.

Edith Robertson Anders (class of 1911, Christ's Hospital, Topeka, Kans.), on August 20, at Hays, Kans.

Ethel Black (class of 1913, St. Luke's Hospital, New York), at the Hospital, on October 23, of heart failure, following pneumonia. Burial was at Dunnville, Ontario.

Maud Bonar (Presbyterian Hospital, Pittsburgh, Pa.), on October 9. Miss Bonar served as a Reserve Nurse, Army Nurse Corps, for three years, being stationed in New York City, Fort Sheridan, Ill., and Fitzsimons General Hospital, Colorado. She was discharged from the service in September, 1921.

Gandeloupe Callan (class of 1878, Bellevue Hospital, New York), at her home in Washington, D. C.

Lovilla Cedargren (class of 1917, Bethesda Hospital, St. Paul, Minn.), on September 21, following an operation for brain tumor. Miss Cedargren did private duty, except for twenty-one months which she spent overseas in Army service.

Bernice Gaul (class of 1920, St. Luke's Hospital, New York), on July 13, at the Hospital, of Vincent's angina.

Maria M. Irish (class of 1888, Maine General Hospital, Portland, Me.), on October 12, following a short illness at her home in Portland. Miss Irish was a splendid type of woman and did excellent work in her profession during the twenty-five years of service as a private duty nurse. She was an active member of her Alumnae Association. She will be greatly missed by all who knew her.

Mrs. Meservey (**Elizabeth Jones**, class of

1920, St. Luke's Hospital, St. Paul, Minn.), on October 25, after a brief illness.

Elizabeth Hanson (class of 1895, Protestant Episcopal Hospital, Philadelphia), on July 23, in Bradford, England.

Mabel Mason (class of 1886, Brooklyn Hospital, Brooklyn, N. Y.), on October 28, at Augusta, Me. Miss Mason did private duty nursing in Brooklyn and for twenty-eight years was engaged permanently in one family. She was a charter member of her Alumnae and an interested member of her profession. She had been ill a year with anemia, but she was so much improved that she was about to take up active duty again, when cerebral hemorrhage occurred. She will be greatly missed by her associates and friends.

Sophia Newall, on October 17, at St. Vincent's Hospital, New York City. Miss Newall was a Red Cross nurse and a veteran of the Spanish-American War. Burial was at Arlington Cemetery, Washington, D. C.

Ellen C. Riley (class of 1918, All Souls'

Hospital, Morristown, N. J.), on October 15, at St. Mary's Hospital, Passaic, N. J. Miss Riley was knocked down by a passing automobile and died within a few hours of a fractured skull. The profession has lost a valued member; she will be greatly missed by all who knew her.

Mrs. A. P. Brooks (**Marian Skinner**), at Mussoorie, India, on July 26.. The *Nursing Journal of India* reports this death and adds that Mrs. Brooks came from America to India in 1921 to the Presbyterian Hospital, Ferozepore, where she did excellent work for two and one-half years until her marriage.

Signe Sundlin (class of 1923, Bethesda Hospital, St. Paul, Minn.), following an illness of three weeks of typhoid fever. Miss Sundlin did private duty and contracted her illness from a patient she was faithfully attending.

Margaret Sweetwood (class of 1913, Illinois Training School for Nurses, Chicago), on July 25.

O COME QUICKLY!

"Never weather-beaten sail more willing bent to shore,
Never tired pilgrim's limbs affected slumber more,
Than my wearied sprite now longs to fly out of my troubled breast:
O come quickly, sweetest Lord, and take my soul to rest!

"Ever blooming are the joys of heaven's high Paradise,
Cold age deafs not there our ears nor vapour dims our eyes:
Glory there the sun outshines; whose beams the Blessed only see:
O come quickly, glorious Lord, and raise my sprite to Thee!"

—*Thomas Campion.*

TOO LATE FOR CLASSIFICATION

MEETING OF EDITORS OF HEALTH MAGAZINES

Editors of twenty-one health magazines held a meeting on October 21, during the Convention of the American Public Health Association in Detroit. Topics discussed included possible central sources of news items and the distribution of news material from the magazines. It was the consensus of opinion that a central source of news is not needed, but that it would be desirable to supply to the general public, through newspapers and popular magazines, a digest of articles and items appearing in the various health bulletins. It was also suggested that on appropriate occasions editors of health magazines should unite in supporting movements which deserved such support. It was recommended that the National Health Council endeavor to ascertain from each magazine the type of circulation, in order that an analysis may be made and sent to all health editors. A committee was authorized to draft tentative advertising standards, and another committee to outline a permanent organization for the Editorial Conference Board. James A. Tobey of the National Health Council was continued temporary Chairman, and B. R. Rickards of the New York State Department of Health was appointed temporary Secretary.

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, Jan. 13 and 14, 1925. Application must be filed at least seven days before the examination date. Charles E. Prior, M.D., Secretary, State House, Boston.

Mississippi: THE MISSISSIPPI STATE BOARD OF NURSE EXAMINERS will conduct its semi-annual examination for state registration, January 5 and 6, 1925, in the Capitol Building, Jackson. For applications and information apply to Mrs. Ernestine Bryson Roberts, Laurel General Hospital, Laurel.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held its semi-annual meeting at St. Albans, October 28. During the afternoon session reports were given by the delegates who attended the Detroit national convention. The Shepherd Towner Bill was brought to the attention of those assembled and also the Child Labor amendment was discussed. There was a discussion of a proposed bill to regulate the practice of nursing in the State of Vermont. The Legislative Committee was instructed to present the bill at the next session of the General Assembly. The evening was occupied with addresses and a musical program.

THE JOURNAL FOR RELIEF FUND NURSES

Last year an appeal was made for subscriptions to the *Journal* as Christmas gifts for nurses who are receiving aid from the Relief Fund. Many responded to the appeal and almost every nurse then on the list was given a subscription. These subscriptions are now coming to an end and their renewal would bring great pleasure to those who are still too ill to work. Then, there are many additional names of nurses who were not on the roll at that time but who have since been added. The Relief Fund report for the present month shows that there are fifty-two nurses who are now receiving aid from the Fund. If any nurse wishes to make such a gift, we shall be glad to send a Christmas certificate with her name as donor so that the recipient may have it on Christmas Day. Last year, one nurse wrote back that the *Journal* subscription was the only Christmas gift she received!

CHRISTMAS CERTIFICATES

A Christmas certificate, showing that the *Journal* is coming through 1925, each month, is one of the nicest gifts a nurse can make to a professional friend. Why not give a subscription to the President of your School of Nursing Board as one group of students did recently?

THE JOURNAL INDEX

Requests for this year's index keep coming in. Again we remind our readers that Volume XXIV is to contain fifteen numbers, from October, 1923, through December, 1924, and the index cannot be made until after the December *Journal* is published. Hereafter the *Journal* year and the calendar year will coincide.

BOOK REVIEWS

ROUTINE LABORATORY EXAMINATIONS.

By Anna L. Gibson, R.N. 84 pages. Illustrated. M. Barrows & Company, Boston. Price, \$1.25.

As the preface states, this convenient little hand book will prove useful in presenting "to student nurses the ordinary routine laboratory tests in simple and direct language, yet scientifically accurate."

The subject matter covers seven chapters, the first two being devoted to laboratory equipment and the use and care of the microscope. A chapter each is then given to urine, feces, gastric contents, sputum and the blood, the normal conditions of each being described as well as various pathological conditions. Methods of collecting specimens, which are important in nursing practice, are presented in careful detail. Undoubtedly such a course as is outlined here will make for greater interest in the care of specimens for the laboratory, a very responsible part of a nurse's work.

Under each topic, tests and routine examinations are presented in clear concise form, and preceding each, is a helpful list of materials and preparations necessary to the procedure, whether performed by the physician or by the nurse herself. Emphasis is placed upon precautions, in caring for excreta to be examined, to avoid contamination of the same, as well as to protect the health of the student nurse and others with whom she comes in contact. The illustrations are numerous and very good.

In so far as present day students are concerned, the second chapter, on the microscope, might be omitted without impairing the usefulness of the book.

Very early in the preliminary course, in all probability, they have become familiar with the use and care of the microscope in laboratory courses in Bacteriology, Anatomy and Physiology. However, to nurses who have been long out of school, the chapter may prove serviceable.

This convenient little book will be found useful to instructors in laboratory technic and procedures, and in teaching nursing practice as it is interspersed throughout with many practical suggestions which would also aid the private duty nurse. A laboratory course as herein outlined would undoubtedly make for more accurate and intelligent *observation* upon which, to a very great extent, good nursing and medical care depend.

CAROL L. MARTIN, R.N., B.S.,
Chicago, Ill.

ELEMENTARY ANATOMY AND PHYSIOLOGY: A Textbook for Students in Hygiene and Physical Education. By Mary Rees Mulliner, M.D. 353 pages. 301 engravings in black and color. Lea & Febiger, Philadelphia. Price, \$4.50.

The sub-title of this book is "A Text Book for Students in Hygiene and Physical Education," and it forms part of The Physical Education Series edited by Dr. R. Tait McKenzie, Professor of Physical Education and Physical Therapy, University of Pennsylvania. The editor states in his preface that this book fills a "long-felt want in the field of physical education." Doctor Mulliner has arranged her material, keeping in mind the preparation necessary for

the applied phases of physical education. Consequently, she rightly has laid the emphasis on muscles and the distribution of nerves to the muscles. The subject of muscles seems to terrify an anatomy class and the number of muscles presented here would certainly cause consternation to a student nurse. The other systems are so briefly explained that a student nurse might lose her sense of proportion. The illustrations are very clear and concise but, as Doctor Mulliner states, they are mainly compiled from standard works on anatomy and physiology. In a reference library of a school of nursing which could not obtain the large standard works which are so replete with valuable illustrations, this book would find a useful place. Thought provoking questions at the end of each chapter, the use of simple English, clear type and arrangement, are good points not to be overlooked.

MARY E. NORCROSS, R.N.,
Philadelphia General Hospital.

THE THEORY AND PRACTICE OF MEDICAL SOCIAL WORK. By Edna G. Henry, Ph.D. 195 pages. Edwards Brothers, Ann Arbor, Mich. Price, \$1.60.

The reader, whether nurse, social worker, or layman, is given a very definite conception of the theory and practice of medical social work. A pertinent point is made by the assertion that "purposes lie behind all human action," and the social worker will find that the underlying purpose in entering the field will influence and determine her actions, method and results.

The author emphasizes the fact that the medical social worker who is known

to be a nurse will be called upon to perform duties which rightfully belong to a nurse. This is an argument almost as old as social service, and it would make an interesting subject for discussion.

As over 80 per cent. of all human problems, poverty and distress can be traced directly to illness in one or more members in a family, it would seem that the various social ills could be best remedied by a worker who understood the psychology of the sick mind. No doubt the author will concede that the ideal medical social worker of the future will be the product of a school which combines an opportunity for medical and social training.

The subject matter of the book is carefully thought out and prepared, and will do much to enlighten not only the present day social worker but all others interested in humanitarian work. Miss Henry is to be congratulated for producing a work which gives so clear a picture of the ideals, methods, practices, needs and fundamental principles of medical social work.

MABEL M. BOORUM, R.N.
New York.

HOW IS YOUR HEART? Intimate Talks on the Prevention of Heart Disease and on the Care of an Already Damaged Heart. By S. Calvin Smith, M.D. 208 pages. Boni and Liveright, New York. Price, \$1.75.

Doctor Holt, when he published his book on infant care and feeding for mothers, did a revolutionary thing. He attempted, and in many cases succeeded, in teaching to a lay person principles in the care and feeding of infants. The medical profession at

first looked askance at his book, but mothers bought it and used it, and finally the medical profession came to a realization of the fact that a mother who knew what was in Doctor Holt's book was more coöperative with the physician in caring for her child, and much better able to be on the lookout for deviations from the normal which, when seen, would lead her to summon the physician at the earliest moment.

Several years ago, Doctor Joslin of Boston published a book for the information of patients having diabetes. He believed that the diabetic patient who would obtain the best results from his treatment, was one who had an understanding of what diabetes is, and how it should be treated. The phenomenal success which Doctor Joslin has had in treating patients with this disease, all of them using his manual, has I think fully justified his publication.

Dr. S. Calvin Smith, in his book *How Is Your Heart?* has done a similar thing. He has written a book, in everyday English, in which he presents to the lay public the subject of heart disease. He tells of present day conception of heart disease. Then he tells what the normal heart does. From this he goes on to describe how hearts are hurt, and the symptoms a patient may experience which should cause him to go to a physician to find out the condition of his heart. He then gives good general advice as to the regime of patients with damaged hearts, and explains the necessity of such a regime.

The old type of medical book written for the laity was written to take the place of medical advice. This very excellent little book has no such purpose. It is written with the idea of

helping the patient who thinks he has, or who has, heart disease, to coöperate intelligently with his physician in investigations of his heart symptoms and in the treatment of his heart, if it be damaged.

JOHN WYCKOFF, M.D.,
New York City.

YOUR HEART AND HOW TO TAKE CARE OF IT. By Robert H. Babcock, M.D. 235 pages. Illustrated. D. Appleton and Company, New York and London. Price, \$1.50.

In this little book we have a well balanced presentation of the important things which the heart and arteries do, of the causes which lead to damage, of the ways to prevent damage and the measures which will prevent further injury to heart and arteries which have become diseased. To write a book on such a technical subject in language that is intelligible to the layman, that is readable, sound and authoritative, is not an easy matter. Doctor Babcock is to be congratulated on his success in measurably attaining these ideals. The book is full of optimism, as it should be. The advice is practical, it answers many questions that one who has a normal heart and wishes to keep it so, wishes answered. It outlines the precautions necessary for one with a damaged heart. It discusses the use of alcohol and tobacco, exercise, occupation, marriage and many other important topics. Doctor Babcock has probably used more technical terms than he realizes, sometimes he defines these in simple language, at times he has neglected to do this. Such terms as "endocardium," "inhibitory nerve," "bradycardia," "focal infections," "streptococcus," etc., might

well be paraphrased considering the audience for which the book is intended.

The layman who is looking for real information in regard to this organ whose efficient activity is so essential to health and happiness, cannot do better than to study this little book which contains a wealth of practical advice written by one whose wide experience allows him to speak with authority.

T. STUART HART, M.D.,
New York City.

TAKING CARE OF YOUR HEART. By T. Stuart Hart, M.D. 72 pages. Funk & Wagnalls Company, New York and London. Price 30 cents.

This little book is one of a series published by the National Health Council, giving information concerning heart disease.

Doctor Hart has long been a student of heart disease; he is a former president of the New York Heart Association, and is still one of its governors. No one is better fitted than he to write such a book, and the information is correspondingly authentic. In addition to this, although the style is simple and the language non-technical, no intelligent person need feel that he is being written down to.

Heart disease is a subject that frightens many. Doctor Hart has successfully told clearly its dangers, not depreciating them nor slurring over unpleasant facts, yet he has been able, through the whole book, to keep a spirit of optimism which is convincing because one feels its sincerity and the broad experience back of it.

Although written for the lay reader, it is a book which any physician, nurse, or social service worker might well read,

and one which no worker in heart disease should be without.

JOHN WYCKOFF, M.D.,
New York City.

A WOMAN'S QUEST: THE LIFE OF MARIE E. ZAKRZEWSKA, M.D. By Agnes C. Vietor, M.D. 514 pages. D. Appleton and Company, New York. Price, \$3.

This story of the life and letters of Dr. Marie E. Zakrzewska is a work recommended to even a casual reader, but especially to those interested in extending the sphere of usefulness for women.

Of Polish-German ancestry, Doctor Zakrzewska brought to America, at twenty-four years of age, habits of study and perseverance gained in the exacting schools of Germany. The story of her activities in the medical and hospital world of her time shows an adherence to principle in spite of discouragement and even ostracism.

An interesting bit of nursing history is portrayed in the fact that through her vision, courage and perseverance, the New England Hospital for Women and Children was established in Boston, followed later by the organization of the first Training School for Nurses in America.

Although not a work on "woman suffrage," the book presents one phase of that great question; namely, the struggle through which women physicians passed before receiving the recognition so necessary for their success, and to which they were entitled. Medical associations were slow to admit women to membership; few medical schools or colleges would enter them as students. By patient, constructive effort Doctor

Zakrzewska accomplished much in overcoming the prejudice which so retarded progress.

Dr. Agnes C. Vietor, the author of this book, has given a charming picture of a strong and vital personality, and has emphasized in a most readable way the very definite contribution made by Doctor Zakrzewska to the advancement of women in the medical profession.

JESSIE E. CATTON, R.N.,
Boston, Mass.

PRACTICAL CHEMISTRY FOR NURSES.

By Annette Fiske, A.M., R.N. M.
Barrows and Company, Boston.
Price, \$1.35.

There are at least two ways of presenting the subject matter of a scientific book. The usual method is the topical paragraph outline setting forth the important points with discussion, the unusual is presentation in story form similar to that employed by E. E. Slosson in his entertaining book *Creative Chemistry*. The latter style has been used by Annette Fiske in her new *Practical Chemistry for Nurses*.

The book is small, short, interesting and enlightening. The first chapter is

pregnant with new ideas and principles for the young student but much time will have to be spent in explanation and drill in order to fix these ideas. Few scientific laws appear, but upon careful examination many more are seen as skeletons behind the subject matter. A single chapter on carbohydrates, proteins and hydrocarbons is inadequate, but there are many supplementary available texts on these subjects.

The experiments are excellent. The text is so pertinently applied to nursing that it is unnecessary to ask if the author has taught Chemistry to nurses.

For the pupil who will derive the greatest amount of benefit from a simple conversational text, the book is recommended. For the pupil who requires a more classified portrayal of principles as a basis for future study in the science, it would serve only as a reference or review book.

There is much opposition to chemistry in the mind of the average student and if this book can dispel that idea and make the pupil like the subject, it will have served a valuable purpose.

STELLA ACKLEY, B.Sc., R.N.,
Wauwatosa, Wis.

FROM THE SURVEY-GRAPHIC "HEART" NUMBER

Heart disease—most destructive of the more important causes of death, and least understood by most of us—is the subject of a group of articles in this number by physicians and laymen. They are united in the conviction that heart disease is preventable and curable; that its prevention and cure make up one of the biggest jobs now before health workers; that the public can learn to reduce mortality from this cause as it has learned to deal with the white plague and is gradually learning to deal with cancer.

Housework is hard labor, and the cardiac housewife with small children and none too much money to feed and clothe them is harder to help than a truckman or coal miner. She just can't get away from the job.

You've got to catch them young, if you want to prevent the most readily preventable of the heart diseases. It's the "growing pains" and other infections of childhood that sap the strength of the grown-up in more cases than most of us dream of.

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THE AMERICAN JOURNAL OF NURSING

Vol. XXIV

DECEMBER, 1924

No. 15

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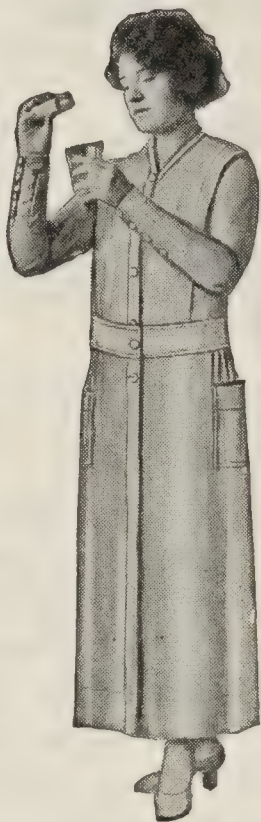
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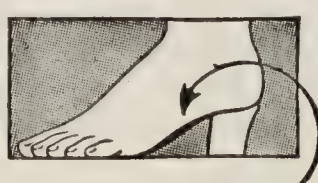
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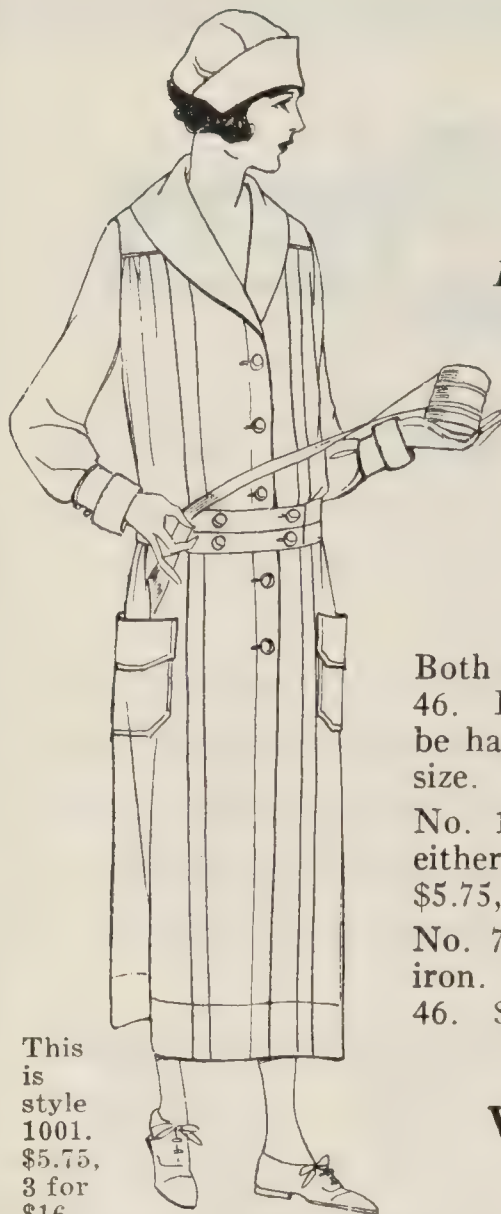
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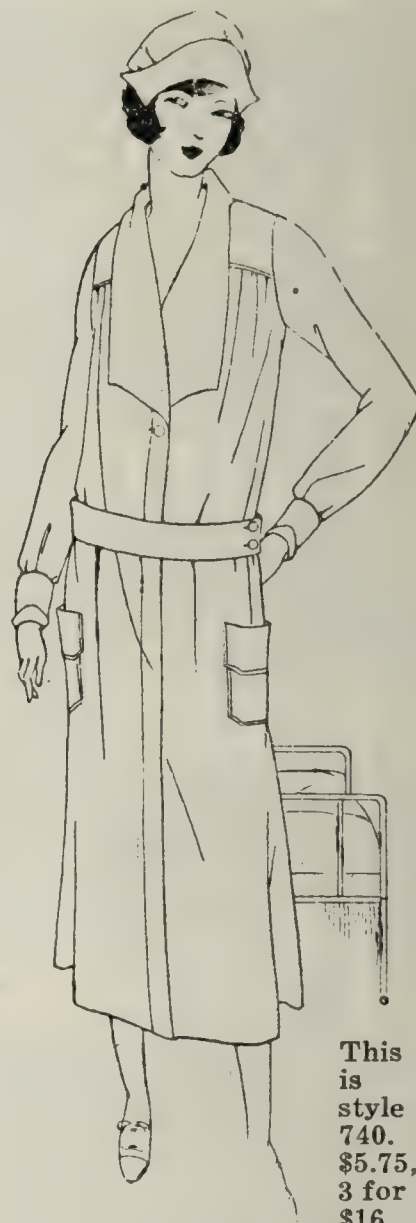
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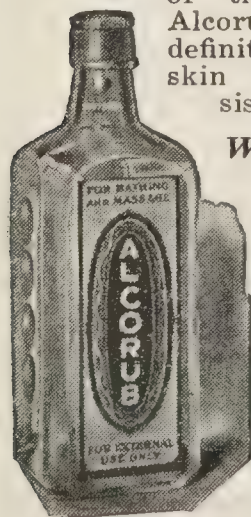
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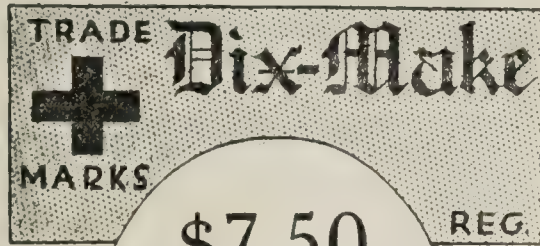
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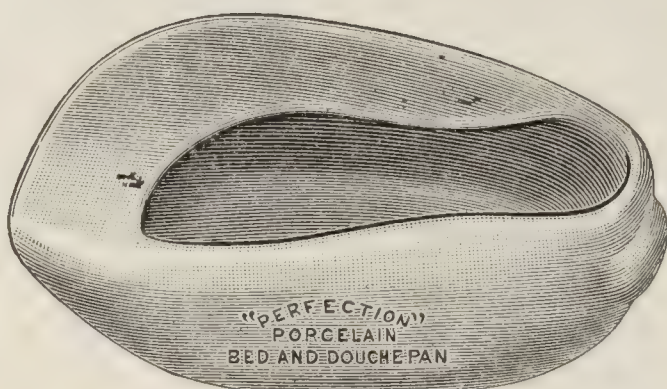
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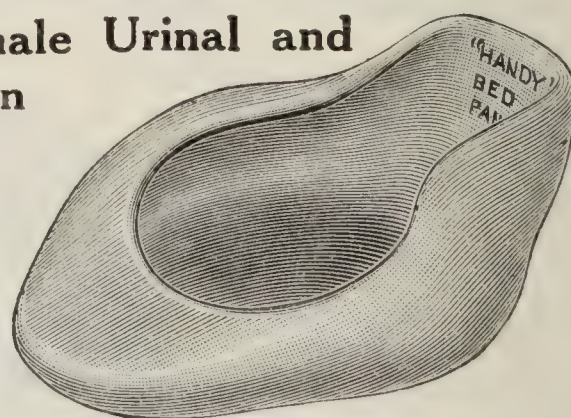
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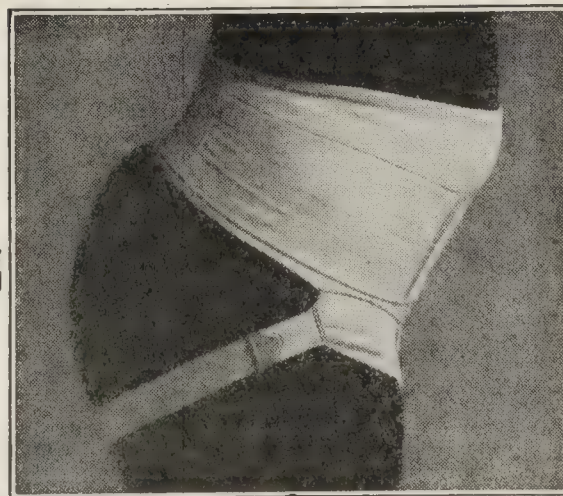
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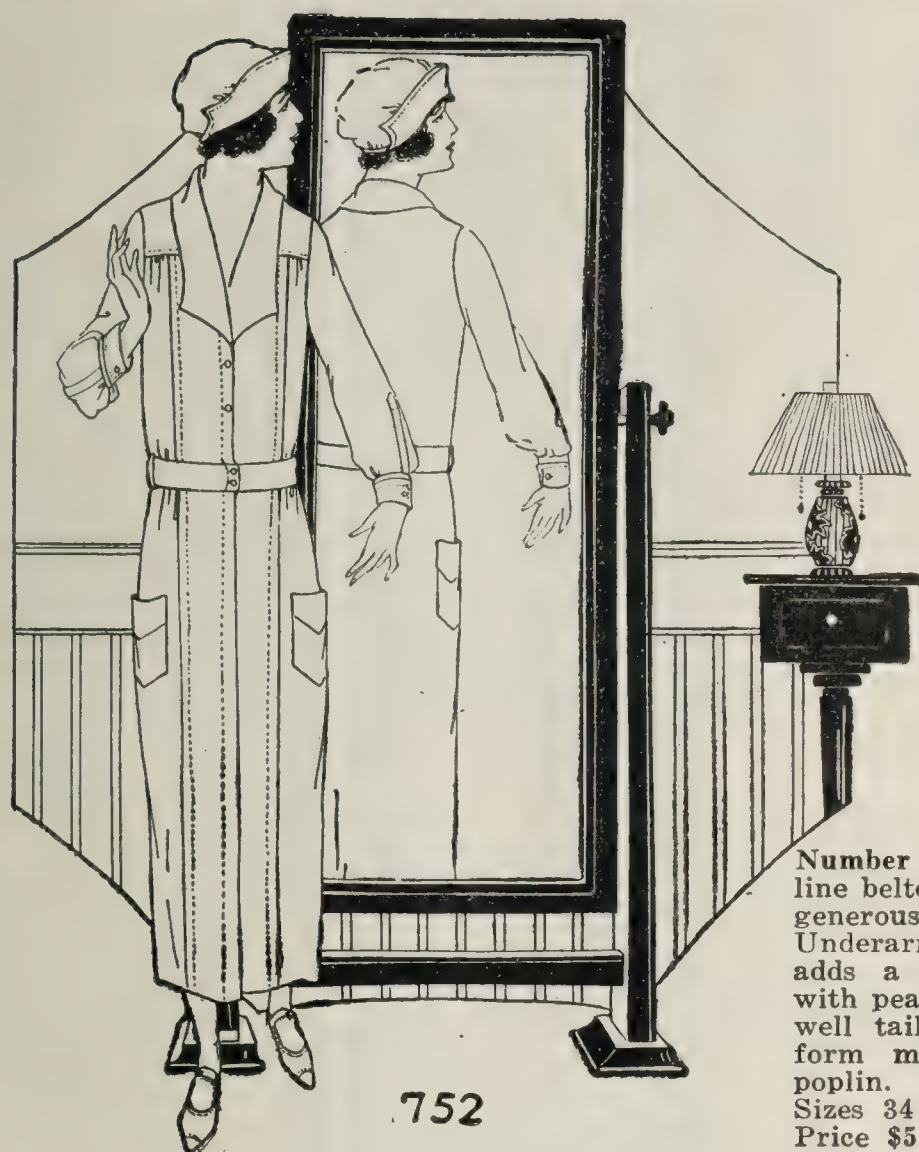
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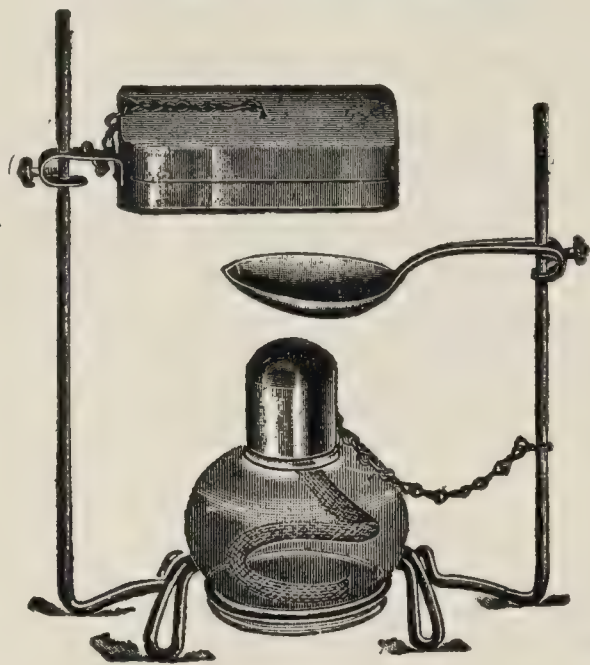


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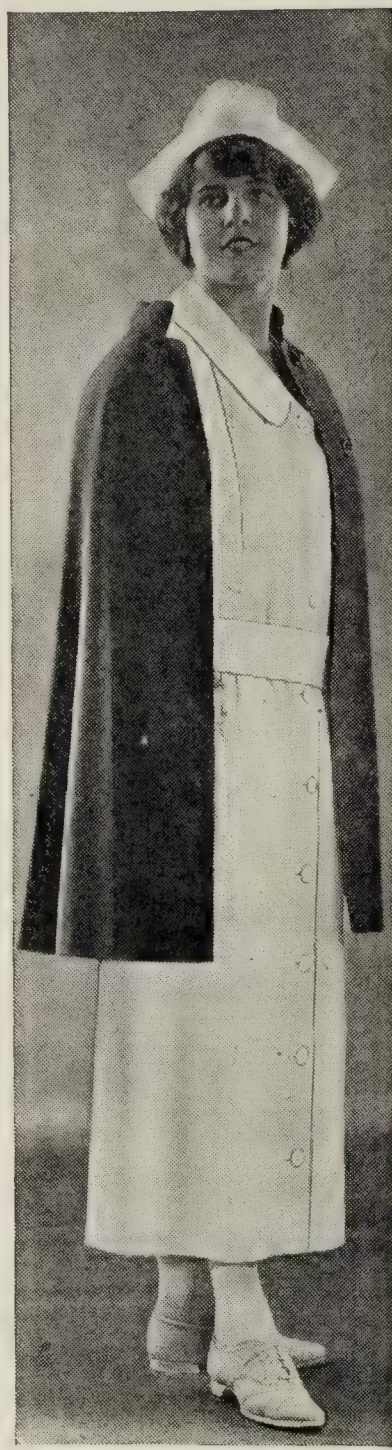
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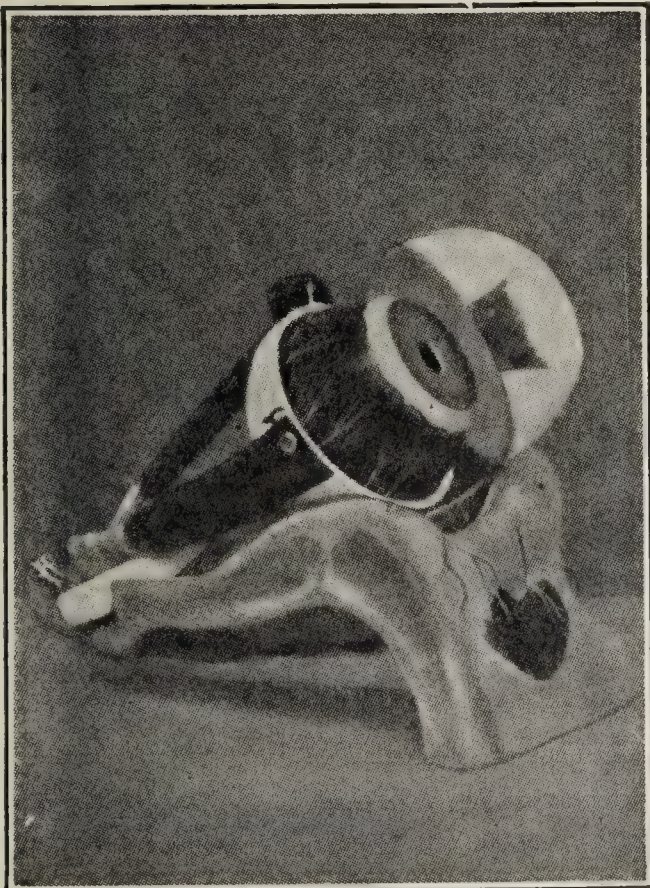
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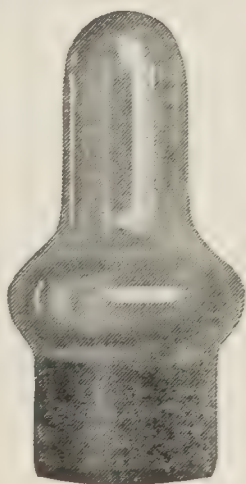


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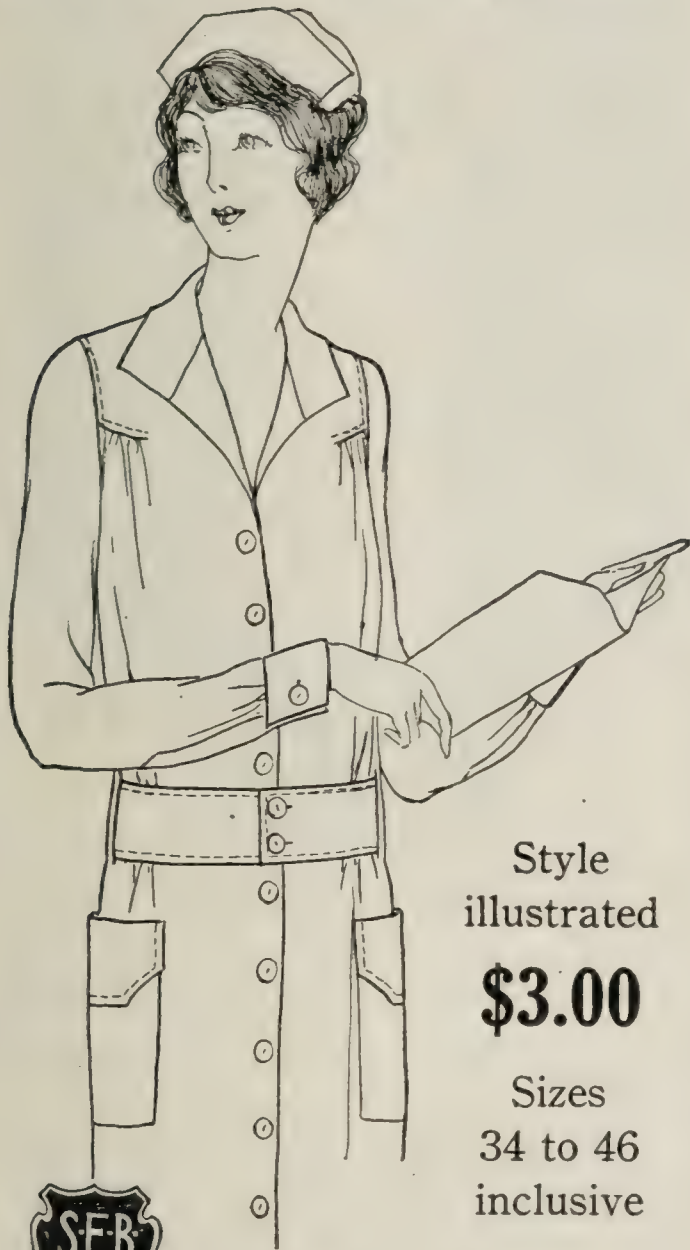
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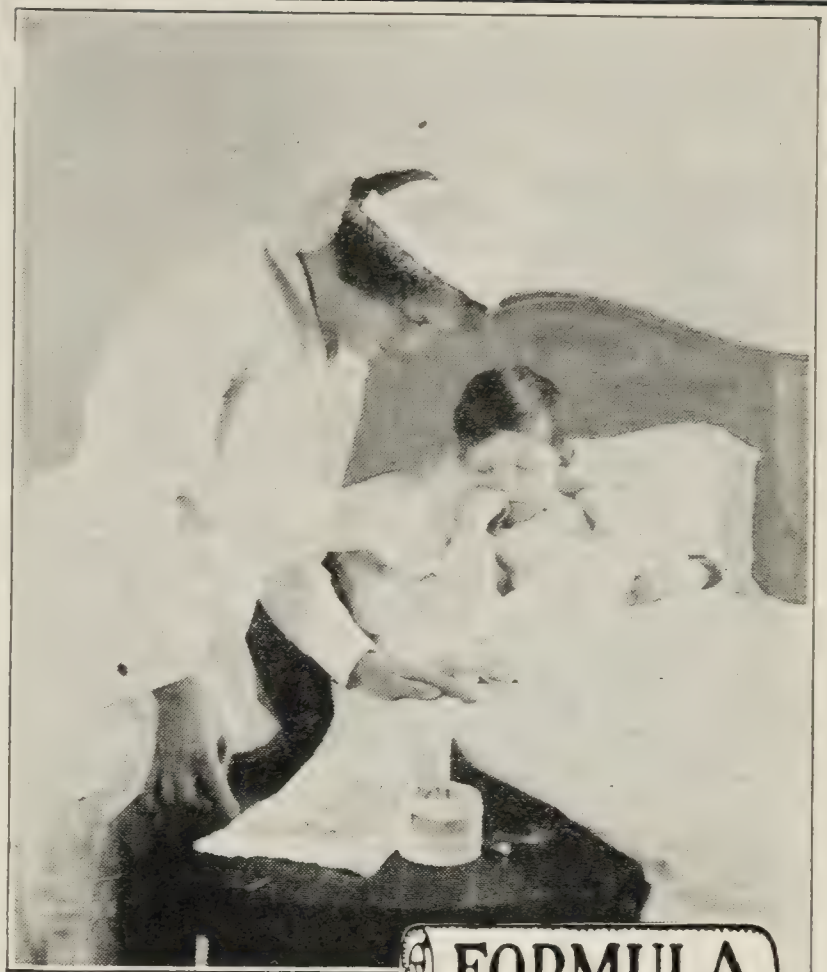
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Name of Publication, "The American Journal of Nursing," published monthly at Rochester, N. Y., for October, 1924.

Name of Editors, Mary M. Roberts, Katharine DeWitt.

Name of Managing Editor, Katharine DeWitt, Rochester, N. Y.

Business Manager, Katharine DeWitt, Rochester, N. Y. Publishers, The American Journal of Nursing Company, Rochester, N. Y.

Owners, American Nurses' Association, New York City; President, Adda Eldredge, Madison, Wis.; Secretary, Agnes G. Deans, New York City.

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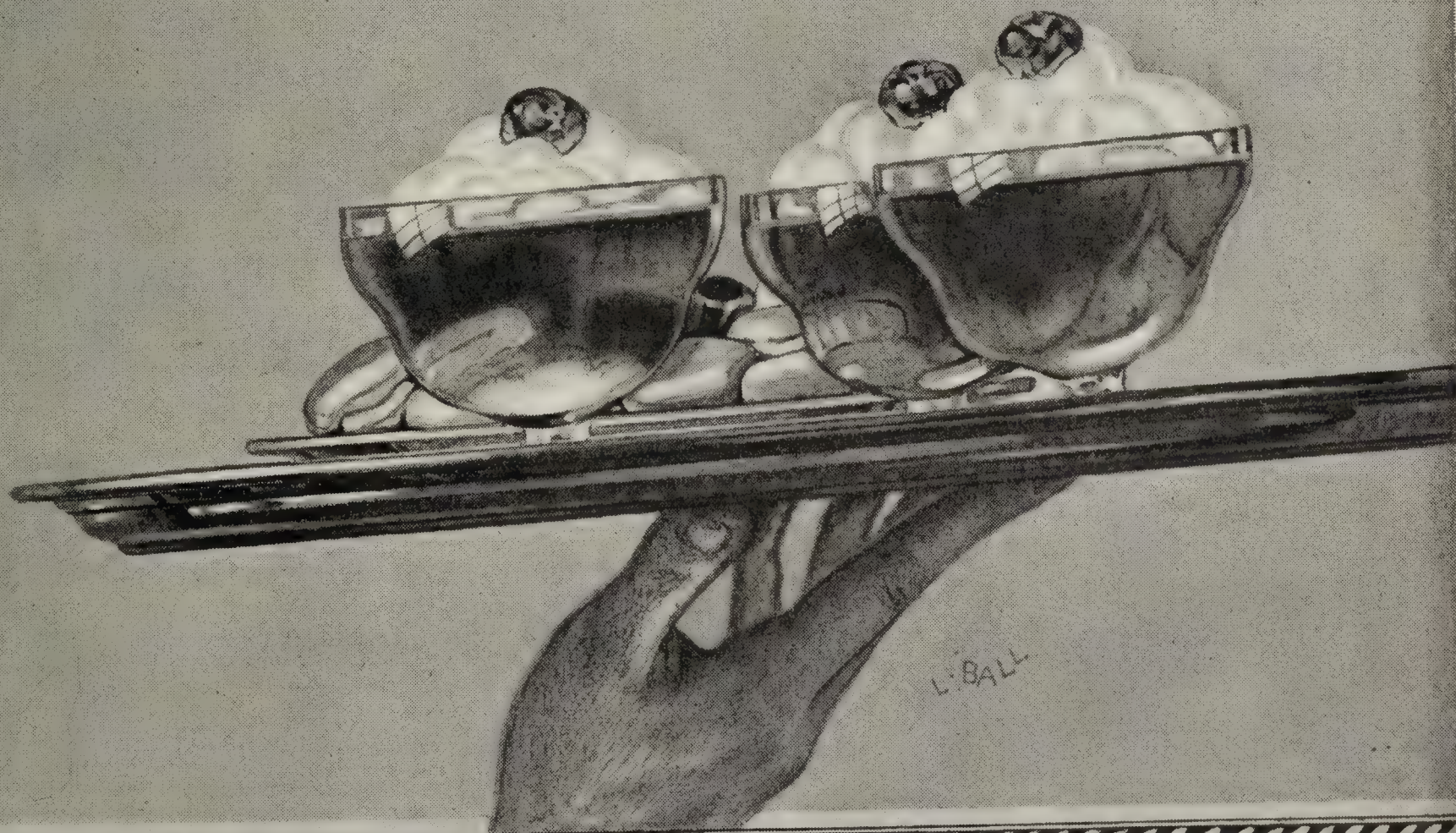
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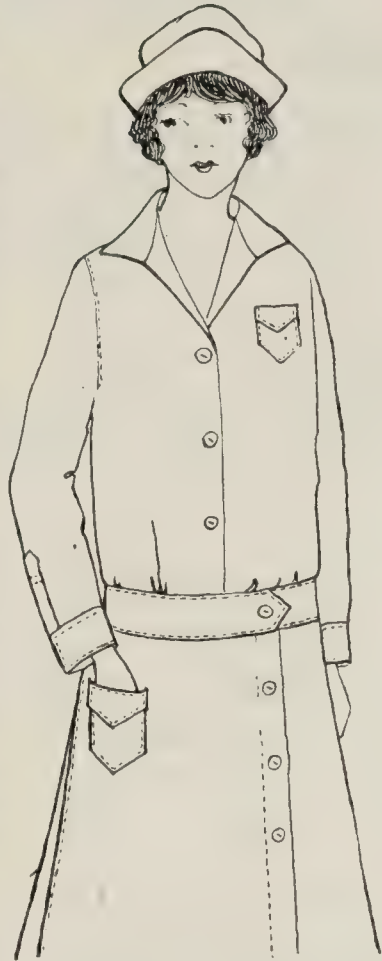
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Prenatal	
Postpartum	
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Postpartum	
Delivery	

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A NEW feature in a well known chart

Patient		Orders		Physician											
Diagnosis				Nurse											
Month.															
Day of Month.															
Day of Illness.															
Hour of Day.															
Blood Pressure and Weight to be Recorded above Temperature Line Pulse Rate should be Recorded in Red	PULSE	TEMP.													TEMP.
	170	108°													108°
	160	107°													107°
	150	106°													106°
	140	105°													105°
	130	104°													104°
	120	103°													103°
	110	102°													102°
	100	101°													101°
	90	100°													100°
	80	99°													99°
	70	98°													98°
	60	97°													97°
	50	96°													96°
	40	95°													95°
	Respiration.														
Urine 24 hrs.															
Stools.															
URINE EXAM.		DATE		BLOOD EXAM.		DATE		Erythrocytes							
Color				Leucocytes				Haemoglobin							
Specific gravity				No. of cells counted											
Reaction				Polynuclears											
Albumin				Transitionals				Parasites							
Glucose				Lymphocytes				Cultures							
Casts				Micrococci				Examiner							
Special Exam.				Gonococcus Deviation											
Microscopical				Wassermann											
Red Test															
Examiner															

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Complete medical chart appears on reverse side

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OFFICIAL REGISTRIES FOR NURSES

The registries listed on this page are the official registries of their communities.

CALIFORNIA

Los Angeles.—Los Angeles Nurses' Club House and Central Registry, 211 South Lucas Avenue. Telephone, Faber 4820. Apartments and rooms. Alice A. Middleton, Registrar.

San Francisco.—San Francisco County Nurses' Association Club House and Nurses' Central Directory, 1155 Pine St., San Francisco, California. Telephone: Prospect 66. Apartments and single rooms. Reservations made for disabled service nurses.

CONNECTICUT

New Haven.—Nurses coming to New Haven or vicinity will find they will be well served at the Central Registry for Nurses, Inc., conducted by the graduate nurses of New Haven. The registry is centrally located at 1221 Chapel St. Telephone, Liberty 7181. Miss Emma M. Cunningham, Registrar.

ILLINOIS

Chicago.—Chicago Nurses' Club and Directory of the First District, Illinois State Association of Graduate Nurses, Room 1500, 116 S. Michigan Avenue. Telephone, State 8542. Lucy VanFrank, R.N., Registrar.

INDIANA

Indianapolis.—Nurses' Central Directory, 234 East Pratt Street, Apt. 14. Telephone, Main 6542. Grace M. Cook, Registrar.

Lafayette.—Graduate Nurses' Registry, 1306 South 21st Street. Telephone, 1235. Mrs. Mary Hilt, R.N., Registrar.

MASSACHUSETTS

Boston.—Central Directory of Suffolk County Nurses, 636 Beacon St. Telephone, Kenmore 3340. Lucetta J. Gross, R.N., Registrar. (Nurses and attendants).

MICHIGAN

Detroit.—Central Directory for Nurses of the First District of Michigan State Nurses' Association, 4708 Brush St. Telephone, Melrose 0700. Frances S. Drake, R.N., Registrar. Graduate nurses for institutional positions and for private duty. Hourly nursing. A limited number of practical nurses.

MINNESOTA

Minneapolis.—Central Registry of the Third District Minnesota State Registered Nurses Association. 681 Curtis Hotel. Telephone, Atlantic 3253. Etta Paul, R.N., Registrar. Nurses registered for positions and private duty.

St. Paul.—Office and Central Directory of the Fourth District, Minnesota State Registered Nurses' Association. 326 Cedar Street, St. Paul, Minn. Telephone, Cedar 7220. Mary McCloud, R.N., Registrar.

MISSOURI

Kansas City.—Nurses coming to Kansas City or vicinity should communicate with the Central Directory of the Second District of the Missouri State Nurses' Association. Address Registrar, 3031 Charlotte Street.

St. Louis.—Central Directory of the 3rd District Missouri State Nurses' Association for registered nurses, at the Central Club, 4543 Westminster Place. Margaret McKinley, Directress.

NEW YORK

Buffalo.—The Graduate Nurses' Registry registers nurses licensed to practice in the State of New York for private duty, institutional work and public health. Address, 443 Linwood Ave. Ella F. Sinsebox, Registrar.

New York City.—Central Registry for Nurses of the New York County Registered Nurses' Association. Graduate Nurses for Institutional positions and for private duty. Hourly nurses. A limited number of practical nurses. 132 East 45th Street. Telephone, Murray Hill 8700. Irene B. Yocum, R.N., Registrar.

Rochester.—The Nurses' Central Directory is located in the Club House of the Genesee Valley Nurses' Association, 37 South Goodman St. A guest room is available at reasonable rates for a nurse spending a short time in the city. Telephone, Chase 311. Lucy M. Bayley, R.N., Acting Registrar.

Syracuse.—Registry of District No. 4, New York State Nurses' Association, 505 Irving Avenue. Telephone, 2-2031. Mabel M. Chase, R.N., Registrar.

OHIO

Cleveland.—Central Registry and Information Bureau, 2157 Euclid Avenue. The Cleveland Nursing Center. Clara Justice, Registrar.

OREGON

Portland.—Nurses' Official Registry of the Oregon State Graduate Nurses' Association, Apartment 46, American Apartments, 673 Johnson St. Telephone, Broadway 8872. Graduate Registered nurses, attendants and qualified male nurses. Mrs. F. M. Platts, Registrar.

PENNSYLVANIA

Pittsburgh.—Allegheny County Central Directory for Nurses. Nurses' Official Directory. Graduate nurses and attendants. Hourly nurses supplied. 5820 Alder Street. Telephone, Montrose 4709. Theresa F. Vogel, R.N., Secretary-Treasurer and Registrar.

TEXAS

El Paso.—Graduate Nurses' Official Directory, District No. 1, 715 East Rio Grande Street. Telephone, Main 241. Nurses for institutional positions and private duty. Hourly nursing. A limited number of practical nurses. Abbye M. Carpenter, Registrar.

WASHINGTON

Seattle.—Official Central Directory, King County Association of Graduate Nurses, Second District of Washington State Nurses' Association. Graduate nurses for private duty, institutional and public health positions. Limited number of under-graduate, practical and male nurses. Room No. 4, Y. W. C. A., Main 2383. Cora E. Gillespie, Registrar.

Walla Walla.—Central Directory for South Eastern Washington—serving the Fifth District Nurses' Association of Washington, transient nurses, the small hospitals in surrounding towns, and country cases. 304 East Popular Street. Address Mary Elliott, R.N., Registrar.

WEST VIRGINIA

Charleston.—The Nurses' Central Registry under the direction of the Kanawha Valley Nurses' Club and a committee from the Kanawha County Medical Society, 1226 Elmwood Avenue. Mary E. Reid, R.N., Registrar.

WISCONSIN

Milwaukee.—The Wisconsin Nurses' Club and Directory registers graduate nurses for private duty, hospital and industrial positions. Nurses visiting the city are invited to use the Club House. Convenient to the shopping district. 88 Prospect Avenue. Anna Heil, R.N., Registrar.

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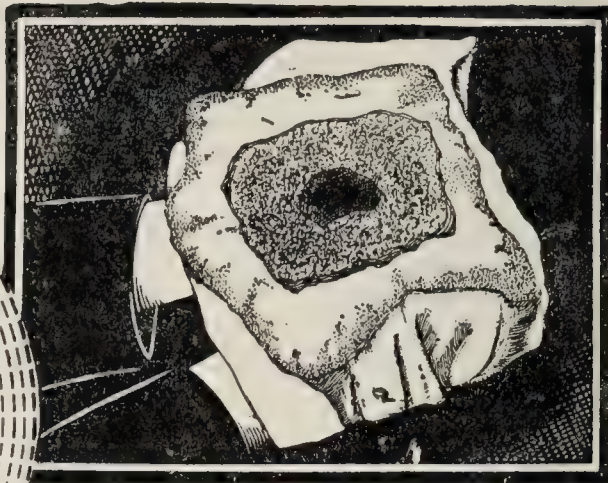
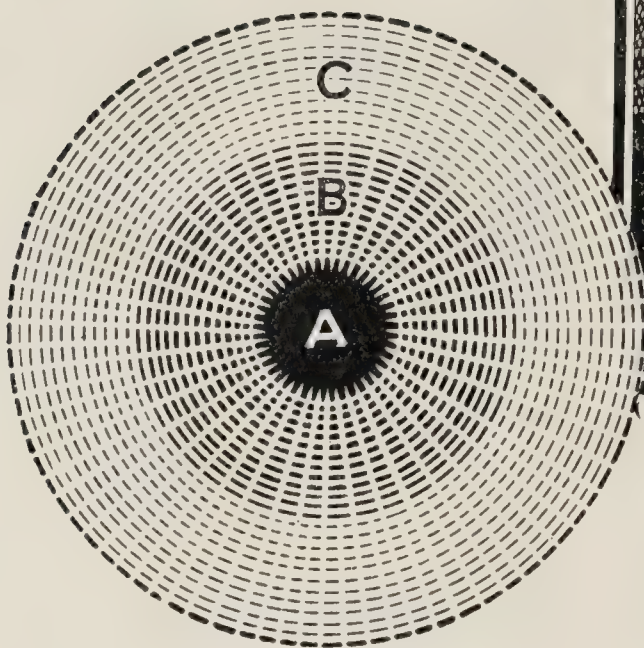
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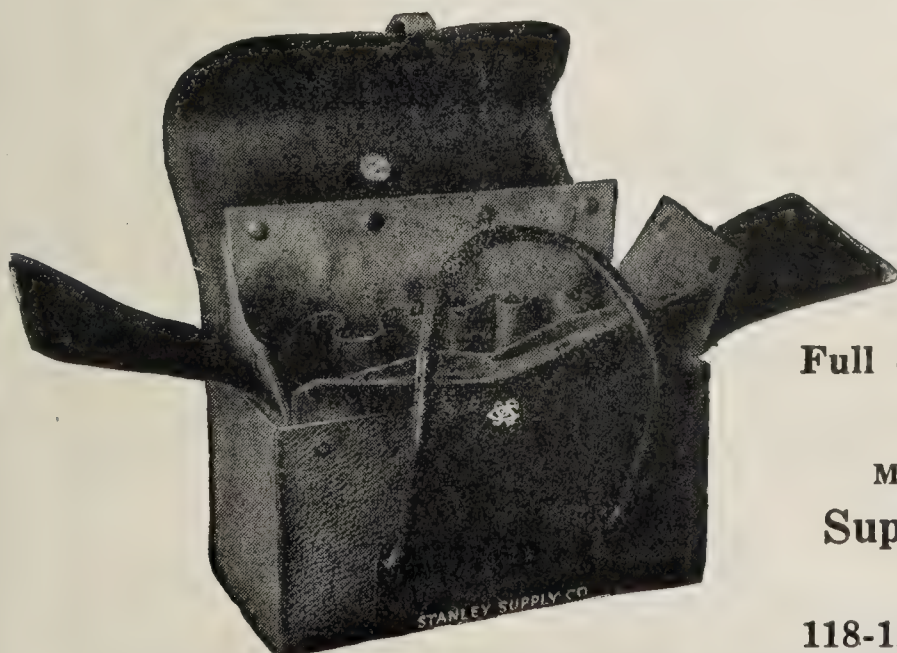
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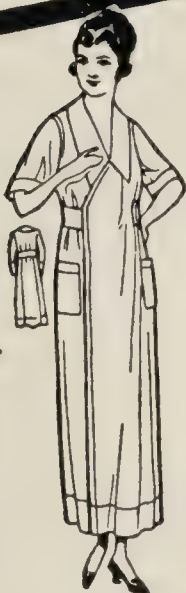
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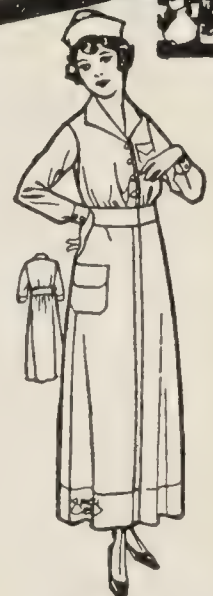
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Oklahoma, Florida

Between 80% and 90%

Mississippi

Between 70% and 80%

Arizona

Between 60% and 70%

North Dakota, Wisconsin

Between 50% and 60%

Nebraska, West Virginia, North Carolina, Idaho, Texas, South Dakota, Kansas, Kentucky, South Carolina, Alabama, Delaware

Between 40% and 50%

Maine, New Mexico, Wyoming, Pennsylvania, New Jersey, Massachusetts, New Hampshire, Georgia, Montana, Illinois, Tennessee

Between 30% and 40%

Iowa, Connecticut, Michigan, Virginia, Indiana, Utah, Arkansas, Colorado, Rhode Island, Hawaii, Minnesota, District of Columbia, Ohio

Between 20% and 30%

Missouri, California, New York, Washington, Vermont, Nevada, Maryland, Louisiana

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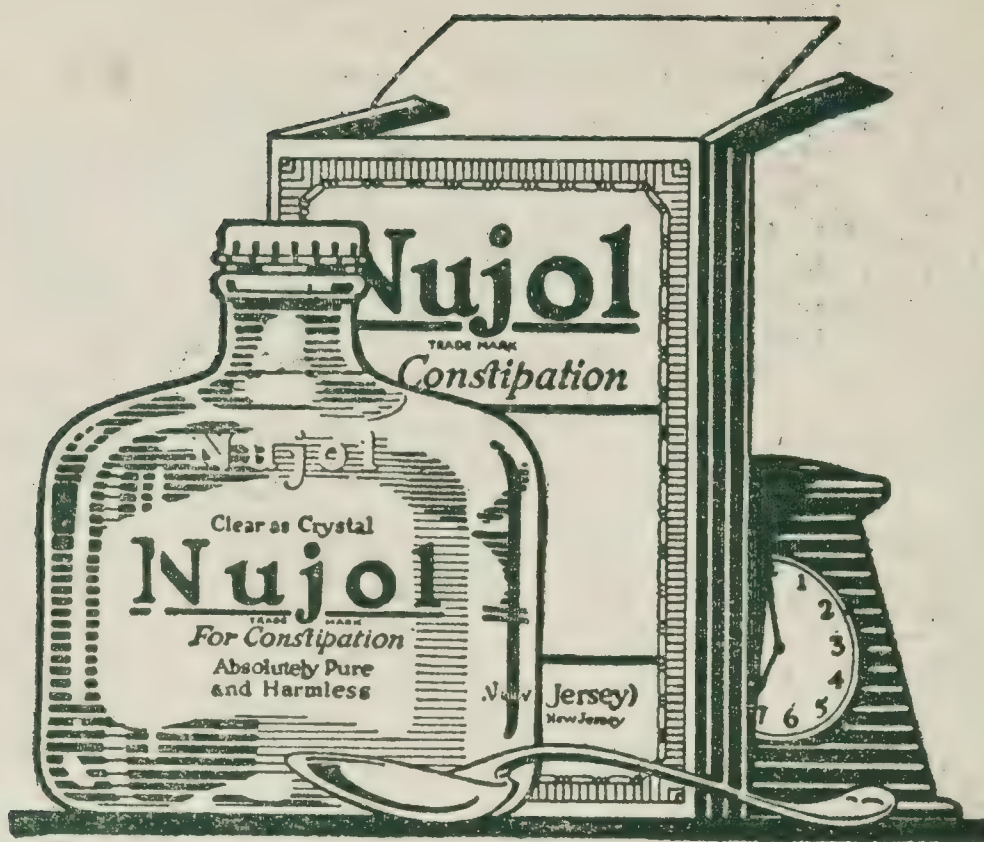
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Constipation Following An Operation

AS you know, many surgical operations are followed by obstinate constipation. This is caused by irritation or interruption of the sympathetic and autonomic nervous systems. Medical authorities are agreed that laxative or cathartic drugs are a danger in post-operative constipation.

In this condition nothing is so effective as the gentle lubricant Nujol. Nujol acts mechanically—not medicinally. Unlike laxatives which excite and often inflame the intestinal mucosa, Nujol simply softens the feces, thus hastening its

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